City of St. Petersburg

City Council
Co-Sponsored Events Committee

Thursday, February 21, 2019, 1:30PM

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 four (4) events for FY 19
   a. waiving the non-profit requirement for one (1) events
   b. approval of liquor requests for two (2) events

III. Approval of twenty-three (23) events for FY 20
    a. waiving the non-profit requirement for six (6) events
    b. approval of liquor requests for six (6) events

IV. Public Comment

V. Adjournment
<table>
<thead>
<tr>
<th>Book #</th>
<th>Event Name</th>
<th>1st Year</th>
<th>Non Profit Organization</th>
<th>Profit Organization</th>
<th>Event Date</th>
<th>Times</th>
<th>Liquor Letter</th>
<th>Event Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Swim Across America Tampa Bay</td>
<td>NO</td>
<td>SWIM ACROSS AMERICA, INC.</td>
<td></td>
<td>05/11/19</td>
<td>5:30am - 12pm</td>
<td>NO</td>
<td>Elva Rouse Park</td>
</tr>
<tr>
<td>2</td>
<td>One Step Closer 5K</td>
<td>NO</td>
<td>CELMA MASTRY OVARIAN CANCER FOUNDATION, INC.</td>
<td></td>
<td>09/21/19</td>
<td>5am - 11:30am</td>
<td>NO</td>
<td>Albert Whitted Park</td>
</tr>
<tr>
<td>3</td>
<td>Tash Sultana</td>
<td>YES</td>
<td>TBA</td>
<td>WE ARE CONCERTS, LLC.</td>
<td>05/08/19</td>
<td>3pm - 10pm</td>
<td>NO</td>
<td>Vinoy Park</td>
</tr>
<tr>
<td>4</td>
<td>CureSearch Walk</td>
<td>NO</td>
<td>CURESEARCH FOR CHILDREN'S CANCER CORPORATION</td>
<td></td>
<td>09/28/19</td>
<td>9am - 12pm</td>
<td>NO</td>
<td>Walter Fuller Park</td>
</tr>
</tbody>
</table>
### Event Title:
Swim Across America Tampa Bay

### Entity Name:
Swim Across America Tampa Bay

### Event Date(s):
- **Day 1 of Event:** May 11, 2019
- **Day 2 of Event:** May 12, 2019
- **Day 3 of Event:** May 13, 2019

### Location:
Northshore pool/park between pool and tennis courts, b'Q

### Application Prepared by:
Amy Maguire

### Title:
Event Director

### Address:
606 14th Avenue NE

### Email Address:
amaguire@swimacrossamerica.org

### Additional Contact Person:
Megan Melgaard

### What month/year were you incorporated as nonprofit?
1987

### List all 501(c)3 entities that will benefit from this event.
Swim Across America, JH All Children's, Moffitt Cancer Center

### Describe your event with details.
Swim Across America unites communities by hosting open water swims and swimming events to raise funds for cancer research, trials and care. Nationally, SAA has raised over $80 million for cancer hospitals in 18 cities. SAA provides grants for physicians to conduct clinical trials and breakthrough research. SAATB is committed to raising the sponsor dollars to support the event so that every dollar raised can be donated to the beneficiaries, Johns Hopkins All Children's and Moffitt Cancer Center. This will be the 8th year for SAATB and over $1 million has been raised to fight cancer locally. The SAATB swim was previously in Clearwater and relocated to St Pete in 2018. It was a huge success and the City Staff were amazing.

### Describe what economic benefit and impact this event will bring to St. Petersburg.
- Hotel and restaurants - approximately 30 -50 people stay in hotel rooms
- Local vendors, retailers participated in 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? $4 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: $25.00 Day of: $500

### Please provide the website address for your event.
www.swimacrossamerica.org/tampabay

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

### What is the estimated attendance for this event?
- Spectators: 100
- Participants: 200
- Last Year's Total Attendance: 250
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) [ ] Yes [ ] No

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

Tables (6 ft) # needed

Chairs # needed

Public Address System

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

Special Events Facilities

Non-City Locations

Mahaffey Theater

Coliseum

Sunken Gardens

Boyd Hill

Which Location?

Northshore

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: Amy Maguire

Co-Sign:

Title: Event Director

Title:

Date: 8/13/2018

Date:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

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

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

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

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

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

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

Will you supply your own generators? ☒ YES ☐ NO

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

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

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

Name: ____________________________ Phone: ____________________________

Address (including zip): ____________________________

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

DJ and Speakers

List Vending Products. Name & Provider.

Swim Zone - local
Jolyn - local
Food trucks - local

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

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

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

Name: Amy Maguire  Title: Event Director  Date: 8/13/2018
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation: Swim Across America
Name of Responsible Party (President or CEO ONLY): Rob Butcher
Title of Responsible Party: CEO
Physical Address of Responsible Party: 11600 N. Community House Road, Suite 100 Charlotte NC 28277
Phone Number of Responsible Party: 980-237-9127
Email Address of Responsible Party: rob@swimacrossamerica.org
Nonprofit (Employee Identification Number): 22-324-8256

Name of the For-profit Corporation: 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:

[ X ] BY EMAIL
Email Address: famaguire@swimacrossamerica.org
APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations and registration fees - all benefit JHACH and Moffitt</td>
<td>$225,000.00</td>
</tr>
<tr>
<td>Sponsorships</td>
<td>$80,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL GROSS REVENUE</td>
<td>$305,000.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event rental and services</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>Hotels</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Food</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>T-shirt, towels, participant giveaways, volunteer</td>
<td>$10,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td>$26,500.00</td>
</tr>
<tr>
<td>TOTAL NET INCOME</td>
<td>$278,500.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johns Hopkins All Children's Hospital</td>
<td>$125,000.00</td>
</tr>
<tr>
<td>Moffitt Cancer Center</td>
<td>$125,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL ALLOCATION OF NET INCOME</td>
<td>$250,000.00</td>
</tr>
</tbody>
</table>

Prepared by:                                            Date:
Contract #: 25387  
Date: 06 Nov 2018  

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

User: JSBENNIN  
Status: Firm  

Purpose of Use: SWIM ACROSS AMERICA  
Expected: 500  
Co-Sponsored Event  
Contract Balance: $230.00

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Fri 10 May 19 06:00 am  
Ending: Sat 11 May 19 09:00 pm

Facility/Equipment  
Day  
Date  
Time  
Fee  
Extra Fee  
Tax  
Total
---  
Elva Rouse Park  
Fri  
10 May 2019 06:00 AM  
$0.00  
$200.00  
$0.00  
$200.00

Elva Rouse Park  
11 May 2019 09:00 PM  
$0.00  
$200.00  
$0.00  
$200.00

Additional Fees:

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


<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>39:00</td>
<td>1</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
</tbody>
</table>


Charges:

<table>
<thead>
<tr>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
<th>Deposit</th>
<th>Total Applied</th>
<th>Account Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 0.00</td>
<td>$230.00</td>
<td>$0.00</td>
<td>$230.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$460.00</td>
</tr>
</tbody>
</table>

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By:(Sign Name)  
(Print Name) MEGAN MELGAARD  
SWIM ACROSS AMERICA INC  
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA  

By:(Sign Name)  
Parks and Recreation Superintendent

(Print Name)  
Parks and Recreation Department
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: One Step Closer to the Cure 2019
Phone No.: 863/381-2034
Fax No.: 727/490-1999

Entity Name: Celma Mastry Ovarian Cancer Foundation
Federal I.D. Number: 33-1023477

Event Date(s): 9/20/19-9/21/19
Location: Albert Whitted Park

Day 1 of Event: 9/20/19 Set up
Time Gates Open: 12:00 p.m.
Ending Time: 5:30 p.m.

Day 2 of Event: 9/21/19
Time Gates Open: 5:00 a.m.
Ending Time: 11:30 a.m.

Application Prepared by: Claudette M. Carlan
Phone: 863/381-2034

Title: Chairman
Cell Phone: 863/381-2034

Address: P.O. Box 48787
City: St. Pete.
State: FL
Zip: 33743

Email Address: ccarlan@cmocf.org

Additional Contact Person: Susan Daniels
Day Phone: 727/825-7790

What month/year were you incorporated as nonprofit? August 2003

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

Name of the for-profit entity?

Describe your event with details.

One Step Closer to the Cure 2019 is a 10K/5K/1M Run/Walk with serious runners, causal runners supporting women in treatment of ovarian cancer. There are lots of teams formed in honor or memory of someone passed from or fighting ovarian cancer. It is a great event bringing awareness to a disease that is not well known or has a test available for screening. It helps to educate women about the disease and support those who have by raising funds for their support during treatment.

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

An economic benefit of the One Step Closer is the support of women in the St. Petersburg community in treatment for ovarian cancer. Funds raised are used to pay personal expenses for these women. Secondly, the course for One Step showcases the St. Pete. downtown waterfront beauty. We advertise nationwide with pictures of activities in St. Pete. and give hotel recommendations for downtown.

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

Does your group presently have liability insurance? 

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

Will there be an admission / registration fee?

Advanced Fee: 40.45. Day of: 55.60.

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?

<table>
<thead>
<tr>
<th>Spectators</th>
<th>Participants</th>
<th>Last Year's Total Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-300</td>
<td>1400</td>
<td>1400</td>
</tr>
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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 [ ]

Public Address System

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

Special Events Facilities

- Mahaffey Theater
- Coliseum
- Sunken Gardens
- Boyd Hill
- Non-City Locations

Which Location?

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

POLICE: Public Safety Personnel, Marine Services

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

Name: Claudette M. Carlan
Co-Sign: [ ]
Title: Chairman
Date: 11/12/2018

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<td>Other Structures</td>
<td>Fire Inspection Permit</td>
</tr>
<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>
</tr>
<tr>
<td>Require Street Closure</td>
<td></td>
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<td>VIP Area</td>
<td></td>
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<tr>
<td>Staging</td>
<td></td>
</tr>
<tr>
<td>Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td></td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

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

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

Does your event require any power needs using more than the standard 110/20amp located in the parks? □ YES ☒ 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: Celma Mastry Ovarian Cancer Foundation
Phone: 863/381-2034

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

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

DJ or Guitarist or Radio

List Vending Products. Name & Provider.

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

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

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

Set up on Friday Sept. 20, 2019 starting at Noon - Tents unloaded at Albert Whitted Park
Rental Port o Lets, Tables, Chairs unloaded at this time on Friday 9/20/19.
Registration (late) at 3:30 p.m.-5:00 p.m. 9/20/19.
Other Comments: Please describe your fee structure.

Early registration and discounts allowed months prior to event with dates starting and ending posted.
I.E. $40.00 would be a price for early registration for 10K/5K with $25.00 or 1M
Price increases with closer dates to event.
Adults have different price than children and survivors of ovarian cancer are free.
Day of event prices increase by $5-10.00.

Other comments:
All monies raised are given back to this community. Women in need of support during ovarian cancer treatment make requests to us and we write them checks to use for personal bills. Last year, 2018 we funded $70,000. through our Hope Fund requests.

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

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

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

Name: Claudette M. Carlan
Title: Chairman
Date: 11/12/2018
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the <strong>Nonprofit</strong> Corporation:</th>
<th>Celma Mastry Ovarian Cancer Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Claudette M. Carlan</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Chairman</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>2801 Anvil Street No. St. Petersburg, FI 33710</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>863/381-2034</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:ccarlan@cmocf.org">ccarlan@cmocf.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>#33-1023477</td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer?

- [x] BY Mail

  - Contact Name: Claudette M. Carlan - Celma Mastry Ovarian Cancer Foundation
  - Address: P.O. Box 48787
  - City, State, Zip: St. Petersburg, FI 33743-8787

- [ ] BY EMAIL

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

Name of Event: One Step Closer to the Cure 2018  
Date(s) of Event: 9/22/2018

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsors</td>
<td>$45,941.00</td>
</tr>
<tr>
<td>Registration</td>
<td>$34,678.00</td>
</tr>
<tr>
<td>Donations</td>
<td>$37,582.65</td>
</tr>
</tbody>
</table>

TOTAL GROSS REVENUE: $118,201.65

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

<table>
<thead>
<tr>
<th>Expense Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of St. Pete.</td>
<td>$14,032.43</td>
</tr>
<tr>
<td>Printing, T-Shirts, Medals, Timing, Media and ads, Race Director</td>
<td>$40,036.00</td>
</tr>
</tbody>
</table>

TOTAL OPERATING EXPENSES: $54,068.43

TOTAL NET INCOME: $64,133.22

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

<table>
<thead>
<tr>
<th>Allocation Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hope Fund Requests so far in 2018 - Women in Treatment of ovarian cancer and their families</td>
<td>$62,800.00</td>
</tr>
</tbody>
</table>

TOTAL ALLOCATION OF NET INCOME: $62,800.00

Prepared by: Claudette M. Carlan  
Date: 11/12/2018
## Detail by Entity Name

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

### Filing Information

<table>
<thead>
<tr>
<th>Document Number</th>
<th>N02000002758</th>
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</thead>
<tbody>
<tr>
<td>FEI/EIN Number</td>
<td>33-1023477</td>
</tr>
<tr>
<td>Date Filed</td>
<td>04/08/2002</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>Status</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>Last Event</td>
<td>REINSTATEMENT</td>
</tr>
<tr>
<td>Event Date Filed</td>
<td>11/01/2017</td>
</tr>
</tbody>
</table>

### Principal Address

2801 ANVIL STREET NORTH  
SAINT PETERSBURG, FL 33710  

Changed: 02/16/2010

### Mailing Address

2801 ANVIL STREET NORTH  
SAINT PETERSBURG, FL 33710  

Changed: 02/16/2010

### Registered Agent Name & Address

MASTRY, CONSTANTINE E  
8390 73RD COURT  
PINELLAS PARK, FL 33781  

Name Changed: 11/01/2017

Address Changed: 04/14/2009

### Officer/Director Detail

#### Name & Address

**Title VPSD**

JANSSEN, JULIE  
P.O. BOX 46/87  
St. Petersburg, FL 33743  

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

Title VD

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

Title TRD

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

Annual Reports

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

Document Images

- 01/12/2018 - ANNUAL REPORT
- 11/01/2017 - REINSTATEMENT
- 01/23/2016 - ANNUAL REPORT
- 11/30/2015 - Merger
- 01/06/2015 - ANNUAL REPORT
- 01/09/2014 - ANNUAL REPORT
- 04/12/2013 - ANNUAL REPORT
- 01/09/2012 - ANNUAL REPORT
- 01/05/2011 - ANNUAL REPORT
- 02/16/2010 - ANNUAL REPORT
- 04/14/2009 - ANNUAL REPORT
- 01/08/2008 - ANNUAL REPORT
- 03/07/2007 - ANNUAL REPORT
- 03/17/2006 - ANNUAL REPORT
- 01/11/2005 - ANNUAL REPORT
- 02/06/2004 - ANNUAL REPORT
- 03/17/2003 - ANNUAL REPORT
- 03/17/2003 - Name Change
- 04/08/2002 - Domestic Non-Profit
**Contract/Permit**

**Contract #**: 25744  
**Date**: 18 Dec 2018

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

**Purpose of Use**: ONE STEP CLOSER TO THE CURE 2019  
**Expected**: 1,400  
**Co-Sponsored Event**: 

**Conditions of Use**: Insurance Required

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

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

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albert Whitted Park</td>
<td>Fri</td>
<td>20 Sep 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>21 Sep 2019</td>
<td>01:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Fees**:

- **Co-Sponsored Application Fee**: Quantity 1 Charge $30.00 Tax $0.00 Total $30.00
- **Co-Sponsored Permit Fee**: Hours 31:00 Quantity 1 Charge $200.00 Tax $0.00 Total $200.00

**Charges**:

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

Balance of rental due and payable immediately.

**Payments**:

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Payment Type</th>
<th>Reference</th>
<th>Receipt Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 Dec 2018</td>
<td>$230.00</td>
<td>Check</td>
<td>Rental</td>
<td>3209374</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): CLAUDETTE CARLAN  
(Print Name): CLAUDETTE CARLAN

CELMA MASTRY OVARIAN CANCER FOUNDATION  
Name of User Organization, If Applicable

---

CITY OF ST. PETERSBURG, FLORIDA

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

---

Printed: 18 Dec 2018, 01:04 PM  
User: jsbennin
Contract #: 25744
Date: 18 Dec 2018

User: JSBENNIN
Status: Firm

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

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

<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: 25744 - ONE STEP CLOSER TO THE CURE 2019
Albert Whitted Park - Park
September 20, 2019  6:00 am to September 21, 2019  1:00 pm

| Payment:                                         |        |
|                                                 | ($230.00) |

| Balance                                          | $0.00   |
CITY OF ST. PETERSBURG  
PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENT APPLICATION

Event Title: Tash Sultana  
Entity Name: We Are Concerts/No Clubs  
Event Date(s): May 7/8/9 2019  
Location: Vinoy Park

Day 1 of Event:  
Time Gates Open: 3:00PM  
Ending Time: 10:00PM

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

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

Application Prepared by: Gaetano Rifugiato  
Title: President  
Address: 666 Central Ave  
City: St Petersburg  
State: FL  
Zip: 33701

Email Address: nocubspresests@icloud.com

Additional Contact Person:  
Day Phone: 

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: We Are Concerts

Describe your event with details.  
This will be a musical event featuring 3-5 Acts. This has not been determined yet. Style of music Reggae

Describe what economic benefit and impact this event will bring to St. Petersburg.  
AS this is part of a national tour profile of city will be raised and will attract some outside attendees, Hotels and food businesses will benefit

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

Does your group presently have liability insurance?  
How much? 2-5 million

Are there plans to sell or distribute beer/wine at your event?  
Will there be an admission / registration fee?  
Will there be an admission / registration fee?  
Advanced Fee:  

Please provide the website address for your event. Once confirmed it will be listed on statemedia.com

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

What is the estimated attendance for this event?  
Spectators 7000  
Participants TBD  
Last Year's Total Attendance 3300
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) No

# Bleacher(s) needed. Each bleacher approx. 180 people No

Tables (6 ft) # needed No

Chairs # needed None

Public Address System No

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

Special Events Facilities

Non-City Locations

Mahaffey Theater

Coliseum

Sunken Gardens

Boyd Hill

Which Location?

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: Gaetano Rifugiato

Co-Sign: Title: President

Date: 2 July 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>
</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>
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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>
<td></td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td>Professional Performers</td>
</tr>
<tr>
<td>Amplified Sound</td>
<td>Announcement Only</td>
</tr>
<tr>
<td>Security</td>
<td>Daytime - Private</td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td>Overnight - Private</td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td>Event Time Frame - SPPD</td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Regular Units</td>
</tr>
<tr>
<td></td>
<td>Disabled Units</td>
</tr>
<tr>
<td></td>
<td>Hand Washing</td>
</tr>
<tr>
<td>Marketing: Please check all that apply.</td>
<td>City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.</td>
</tr>
<tr>
<td>Invitations</td>
<td>Radio</td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td>Television</td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td>Remote Broadcast</td>
</tr>
</tbody>
</table>
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 and stage equipment will tie into city outlets at Park

Will you supply your own generators? □ YES □ NO

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

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

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

Name: We Are Concerts  Phone: 941 504 0283

Address (including zip): 866 Central Ave, St Petersburg, Fl

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

Stage 3-4 acts Style is listed as Reggae.

List Vending Products. Name & Provider.

Clothing, some food and beverages.

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.

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

Artists buses and trucks will be parked by Northshore Swimming pool.
Other Comments: Please describe your fee structure.

Fees will be based on artist guarantee, it will be structured as Advance and Dos Pricing. There will be a limited VIP, probably 100-150 people.

Other comments:
As on previous occasions we do not have non profit groups contracted until show is confirmed. In the past Metropolitan industries have been our go to but this time we want to look at some more localized entity, Girls Rock Camp perhaps.

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: Gaetano Rifugiato  Title: President  Date: July 2 2019
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>[BD]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td></td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td></td>
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</tbody>
</table>

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

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

What method of invoicing would your organization prefer?

[ ] BY Mail

Contact Name

Address

City, State, Zip

[ ] BY EMAIL

Email Address: hocubsresents@icloud.com
### REVENUE SOURCES (attach sheet if more space is needed)

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

**TOTAL GROSS REVENUE**

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

<p>| | | |</p>
<table>
<thead>
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</table>

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

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

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

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: ____________________________ Date: ____________________________
## Detail by Entity Name

**Florida Limited Liability Company**

WE ARE CONCERTS LLC

### Filing Information

<table>
<thead>
<tr>
<th>Document Number</th>
<th>FEI/EIN Number</th>
<th>Date Filed</th>
<th>Effective Date</th>
<th>State</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>L15000040605</td>
<td>46-3317510</td>
<td>03/05/2015</td>
<td>03/01/2015</td>
<td>FL</td>
<td>ACTIVE</td>
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</table>

### Principal Address

2856 10TH AVE. N.  
ST. PETERSBURG, FL 33713

### Mailing Address

PO BOX 269  
ST. PETERSBURG, FL 33731

### Registered Agent Name & Address

HUNDLEY, DAVID  
2856 10TH AVE. N.  
ST. PETERSBURG, FL 33713

### Authorized Person(s) Detail

**Name & Address**

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

- **Title**: MGRM  
  - Rifuglato, Gaetano  
    - 3535 7th Avenue North  
      - ST. Petersburg, FL

### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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<tr>
<td>2016</td>
<td>03/10/2016</td>
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<tr>
<td>2017</td>
<td>03/13/2017</td>
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### Document Images

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<tr>
<th>Date</th>
<th>Description</th>
<th>View Image in PDF format</th>
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<tbody>
<tr>
<td>03/21/2018</td>
<td>ANNUAL REPORT</td>
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<td>03/13/2017</td>
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<td>03/10/2016</td>
<td>ANNUAL REPORT</td>
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</tr>
<tr>
<td>03/05/2015</td>
<td>Florida Limited Liability</td>
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</tr>
</tbody>
</table>

Florida Department of State, Division of Corporations
WE ARE CONCERTS LLC  
GAETANO RIFUGIATO  
666 CENTRAL AVE  
ST PETERSBURG FL 33701 USA

Purpose of Use: TASH SULTANA  
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: Tue 07 May 19 06:00 am
Ending: Thu 09 May 19 11:00 pm

Facility/Equipment | Day | Date | Time     | Fee | Extra Fee | Tax | Total
--- | --- | --- | --- | --- | --- | --- | ---
Vinoy Park | Tue | 07 May 2019 | 06:00 AM | $0.00 | $300.00 | $0.00 | $300.00
Vinoy Park | 09 May 2019 | 11:00 PM | $0.00 | $300.00 | $0.00 | $300.00

Addition Fees:

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

<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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</thead>
<tbody>
<tr>
<td>Co-Sponsored Permit Fee (Vinoy)</td>
<td>65:00</td>
<td>1</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$300.00</td>
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</table>

| | | 1 | $300.00 | $0.00 | $300.00 |

Charges:

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<th>Extra Fees</th>
<th>Tax</th>
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<th>Deposit</th>
<th>Total Applied</th>
<th>Contract Balance</th>
<th>Account Balance</th>
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<tbody>
<tr>
<td>$0.00</td>
<td>$330.00</td>
<td>$0.00</td>
<td>$330.00</td>
<td>$0.00</td>
<td>$330.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Balance of rental due and payable immediately.

Payments:

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Payment Type</th>
<th>Reference</th>
<th>Receipt Number</th>
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</thead>
<tbody>
<tr>
<td>28 Nov 2018</td>
<td>$330.00</td>
<td>Check</td>
<td>Rental</td>
<td>3199956</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) GAETANO RIFUGIATO  
WE ARE CONCERTS LLC

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 CureSearch Walk

Entity Name: CureSearch for Children's Cancer

Event Date(s): 9/28/2019

Location: Walter Fuller Park

Day 1 of Event: 9/28/2019
Time Gates Open: 9am
Ending Time: 12pm

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

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

Application Prepared by: Eric Robinson
Title: Manager, Campaign Development
Address: 4600 East-West Highway, Suite 600
City: Bethesda State: MD Zip: 20814
Email Address: eric.robinson@curesearch.org

Additional Contact Person: Jennifer Murphy
Day Phone: 2402352211

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

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

Name of the for-profit entity?
NA

Describe your event with details.
CureSearch is a well-known, national non-profit that raises money to support pediatric cancer research. By supporting the CureSearch Walk through hosting families and local healthcare systems partnered with CureSearch, attendees will be supporters of St. Petersburg. Recognition of St. Petersburg's support will be positively portrayed in the community and give the impression to our families that they are supported by the community in which they reside and/or visit for healthcare. We have held this event at Walter Fuller Park the past two years and greatly appreciate the venue/support.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Pediatric patients, families, hospital staff, and supporters, along with various business sponsors in the community will come to the walk in which many will visit shops, have breakfast/lunch in the area, and get a great experience of the grass roots facilities that St. Petersburg offers, primarily with this event being at Walter Fuller Park.

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

Does your group presently have liability insurance? YES NO

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

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

Please provide the website address for your event. www.curesearchevents.org/tampabay

Please provide a phone number that can be advertised to the public. 2402352240

What is the estimated attendance for this event? Spectators Participants Last Year's Total Attendance
50 250 200
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) [ ] No

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

Tables (6 ft) # needed [ ] 15 Chairs # needed [ ] 30

Public Address System [ ] No

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

Special Events Facilities

[ ] Mahaffey Theater

[ ] Coliseum

[ ] Sunken Gardens

[ ] Boyd Hill

Which Location?

[ ] Non-City Locations

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: Eric Robinson

Co-Sign: Jennifer Murphy

Title: Manager, Campaign Development

Title: National Director, Campaign

Date: 1/3/2019

Date: 1/3/2019

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

3. Complete Appendix B and Appendix C.

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

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

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

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

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

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

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

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

Does your event require any power needs using more than the standard 110/20amp located in the parks?  □  YES  □  NO
If YES, check all that apply.  □  RV'S  □  Coffee Vendors  □  Ice Bins  □  Freezers  □  Ice Cream Vendors  □  Catering Trucks  □  Other:

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

Will you supply your own generators?  □  YES  □  NO

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

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

No

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

Name:  Eric Robinson  Phone:  2402352240
Address (including zip):  4600 East-West Highway, Suite 600 Bethesda, MD 20814

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

Kid/family friendly, 1 stage, no bands.

List Vending Products. Name & Provider.

NA

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

NA

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

Possible doctors, nurses, child cancer survivors, and CureSearch staffer will lead in discussion of how event is supporting CureSearch's mission of finding a cure for children's cancer.

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

6am load in and 1pm load out, will use parking lot located near Walter Fuller Park Recreation Center.
Other Comments: Please describe your fee structure.

Not a first-time event and qualifying non-profit 501(c)3 at Walter Fuller Park one-day event, $200.

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.

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Name: Eric Robinson  
Title: Manager, Campaign Development  
Date: 1/3/2019
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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**: | CureSearch for Children's Cancer |
| Name of Responsible Party (President or CEO ONLY): | Kay Koehler |
| Title of Responsible Party: | CEO |
| Physical Address of Responsible Party: | 4600 East-West Highway, Suite 600 Bethesda, MD 20814 |
| Phone Number of Responsible Party: | |
| Email Address of Responsible Party: | kay.koehler@curesearch.org |
| Nonprofit (Employee Identification Number): | 95-4132414 |

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

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

What method of invoicing would your organization prefer?

- [ ] BY Mail
- [x] BY EMAIL

Contact Name

Address

City, State, Zip

Email Address: eric.robinson@curesearch.org
APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: 2019 Tampa Bay CureSearch Walk
Date(s) of Event: 9/28/2019 - 9/28/2019

<table>
<thead>
<tr>
<th>REVENUE SOURCES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
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<td>4.</td>
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<td>5.</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

<table>
<thead>
<tr>
<th>EXPENSES (attach sheet if more space is needed)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
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</tr>
<tr>
<td>6.</td>
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<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL OPERATING EXPENSES
TOTAL NET INCOME

<table>
<thead>
<tr>
<th>ALLOCATION OF NET INCOME (attach sheet if more space is needed)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL ALLOCATION OF NET INCOME

Prepared by: Eric Robinson, Manager, Campaign Development         Date: 1/3/2019
Independent Auditor’s Report

To the Board of Directors
CureSearch for Children’s Cancer

We have audited the accompanying financial statements of CureSearch for Children’s Cancer (a non-profit organization), which comprise the statements of financial position as of December 31, 2017 and 2016, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

Management’s Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of CureSearch for Children’s Cancer as of December 31, 2017 and 2016 and the changes in its net assets, and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Gross, Mendelsohn & Associate, P.A.

Baltimore, Maryland
August 30, 2018
CURESEARCH FOR CHILDREN'S CANCER  
Statements of Financial Position  
December 31, 2017 and 2016

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$455,098</td>
<td>$155,453</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>220,474</td>
<td>376,578</td>
</tr>
<tr>
<td>Contributions receivable</td>
<td>143,138</td>
<td>108,658</td>
</tr>
<tr>
<td>Investments, current portion</td>
<td>2,881,810</td>
<td>2,542,559</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>33,675</td>
<td>90,834</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>3,734,195</td>
<td>3,274,082</td>
</tr>
<tr>
<td><strong>Property, net of accumulated depreciation</strong></td>
<td>55,371</td>
<td>84,362</td>
</tr>
<tr>
<td><strong>Other Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments, long-term portion</td>
<td>1,500,000</td>
<td>2,500,000</td>
</tr>
<tr>
<td>Assets held in trust</td>
<td>0</td>
<td>147,634</td>
</tr>
<tr>
<td>Deposits</td>
<td>24,802</td>
<td>24,802</td>
</tr>
<tr>
<td>Total Other Assets</td>
<td>1,524,802</td>
<td>2,672,436</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$5,314,368</td>
<td>$6,030,880</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Liabilities and Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$226,950</td>
<td>$259,620</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>42,070</td>
<td>35,406</td>
</tr>
<tr>
<td>Deferred rent, current portion</td>
<td>45,849</td>
<td>38,321</td>
</tr>
<tr>
<td>Total Current Liabilities</td>
<td>314,869</td>
<td>333,347</td>
</tr>
<tr>
<td><strong>Non-Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deferred rent, non-current portion</td>
<td>37,003</td>
<td>79,181</td>
</tr>
<tr>
<td>Deferred compensation</td>
<td>0</td>
<td>147,634</td>
</tr>
<tr>
<td>Total Non-Current Liabilities</td>
<td>37,003</td>
<td>226,815</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>351,872</td>
<td>560,162</td>
</tr>
<tr>
<td><strong>Commitments</strong> (Notes 7, 8 and 9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>416,635</td>
<td>690,493</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>3,045,861</td>
<td>2,280,225</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td>1,500,000</td>
<td>2,500,000</td>
</tr>
<tr>
<td>Total Net Assets</td>
<td>4,962,496</td>
<td>5,470,718</td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td>$5,314,368</td>
<td>$6,030,880</td>
</tr>
</tbody>
</table>

The accompanying notes are an integral part of these financial statements.
CURESEARCH FOR CHILDREN’S CANCER  
Statements of Activities  
Years Ended December 31, 2017 and 2016

<table>
<thead>
<tr>
<th>Support and Revenue</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>$ 865,525</td>
<td>$ 133,580</td>
<td>$ -0-</td>
<td>$ 999,105</td>
</tr>
<tr>
<td>Institutional grants and gifts</td>
<td>6,500</td>
<td>684,750</td>
<td>-0-</td>
<td>691,250</td>
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<tr>
<td>Cause and marketing revenue</td>
<td>79,027</td>
<td>27,138</td>
<td>-0-</td>
<td>106,165</td>
</tr>
<tr>
<td>Special events, net</td>
<td>1,670,600</td>
<td>801,108</td>
<td>-0-</td>
<td>2,471,708</td>
</tr>
<tr>
<td>Investment income, net</td>
<td>47,890</td>
<td>299,014</td>
<td>-0-</td>
<td>346,904</td>
</tr>
<tr>
<td>Other revenue</td>
<td>36,875</td>
<td>-0-</td>
<td>-0-</td>
<td>36,875</td>
</tr>
<tr>
<td>Transfer of Schow endowment fund</td>
<td>-0-</td>
<td>1,000,000</td>
<td>(1,000,000)</td>
<td>-0-</td>
</tr>
<tr>
<td>Net assets released from restrictions:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfaction of program restrictions</td>
<td>2,071,646</td>
<td>(2,071,646)</td>
<td>-0-</td>
<td>-0-</td>
</tr>
<tr>
<td>Satisfaction of time restrictions</td>
<td>108,308</td>
<td>(108,308)</td>
<td>-0-</td>
<td>-0-</td>
</tr>
<tr>
<td>Total Support and Revenue</td>
<td>4,886,371</td>
<td>765,636</td>
<td>(1,000,000)</td>
<td>4,652,007</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program services</td>
<td>3,027,723</td>
<td>-0-</td>
<td>-0-</td>
<td>3,027,723</td>
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<tr>
<td>Support services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fundraising</td>
<td>1,464,316</td>
<td>-0-</td>
<td>-0-</td>
<td>1,464,316</td>
</tr>
<tr>
<td>Management and general</td>
<td>668,190</td>
<td>-0-</td>
<td>-0-</td>
<td>668,190</td>
</tr>
<tr>
<td>Total Support Services</td>
<td>2,132,506</td>
<td>-0-</td>
<td>-0-</td>
<td>2,132,506</td>
</tr>
</tbody>
</table>

| Total Expenses                                | 5,160,229    | -0-                    | -0-                    | 5,160,229 |

| Change in Net Assets                          | (273,858)    | 765,636                | (1,000,000)            | (508,222) |

| Net Assets at Beginning of Year               | 690,493      | 2,280,225              | 2,500,000              | 5,470,718 |

| Net Assets at End of Year                     | $ 416,635    | $ 3,045,861            | $ 1,500,000            | $ 4,962,496 |
## 2016

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$1,055,459</td>
<td>$269,325</td>
<td>-$0-</td>
<td>$1,344,784</td>
</tr>
<tr>
<td></td>
<td>32,000</td>
<td>532,500</td>
<td>-$0-</td>
<td>564,500</td>
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<tr>
<td></td>
<td>325,938</td>
<td>363,690</td>
<td>-$0-</td>
<td>689,628</td>
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<tr>
<td></td>
<td>2,032,103</td>
<td>422,652</td>
<td>-$0-</td>
<td>2,454,755</td>
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<td></td>
<td>72,244</td>
<td>146,915</td>
<td>-$0-</td>
<td>219,159</td>
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<td></td>
<td>3,385</td>
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<td>-$0-</td>
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<tr>
<td></td>
<td>2,324,109</td>
<td>(2,324,109)</td>
<td>-$0-</td>
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<tr>
<td></td>
<td>91,000</td>
<td>(91,000)</td>
<td>-$0-</td>
<td>-$0-</td>
</tr>
<tr>
<td></td>
<td>5,936,238</td>
<td>(660,027)</td>
<td>-$0-</td>
<td>5,276,211</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4,149,437</td>
<td>-$0-</td>
<td>-$0-</td>
<td>4,149,437</td>
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<tr>
<td></td>
<td>1,663,052</td>
<td>-$0-</td>
<td>-$0-</td>
<td>1,663,052</td>
</tr>
<tr>
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<td>714,138</td>
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<td>2,377,190</td>
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<tr>
<td></td>
<td>6,526,627</td>
<td>-$0-</td>
<td>-$0-</td>
<td>6,526,627</td>
</tr>
<tr>
<td></td>
<td>(590,389)</td>
<td>(660,027)</td>
<td>-$0-</td>
<td>(1,250,416)</td>
</tr>
<tr>
<td></td>
<td>1,280,882</td>
<td>2,940,252</td>
<td>2,500,000</td>
<td>6,721,134</td>
</tr>
<tr>
<td></td>
<td>$690,493</td>
<td>$2,280,225</td>
<td>$2,500,000</td>
<td>$5,470,718</td>
</tr>
</tbody>
</table>

The accompanying notes are an integral part of these financial statements.
## Cash Flows from Operating Activities

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in net assets</td>
<td>$ (508,222)</td>
<td>$ (1,250,416)</td>
</tr>
<tr>
<td>Adjustments to reconcile change in net assets to net cash used in operating activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>28,992</td>
<td>30,872</td>
</tr>
<tr>
<td>Net gains on investments</td>
<td>(236,778)</td>
<td>(87,968)</td>
</tr>
<tr>
<td>Donated stock contributions</td>
<td>(31,051)</td>
<td>(29,420)</td>
</tr>
<tr>
<td>Changes in operating assets and liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>156,104</td>
<td>(5,622)</td>
</tr>
<tr>
<td>Contributions receivable</td>
<td>(34,480)</td>
<td>(17,658)</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>57,159</td>
<td>(39,954)</td>
</tr>
<tr>
<td>Deposits</td>
<td>-0-</td>
<td>3,689</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>(32,670)</td>
<td>29,198</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>6,664</td>
<td>1,768</td>
</tr>
<tr>
<td>Deferred rent</td>
<td>(34,650)</td>
<td>(33,283)</td>
</tr>
<tr>
<td>Deferred compensation</td>
<td>(147,634)</td>
<td>73,085</td>
</tr>
<tr>
<td>Net Cash Used in Operating Activities</td>
<td>(776,566)</td>
<td>(1,325,709)</td>
</tr>
</tbody>
</table>

## Cash Flows from Investing Activities

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proceeds from sales of investments</td>
<td>1,043,664</td>
<td>1,905,826</td>
</tr>
<tr>
<td>Purchases of investments</td>
<td>(146,138)</td>
<td>(1,130,259)</td>
</tr>
<tr>
<td>Net proceeds from sale of donated stock</td>
<td>31,051</td>
<td>29,420</td>
</tr>
<tr>
<td>Decrease (increase) in assets held in trust</td>
<td>147,634</td>
<td>(62,644)</td>
</tr>
<tr>
<td>Net Cash Provided by Investing Activities</td>
<td>1,076,211</td>
<td>742,343</td>
</tr>
</tbody>
</table>

## Net Increase (Decrease) in Cash and Cash Equivalents

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Increase (Decrease) in Cash and Cash Equivalents</td>
<td>299,645</td>
<td>(583,366)</td>
</tr>
</tbody>
</table>

## Cash and Cash Equivalents at Beginning of Year

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Cash Equivalents at Beginning of Year</td>
<td>155,453</td>
<td>738,819</td>
</tr>
</tbody>
</table>

## Cash and Cash Equivalents at End of Year

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Cash Equivalents at End of Year</td>
<td>$ 455,098</td>
<td>$ 155,453</td>
</tr>
</tbody>
</table>
In reply refer to: 0248359979
Jan. 28, 2014 LTR 4168C 0
95-4132414 000000 00
00025192
BODC: TE

CURESEARCH FOR CHILDRENS CANCER
CANCER RESEARCH FOR CHILDREN
4600 EAST WEST HWY STE 600
BETHESDA MD 20814

Employer Identification Number: 95-4132414
Person to Contact: Ms. Sene
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 16, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in April 1992.

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

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

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

Sincerely yours,

Susan M. O'Neill, Department Mgr.
Accounts Management Operations
Event will take place on the West side of the Rec Center. Setup at 7am, Registration at 9am, Ceremony at 10am, Walk at 10:30am, Closing at 11:30pm, Breakdown complete by approx. 1pm.
### Detail by Entity Name

**Foreign Not For Profit Corporation**

CURESEARCH FOR CHILDREN'S CANCER CORPORATION

### Filing Information

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<tr>
<th>Document Number</th>
<th>FEI/EIN Number</th>
<th>Date Filed</th>
<th>State</th>
<th>Status</th>
<th>Last Event</th>
<th>Event Date Filed</th>
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<td>95-4132414</td>
<td>04/16/2013</td>
<td>CA</td>
<td>ACTIVE</td>
<td>NAME CHANGE AMENDMENT</td>
<td>10/04/2016</td>
<td>NONE</td>
<td>4600 East West Hwy Suite 800 Bethesda, MD 20814</td>
</tr>
</tbody>
</table>

### Mailing Address

4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

### Registered Agent Name & Address

REGISTERED AGENTS LEGAL SERVICES, LLC
155 OFFICE PLAZA DR SUITE A
TALLAHASSEE, FL 32301

### Officer/Director Detail

<table>
<thead>
<tr>
<th>Name &amp; Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title CEO</td>
</tr>
<tr>
<td>Koehler, Kay</td>
</tr>
<tr>
<td>4600 East West Highway Suite 600 Bethesda, MD 20814</td>
</tr>
<tr>
<td>Title Chairman</td>
</tr>
<tr>
<td>SIEGEL, STUART, MD</td>
</tr>
<tr>
<td>4600 East West Highway Suite 600 Bethesda, MD 20814</td>
</tr>
</tbody>
</table>
Title Treasurer
Rose, Walt
4600 East West Highway Suite 600
Bethesda, MD 20814

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

Title Director
Lipsky, Lisa
4600 East West Highway Suite 600
Bethesda, MD 20814

Title Director
Adams, Hank
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

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

Title Director
Carter, Paula
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Title Director
Hawn, Carleen
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Title Director
Kelly, Matt
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Title Director
Gould, Annie
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Title Director

Carter, Cason
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Title Director

Brancazio, Jared
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Title Director

Collier, Shari
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Title Director

Blackman, Samuel
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Title Director

O'Reilly, Richard
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Title Director

Wanner, Kathy
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Title COO

Burke, Katharine A
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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<tr>
<td>2017</td>
<td>03/23/2017</td>
</tr>
<tr>
<td>2018</td>
<td>01/16/2018</td>
</tr>
<tr>
<td>2018</td>
<td>09/20/2018</td>
</tr>
</tbody>
</table>
CURESEARCH FOR CHILDRENS CANCER
ERIC ROBINSON
4600 EAST WEST HWY STE 600
BETHESDA MD 20814 USA

Purpose of Use: TAMPA BAY CURESEARCH WALK

Expected: 300 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 28 Sep 19 06:00 am
Ending: Sat 28 Sep 19 09:00 pm

Facility/Equipment: Walter Fuller Park

Day Date Time Fee Extra Fee Tax Total
Sat 28 Sep 2019 06:00 AM $0.00 $30.00 $0.00 $30.00
Sat 28 Sep 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
  Application Processing Fee - Parks
  Hours 15:00 Quantity 1 Charge $30.00 Tax $0.00 Total $30.00

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

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By (Sign Name): ERIC ROBINSON
CURESEARCH FOR CHILDRENS CANCER
(Print Name) CURESEARCH FOR CHILDRENS CANCER

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: 15 Jan 2019, 11:30 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.
<table>
<thead>
<tr>
<th>Book#</th>
<th>Event Name</th>
<th>Organization 1st Year</th>
<th>Non Profit Organization</th>
<th>Profit Organization</th>
<th>Event Date</th>
<th>Times</th>
<th>Liquor Letter</th>
<th>Event Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Hydrocephalus Association Walk</td>
<td>NO</td>
<td>HYDROCEPHALUS ASSOCIATION INCORPORATED</td>
<td></td>
<td>11/09/19</td>
<td>5:00am - 2pm</td>
<td>NO</td>
<td>Elva Rouse Park</td>
</tr>
<tr>
<td>6</td>
<td>Making Strides</td>
<td>NO</td>
<td>AMERICAN CANCER SOCIETY</td>
<td></td>
<td>10/19/19</td>
<td>6am - 12pm</td>
<td>NO</td>
<td>Vinoy Park Mole</td>
</tr>
<tr>
<td>7</td>
<td>2018 Walk Like MADD Pinellas</td>
<td>NO</td>
<td>MOTHERS AGAINST DRUNK DRIVING, INC.</td>
<td></td>
<td>10/12/19</td>
<td>8am - 11am</td>
<td>NO</td>
<td>Albert Whitted Park</td>
</tr>
<tr>
<td>8</td>
<td>SPIFFS</td>
<td>NO</td>
<td>ST. PETERSBURG INTERNATIONAL FOLK FAIR SOCIETY, INC.</td>
<td></td>
<td>10/24/19 - 10/27/19</td>
<td>9am - 3pm, 9am - 3pm, 10am - 9pm, 10am - 6pm</td>
<td>NO</td>
<td>Vinoy Park</td>
</tr>
<tr>
<td>9</td>
<td>95.7 Beats by the Bay</td>
<td>NO</td>
<td>IHEARTMEDIA + ENTERTAINMENT, INC.</td>
<td></td>
<td>11/02/19</td>
<td>2pm - 10pm</td>
<td>YES</td>
<td>Vinoy Park</td>
</tr>
<tr>
<td>10</td>
<td>Movies in the Park (Oct.)</td>
<td>NO</td>
<td>ST. PETERSBURG PRESERVATION</td>
<td></td>
<td>Thursdays in October</td>
<td>5:30pm - 10:30pm</td>
<td>NO</td>
<td>North Straub Park</td>
</tr>
<tr>
<td>11</td>
<td>CraftArt Festival 2018</td>
<td>NO</td>
<td>FLORIDA CRAFTSMEN INC.</td>
<td></td>
<td>11/23/19 &amp; 11/24/19</td>
<td>10am - 5pm, 10am - 4pm</td>
<td>NO</td>
<td>Central Avenue (4th to 6th St.) 5th St. (1st Ave N to 1st Ave S)</td>
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<tr>
<td>12</td>
<td>Girls on the Run 5k (Fall)</td>
<td>NO</td>
<td>GIRLS ON THE RUN GREATER TAMPA BAY</td>
<td></td>
<td>12/14/19</td>
<td>7am - 11am</td>
<td>NO</td>
<td>Poynter Park</td>
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<tr>
<td>13</td>
<td>Girls on the Run 2019 (Spring)</td>
<td>NO</td>
<td>GIRLS ON THE RUN GREATER TAMPA BAY</td>
<td></td>
<td>05/02/20</td>
<td>7am - 11am</td>
<td>NO</td>
<td>Poynter Park</td>
</tr>
<tr>
<td>14</td>
<td>St. Pete Run Fest</td>
<td>NO</td>
<td>JUMP FOR KIDS, INC.</td>
<td>ENDORFUN SPORTS LLC.</td>
<td>11/15/19 - 11/17/19</td>
<td>3pm - 9pm, 6am - 2pm, 5am - 4pm</td>
<td>YES</td>
<td>Albert Whitted/ Al Lang</td>
</tr>
<tr>
<td>15</td>
<td>SPCA Tampa Bay Pet Walk</td>
<td>NO</td>
<td>SPCA TAMPA BAY</td>
<td></td>
<td>05/01/20</td>
<td>8:00am - 12:00pm</td>
<td>NO</td>
<td>Vinoy Park</td>
</tr>
<tr>
<td>16</td>
<td>Coffee Pot Turkey Trot</td>
<td>NO</td>
<td>FRIENDS OF NORTH SHORE ELEMENTART INC.</td>
<td></td>
<td>11/28/19</td>
<td>7am - 5pm</td>
<td>NO</td>
<td>North Shore Elementary School</td>
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<tr>
<td>17</td>
<td>First Night St. Pete</td>
<td>NO</td>
<td>FIRST NIGHT ST. PETERSBURG, INC.</td>
<td></td>
<td>12/31/19</td>
<td>4pm - 12am</td>
<td>NO</td>
<td>Downtown Parks</td>
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<tr>
<td>18</td>
<td>St Pete Science Festival / Marinequest</td>
<td>NO</td>
<td>PIER AQUARIUM, INC.</td>
<td></td>
<td>10/18/19 - 10/19/19</td>
<td>9am - 3pm, 8am - 5pm</td>
<td>NO</td>
<td>USF/ Poynter Park</td>
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<tr>
<td>19</td>
<td>Shannon’s Walk for ACC Cure</td>
<td>NO</td>
<td>ACC C.U.R.E. A NJ NONPROFIT CORPORATION</td>
<td></td>
<td>10/19/19</td>
<td>9am - 12pm</td>
<td>NO</td>
<td>Flora Wylie Park</td>
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<tr>
<td>20</td>
<td>St. Pete Empower + Yoga</td>
<td>YES</td>
<td>HEELS TO HEAL, INC.</td>
<td></td>
<td>10/06/19</td>
<td>6am - 2pm</td>
<td>NO</td>
<td>Albert Whitted Park or Vinoy Mole</td>
</tr>
</tbody>
</table>

**City of St. Petersburg**

Co-Sponsored Events

Profit / Non Profit Report

2019 - 2020
<table>
<thead>
<tr>
<th>Event #</th>
<th>Event Name</th>
<th>1st Year</th>
<th>Non Profit Organization</th>
<th>Profit Organization</th>
<th>Event Date</th>
<th>Times</th>
<th>Liquor Letter</th>
<th>Event Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Bungalow Fest</td>
<td>NO</td>
<td>HISTORIC KENWOOD NEIGHBORHOOD ASSOCIATION, INC.</td>
<td></td>
<td>11/02/19</td>
<td>10am - 4pm</td>
<td>NO</td>
<td>Seminole Park</td>
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<tr>
<td>22</td>
<td>St. Pete Power &amp; Sailboat Show</td>
<td>NO</td>
<td>TBA</td>
<td>YACHTING PROMOTIONS, INC.</td>
<td>12/05/19, 12/06/19, 12/07/19, 12/08/19</td>
<td>10am - 7pm</td>
<td>YES</td>
<td>Albert Whitted Park</td>
</tr>
<tr>
<td>23</td>
<td>Chillounge Night</td>
<td>NO</td>
<td>CREATIVE CLAY INC.</td>
<td>DESIGN OFRESCO CORP.</td>
<td>11/16/19</td>
<td>5pm-11pm</td>
<td>YES</td>
<td>North Straub Park</td>
</tr>
<tr>
<td>24</td>
<td>Savor St Pete</td>
<td>YES</td>
<td>ST. PETERSBURG COLLEGE FOUNDATION, INC.</td>
<td>FLORIDATA CAPITAL ASSETS GROUP, INC.</td>
<td>11/02/19, 11/03/19</td>
<td>12pm - 4pm, 12pm - 4pm</td>
<td>YES</td>
<td>North Straub Park</td>
</tr>
<tr>
<td>25</td>
<td>Tampa Bay Bluesfest</td>
<td>NO</td>
<td>TAMPA BAY BLUES FOUNDATION, INC.</td>
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<td>04/03/20, 04/04/20, 04/05/20</td>
<td>11am - 10pm, 11am - 10pm</td>
<td>YES</td>
<td>Vinoy Park</td>
</tr>
<tr>
<td>26</td>
<td>St. Petersburg Distance Classic</td>
<td>NO</td>
<td>TBA</td>
<td>WATERCROSS INTERNATIONAL, INC.</td>
<td>02/09/20</td>
<td>5pm-2pm</td>
<td>NO</td>
<td>Vinoy Park</td>
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<tr>
<td>27</td>
<td>UIPM Biathle/Triathle World Championship</td>
<td>YES</td>
<td>USA PENTATHLON, INC.</td>
<td></td>
<td>10/24/19, 10/25/19, 10/26/19</td>
<td>7am - 7pm</td>
<td>NO</td>
<td>Albert Whitted Park</td>
</tr>
</tbody>
</table>
Event Title: Hydrocephalus WALK
Entity Name: Hydrocephalus Association
Event Date(s): November 9th 2019
Day 1 of Event: 11/9/2019
Time Gates Open: 0500
Ending Time: 1400
Day 2 of Event: 
Time Gates Open: 
Ending Time: 
Day 3 of Event: 
Time Gates Open: 
Ending Time: 
Application Prepared by: Kentlee Battick
Title: Walk Co-Chair
Address: 6701 76th Ave E
City: Palmetto
State: FL
Zip: 34221
Email Address: kbattic2@jhm.edu
Additional Contact Person: Carrie Young
Day Phone: 813-767-2204
What month/year were you incorporated as nonprofit? Jan 1986
List all 501(c)3 entities that will benefit from this event. Hydrocephalus Association
Name of the for-profit entity? NONE

Describe your event with details.
National Recognition as a supporter of patients with hydrocephalus

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

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

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

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

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

Please provide the website address for your event. support.hydroassoc.org/2018stpetertsburtampabayareaWALK

Please provide a phone number that can be advertised to the public. 813-767-2204

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

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

Recreation Equipment

- Showmobile (Yes/No): [NO]
- # Bleacher(s) needed: [None]
- Tables (6 ft) # needed: [possibly]
- Public Address System: [Non-provided by DJ]
- # of portable risers needed: [2]

Special Events Facilities

- Mahaffey Theater
- Coliseum
- Sunken Gardens
- Boyd Hill

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

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

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

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: Kentlee Battick
Co-Sign: Carrie Young
Title: Walk Chair
Date: 12/19/2018

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

**Condition**

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

**Obligation**

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 10 Vendors / Exhibitors</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>How many?</td>
<td></td>
</tr>
<tr>
<td>Alcohol Permit</td>
<td>Additional insurance Required</td>
</tr>
<tr>
<td>What type?</td>
<td></td>
</tr>
<tr>
<td>Temporary Structure Permit</td>
<td></td>
</tr>
<tr>
<td>What structure?</td>
<td></td>
</tr>
<tr>
<td>Temporary Structure Permit</td>
<td></td>
</tr>
<tr>
<td>Fire Inspection Permit</td>
<td></td>
</tr>
<tr>
<td>Fireworks Permit</td>
<td></td>
</tr>
<tr>
<td>Parade or Street Closure Permit(s)</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

N/A

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

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

None

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

Name: □ Hydrocephalus Association Phone: 240-483-4601
Address (including zip): 4430 E. West Highway, Suite 903, Bethesda, MD 20814

Type of music, # of stages, and # of bands.
DJ playing popular family friendly music and announcing walk activities. One Stage with no band

List Vending Products. Name & Provider.

None

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

None

Explain subject/purpose of all speeches/demonstrations which will occur.
Education and awareness of hydrocephalus

Discuss your load in/load out parking needs, include times and dates.
Load in and out through south parking lot
Other Comments: Please describe your fee structure.

Other comments:

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

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

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

Name: Kentlee Battick
Title: Walk Chair
Date: 12/19/2018
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation: Hydrocephalus Association

Name of Responsible Party (President or CEO ONLY): Diana Gray

Title of Responsible Party: CEO

Physical Address of Responsible Party: 4340 E West Highway, Suite 905, Bethesda MD 20814

Phone Number of Responsible Party: 240-483-4601

Email Address of Responsible Party: walk@hydroassoc.org

Nonprofit (Employee Identification Number): 94-3000301

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

  - mail Address: kbattic2@jhmi.edu
### I. REVENUE SOURCES (attach sheet if more space is needed)

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

**TOTAL GROSS REVENUE**

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Walk Supplies</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
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<td>4.</td>
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<td>5.</td>
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<td>6.</td>
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<td>7.</td>
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<td>8.</td>
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<td>9.</td>
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<td>10.</td>
<td></td>
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</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

($2,000.00)

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

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

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: Kentlee Battick
Date: 12/19/2018
HYDROCEPHALUS ASSOCIATION
INCORPORATED AKA HYDROCEPHALUS ASSOCIATION: F14895940

General Information

Department ID Number:
F14895940

Business Name:
HYDROCEPHALUS ASSOCIATION
INCORPORATED AKA
HYDROCEPHALUS ASSOCIATION

Principal Office:
SUITE 905
4340 EAST WEST HIGHWAY
BETHESDA MD 20814

Resident Agent:
DAWN MANCUSO
SUITE 905
4340 EAST WEST HIGHWAY
BETHESDA MD 20814

Status:
INCORPORATED
Good Standing:
THIS BUSINESS IS IN GOOD STANDING
» Order Certificate of Status

Business Type:
FOREIGN CORPORATION

Business Code:
04 ORDINARY BUSINESS - NON-STOCK

Date of Formation/ Registration:
10/02/2012

State of Formation:
CA

Stock Status:
NONSTOCK

Close Status:
N/A
HYDROCEPHALUS ASSOCIATION INC
KENTLEE BATTICK
6701 76TH AVE E
PALMETTO FL 34221 USA

Purpose of Use: HYDROCEPHALUS WALK
Expected: 400
Co-Sponsored Event

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Sat 09 Nov 19 05:00 am
Ending: Sat 09 Nov 19 09:00 pm

Facility/Equipment
Elva Rouse Park
Park

Day
Sat

Date
09 Nov 2019

Time
05:00 AM

09:00 PM

Fee
$0.00

Extra Fee
$200.00

Tax
$0.00

Total
$200.00

Elva Rouse Park
Park

Day
Sat

Date
09 Nov 2019

Time
05:00 AM

09:00 PM

Fee
$0.00

Extra Fee
$200.00

Tax
$0.00

Total
$200.00

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

Co-Sponsored Permit Fee
Extra Fee - Bookings
Hours
16:00
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):
KENTLEE BATTICK
HYDROCEPHALUS ASSOCIATION INC

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.

<table>
<thead>
<tr>
<th></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>
### Event Title:
Making Strides Against Breast Cancer

### Entity Name:
American Cancer Society

### Event Date(s):
- **October 19, 2019**

### Location:
Vinoy Park Mole

### Day 1 of Event:
- **Time Gates Open:** 8 AM
- **Ending Time:** 7 PM

### Day 2 of Event:
- **Time Gates Open:** 6 AM
- **Ending Time:** 12 PM

### Application Prepared by:
Cindi Crisci

### Title:
Sr. Community Development Manager

### Address:
3709 West Jetton Avenue

### City:
Tampa

### State:
FL

### Zip:
33629

### Email Address:
cindi.crisci@cancer.org

### Additional Contact Person:
Liz Evans

### What month/year were you incorporated as nonprofit?
May 1913

### List all 501(c)3 entities that will benefit from this event:
American Cancer Society

### Name of the for-profit entity:
n/a

### Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
Making Strides is our community’s opportunity to honor breast cancer survivors and thrivers, educate the public about breast cancer prevention and early detection, and raise funds and awareness for the fight against breast cancer. We are celebrating 21 years in downtown St. Petersburg. Thank you City of St. Petersburg!

### Describe what economic benefit and impact this event will bring to St. Petersburg.
Event participants pay to park, meet for breakfast and lunch, visit the Saturday Morning Market, shop downtown and stay in hotels in downtown St. Petersburg.

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

### Does your group presently have liability insurance?
- [ ] YES
- [x] NO

### How much?
1,000,000

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

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

### Advanced Fee: Day of:

### Please provide the website address for your event.
www.makingstrideswalk.org/pinellas

### Please provide a phone number that can be advertised to the public.
1-800-227-2345

### What is the estimated attendance for this event?
- **Spectators:**
- **Participants:** 7000
- **Last Year's Total Attendance:** 6500
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
<th>Non-City Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td>Mahaffey Theater</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Coliseum</td>
<td></td>
</tr>
<tr>
<td># Bleacher(s) needed</td>
<td>Sunken Gardens</td>
<td></td>
</tr>
<tr>
<td>Each bleacher approx.180 people</td>
<td>Boyd Hill</td>
<td></td>
</tr>
</tbody>
</table>

# of bleachers needed

For special events facilities:

- Mahaffey Theater
- Coliseum
- Boyd Hill
- Sunken Gardens
- Coliseum

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

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

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

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

**Name:** Cynthia Crisci  
**Co-Sign:**  
**Title:** Sr. Dev. Community Manager  
**Date:** 12/14/18

**NOTE:**

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

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

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

**PLEASE ATTACH THE FOLLOWING**

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

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

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

Marketing: Please check all that apply.

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

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

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

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

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

Will you supply your own generators? □ YES ☑ NO

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

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

Parade permit will be needed from Police

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

Name: American Cancer Society Phone: 813-253-0541
Address (including zip): 3709 West Jetton Avenue, Tampa, FL 33629

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

Deejay
Requesting Show Mobile for this event if available
1 band - PAL drumline to start walk and cheer our walkers on

List Vending Products. Name & Provider.

Complimentary giveaways, snacks and water provided by event sponsors

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

n/a

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

Community education on breast cancer and how donor dollars are used in our community

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

Tent, table and sign/banner set up in Vinoy Park Mole on Friday 10/18. Portable toilets, water and ice to be delivered on Friday as well. Storage unit (POD) delivered on Friday. Sponsors to unload prior to event on Saturday (7 AM)
Other Comments: Please describe your fee structure.

Donation/Fundraising type event

Other comments:
We have been in downtown St. Petersburg from the start - 21 years. Our walkers love the venue. Thank you for being a wonderful partner.

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

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

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

Name: Cynthia (Cindi) Crisci      Title: Sr. Community Dev. Manager    Date: 12/14/18
# Appendix B

## President or CEO

### Responsible Party Information

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Corporation Type</th>
<th>Name of Corporation</th>
<th>Name of Responsible Party (President or CEO ONLY)</th>
<th>Title of Responsible Party</th>
<th>Physical Address of Responsible Party</th>
<th>Phone Number of Responsible Party</th>
<th>Email Address of Responsible Party</th>
<th>Nonprofit (Employee Identification Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonprofit</td>
<td>American Cancer Society</td>
<td>Gary Reedy</td>
<td>CEO</td>
<td>250 Williams Street NW, Atlanta, GA 30303</td>
<td>813-349-5080</td>
<td><a href="mailto:cindl.crisci@cancer.org">cindl.crisci@cancer.org</a></td>
<td>13-17888491</td>
</tr>
<tr>
<td>For-profit</td>
<td>n/a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

What method of invoicing would your organization prefer?

- [ ] BY Mail
- [ ] BY EMAIL

Contact Name: ____________________________
Address: ____________________________
City, State, Zip: ____________________________
Email Address: cindl.crisci@cancer.org
## APPENDIX C
### STATEMENT OF REVENUE AND EXPENSES FORM
#### PRIOR YEAR'S EVENT
(Must be completed)

**Name of Event:** Making Strides Against Breast Cancer

**Date(s) of Event:** Oct 20, 2018

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

<table>
<thead>
<tr>
<th>Revenue Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsorship</td>
<td>$68,500.00</td>
</tr>
<tr>
<td>Team Donations</td>
<td>$160,079.00</td>
</tr>
<tr>
<td>Individual Walker Donations</td>
<td>$7,419.00</td>
</tr>
<tr>
<td>General Event Donations</td>
<td>$2,495.00</td>
</tr>
<tr>
<td>Total Gross Revenue</td>
<td>$238,493.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Expense Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decorations and Signage</td>
<td>$432.00</td>
</tr>
<tr>
<td>Print Materials and Event T-shirts</td>
<td>$3,526.16</td>
</tr>
<tr>
<td>Rentals: Tables, Chairs, Portable toilets</td>
<td>$3,581.00</td>
</tr>
<tr>
<td>Entertainment (DJ)</td>
<td>$400.00</td>
</tr>
<tr>
<td>Logistics: Site Fees/City</td>
<td>$5,583.70</td>
</tr>
<tr>
<td>Total Operating Expenses</td>
<td>$13,522.86</td>
</tr>
<tr>
<td>Total Net Income</td>
<td>$224,970.14</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Allocation Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Allocation of Net Income</td>
</tr>
</tbody>
</table>

Prepared by: Cynthia Crisci

Date: Dec 14, 2018
Route Directions:
- Start at Vinoy Park Mole (5th Ave NE and Bayshore Dr NE)
- North through Vinoy and North Shore Park
- West at 18th Ave NE
- South on North Shore Drive NE
- East on 7th Ave NE
- South on Bayshore Dr NE
- End at Vinoy Park Mole

Parking Recommendations:
- North Shore Pool/Park
- Sundial Garage (1st NE and 2nd Ave N)
- Plaza Tower (2nd Ave / 1st St. NE)
AMERICAN CANCER SOCIETY INC  
3709 W JETTON AVE  
TAMPA FL 33629-5111  

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

**Important Information for Exempt Organizations**

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

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

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

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

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

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

Foreign Non Profit Corporation
AMERICAN CANCER SOCIETY, INC.

## Filing Information

<table>
<thead>
<tr>
<th>Document Number</th>
<th>F01000002790</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEI/EIN Number</td>
<td>13-1788491</td>
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<tr>
<td>Date Filed</td>
<td>05/24/2001</td>
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<tr>
<td>State</td>
<td>NY</td>
</tr>
<tr>
<td>Status</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>Last Event</td>
<td>CORPORATE MERGER</td>
</tr>
<tr>
<td>Event Date Filed</td>
<td>08/30/2012</td>
</tr>
<tr>
<td>Event Effective Date</td>
<td>09/01/2012</td>
</tr>
</tbody>
</table>

## Principal Address

250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Changed: 04/09/2018

## Mailing Address

250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Changed: 04/09/2018

## Registered Agent Name & Address

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name Changed: 12/13/2012
Address Changed: 12/13/2012

## Officer/Director Detail

### Name & Address

Title Director
Pemberton, Gregory L., Esq.
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marlow, Brian A., CFA</td>
<td>Director</td>
<td>250 Williams Street, NW</td>
</tr>
<tr>
<td>Guerra, Carmen E., MD, MSCE, FA</td>
<td>Director</td>
<td>250 Williams Street, NW</td>
</tr>
<tr>
<td>Dang, Leeann Chau</td>
<td>Director</td>
<td>250 Williams Street, NW</td>
</tr>
<tr>
<td>Armstrong, F. Daniel, PhD</td>
<td>Director</td>
<td>250 Williams Street, NW</td>
</tr>
<tr>
<td>Lopez, Jorge Luis, Esq</td>
<td>Director</td>
<td>250 Williams Street, NW</td>
</tr>
<tr>
<td>Jackson, Carol</td>
<td>Director</td>
<td>250 Williams Street, NW</td>
</tr>
<tr>
<td>Henry, Susan, LCSW</td>
<td>Director</td>
<td>250 Williams Street, NW</td>
</tr>
</tbody>
</table>
Title Director

Heist, Daniel P., CPA
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Hamilton, John W., DDS
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Creme, Patricia J., RN, MN, NE-BC
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title President

Reedy, Gary M.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Novelli, William D.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Naylor, Joseph M.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Kumar, Amit, PhD
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Kean, Jeffrey L.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director
Joyce, Gareth T.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Secretary/Treasurer
Alfonso, John, CPA
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title General Counsel and Assistant Secretary
Philips, Timothy B.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>04/06/2016</td>
</tr>
<tr>
<td>2017</td>
<td>04/07/2017</td>
</tr>
<tr>
<td>2018</td>
<td>04/09/2018</td>
</tr>
</tbody>
</table>

Document Images

- 04/08/2018 -- ANNUAL REPORT View image in PDF format
- 04/07/2017 -- ANNUAL REPORT View image in PDF format
- 04/06/2016 -- ANNUAL REPORT View image in PDF format
- 03/30/2015 -- ANNUAL REPORT View image in PDF format
- 04/02/2014 -- ANNUAL REPORT View image in PDF format
- 03/22/2013 -- ANNUAL REPORT View image in PDF format
- 12/13/2012 -- Reg. Agent Change View image in PDF format
- 08/30/2012 -- Merger View image in PDF format
- 03/14/2012 -- ANNUAL REPORT View image in PDF format
- 02/03/2011 -- ANNUAL REPORT View image in PDF format
- 02/23/2010 -- ANNUAL REPORT View image in PDF format
- 03/20/2009 -- ANNUAL REPORT View image in PDF format
- 04/06/2008 -- ANNUAL REPORT View image in PDF format
- 04/06/2007 -- ANNUAL REPORT View image in PDF format
- 04/04/2006 -- ANNUAL REPORT View image in PDF format
- 03/10/2005 -- ANNUAL REPORT View image in PDF format
- 06/28/2005 -- Reg. Agent Change View image in PDF format
- 11/05/2004 -- REINSTATEMENT View image in PDF format
Purpose of Use: MAKING STRIDES AGAINST BREAST CANCER

Expected: 7,000

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Fri 18 Oct 19 06:00 am
Ending: Sat 19 Oct 19 09:00 pm

Facility/Equipment | Day | Date     | Time       | Fee  | Extra Fee | Tax | Total   |
------------------ |-----|----------|------------|------|-----------|-----|---------|
Vinoy Park        | Fri | 18 Oct 19| 06:00 AM   | $0.00| $200.00   | $0.00| $200.00 |
Mole              |     | 19 Oct 19| 09:00 PM   | $0.00| $200.00   | $0.00| $200.00 |

Extra Fee - Bookings
- 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: $220.00
- Contract Balance: $0.00
- Account Balance: $0.00

Balance of rental due and payable immediately.

Payments:
- Date: 04 Jan 2019
- Amount: $230.00
- Payment Type: Visa/MasterCard
- Reference: Rental
- Receipt Number: 3220142

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) CINDI CRISCI
(Print Name) CINDI CRISCI

AMERICAN CANCER SOCIETY
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

**Parks & Recreation Department**

**Co-sponsored Event Application**

<table>
<thead>
<tr>
<th>Event Title</th>
<th>2019 Walk Like MADD Pinellas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone No.</td>
<td>813-935-2676</td>
</tr>
<tr>
<td>Fax No.</td>
<td>94-2707273</td>
</tr>
<tr>
<td>Event Date(s):</td>
<td>October 12, 2019</td>
</tr>
<tr>
<td>Location:</td>
<td>Albert Whitted Park</td>
</tr>
<tr>
<td>Day 1 of Event:</td>
<td>10/12/2019</td>
</tr>
<tr>
<td>Time Gates Open:</td>
<td>8am</td>
</tr>
<tr>
<td>Ending Time:</td>
<td>11am</td>
</tr>
<tr>
<td>Day 2 of Event:</td>
<td>10/12/2019</td>
</tr>
<tr>
<td>Time Gates Open:</td>
<td></td>
</tr>
<tr>
<td>Ending Time:</td>
<td></td>
</tr>
<tr>
<td>Day 3 of Event:</td>
<td>10/12/2019</td>
</tr>
<tr>
<td>Time Gates Open:</td>
<td></td>
</tr>
<tr>
<td>Ending Time:</td>
<td></td>
</tr>
</tbody>
</table>

Application Prepared by: Larry E. Coggins, Jr.

**Title:** Executive Director

**Address:** 13902 North Dale Mabry Highway Suite 239

**City:** Tampa  
**State:** FL  
**Zip:** 33618

**Email Address:** larry.coggins@madd.org

**Additional Contact Person:** Sharon Hall  
**Phone:** 813-935-2676X7283

What month/year were you incorporated as nonprofit? November 1986

List all 501(c)3 entities that will benefit from this event. MADD & other local non-profits who attend as a vendor

Name of the for-profit entity? N/A

Describe your event with details.

Mothers Against Drunk Driving is the nation's oldest and largest non-profit dedicated solely to eliminating impaired driving, supporting law enforcement's DUI enforcement initiatives, providing education and outreach in local schools and civic organizations, and providing victim support and advocacy for the victims. Our programs have been in Pinellas County for over 30 years and holding the event within the City of St. Petersburg for a second year in a row has allowed us to find a permanent home for this annual event, now in its 9th year, that raises the necessary funds to continue our outreach and advocacy.

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

The event will draw approximately 200 people that participate in the walk and another 50 who attend as volunteers and staff or event sponsors and the anticipated media draw that a national organization like MADD can garner. MADD staff and volunteers stay in local hotels leading up to the event and all planning meetings are held at local food establishments.

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

Does your group presently have liability insurance?  

| YES | NO |

How much? 1,000,000/2,000,000

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

| YES | NO |

Will there be an admission / registration fee?  

| YES | NO |

Advanced Fee: 20.00  
Day of: 25.00

Please provide the website address for your event:  
www.walklikemadd.org/pinellas

Please provide a phone number that can be advertised to the public:  
813-935-2676

What is the estimated attendance for this event?  

| Spectators | Participants | Last Year's Total Attendance |

| 50 | 200 | 225 |

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

Recreation Equipment
Showmobile (Yes/No)  No

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

Tables (6 ft) # needed  35  Chairs # needed  70

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?

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: Larry E. Coggins, Jr.  Title: Executive Director  Date: 01/02/2019

Co-Sign: Sharon Hall  Title: Program Manager  Date: 01/02/2019

Note:

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

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

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

Please attach the following

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

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

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

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

Marketing: Please check all that apply.

<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>
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?

N/A

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: MADD
Address (including zip): 13902 N Dale MAbry Highway Suite 239 Tampa, FL 33618
Type of music, # of stages, and # of bands.

Background music for ambiance used during the event coming from sound system on stage.

List Vending Products, Name & Provider.

No items sold at the event. All vendors are sponsors who have an option to display their items, services, provide samples, promote their safety programs, etc.

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.

Opening ceremonies will welcome attendees, provide event background, hear from local dignitary, etc. Closing ceremony will thank attendees, recognize sponsors, etc.

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

Our tents (10x10 max) along with event banners, program materials, etc will be unloaded the morning of the event without any interference to streets or traffic between 6:30am - 7:00am. All tents, tables, vendor area, etc to be set up and ready for 8am opening of registration/check-in.
Other Comments: Please describe your fee structure.

The event has a $20 per registration fee for participants and a $25 day-of fee. All participants receive an event t-shirt and participate, usually walking in memory of a lost loved one. Event is free and open to the public as a spectator.

Other comments:

Event committee includes members of St Petersburg PD and USF SP PD, as well as other members of the community. Walk route will be same as last year and will not interfere with local streets/traffic. Local law enforcement that participates displays patrol vehicles.

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: Larry E. Coggins, Jr.  Title: Executive Director  Date: 01/02/2019

MADD Approved By:

State Executive Director
January 8, 2019
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>Mothers Against Drunk Driving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Vicki Knox</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>511 E John Carpenter Freeway Suite 700 Irving, TX 75062</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>469-420-4554</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:vicki.knox@madd.org">vicki.knox@madd.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>94-2707273</td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer?

- [ ] BY Mail
  
  Contact Name: 
  
  Address: 
  
  City, State, Zip: 

- [ ] BY EMAIL
  
  Email Address: larry.coggins@madd.org

Page 7 of 8
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsorships</td>
<td>$28,750.00</td>
</tr>
<tr>
<td>Registration Fees</td>
<td>$1,890.00</td>
</tr>
<tr>
<td>Participant fundraising/donations</td>
<td>$11,664.00</td>
</tr>
<tr>
<td>...</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL GROSS REVENUE: $42,304.00

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of St Petersburg Permit/Application</td>
<td>$230.00</td>
</tr>
<tr>
<td>St Petersburg PD Application</td>
<td>$30.00</td>
</tr>
<tr>
<td>City of St Petersburg Event</td>
<td>$1,509.00</td>
</tr>
<tr>
<td>Port-A-Potty Service</td>
<td>$540.00</td>
</tr>
<tr>
<td>Event Shirts</td>
<td>$1,068.00</td>
</tr>
<tr>
<td>DJ Services</td>
<td>$300.00</td>
</tr>
<tr>
<td>Staff mileage associated with event planning and attendance</td>
<td>$540.00</td>
</tr>
<tr>
<td>Staff meals associated with event planning meetings</td>
<td>$655.00</td>
</tr>
<tr>
<td>Miscellaneous supplies</td>
<td>$535.00</td>
</tr>
<tr>
<td>...</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL OPERATING EXPENSES: $5,407.00
TOTAL NET INCOME: $36,897.00

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

<table>
<thead>
<tr>
<th>Allocation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community outreach and education</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>Victim Advocacy</td>
<td>$16,000.00</td>
</tr>
<tr>
<td>Law Enforcement Support, education, and recognition</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>Program materials</td>
<td>$897.00</td>
</tr>
<tr>
<td>...</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL ALLOCATION OF NET INCOME: $36,897.00

Prepared by: Larry E. Coggins, Jr.  Date: 01/02/2019
Form W-9

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Mothers Against Drunk Driving

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

3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ Limited liability company, Enter the tax classification (C=Corporation, S=Corporation, P=Partnership)

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Trust/estate

☐ Other (see instructions) ▶

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 9):

Exempt payee code (if any) __________

Exemption from FATCA reporting code (if any) __________

(Replace as accounts maintained outside the U.S.)

5. Address (number, street, and apt., or suite no.) See instructions.

511 E John Carpenter Freeway #700

6. City, state, and ZP code

Irving, Texas 75062

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

Requestor's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Social security number

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Or

Employer Identification number

9 4 2 7 0 7 2 7 3

Part II Certification

Under penalties of perjury, I certify that:

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

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

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

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

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

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

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

• Form 1099-INT (interest earned or paid)

• Form 1099-DIV (dividends, including those from stocks or mutual funds)

• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

• Form 1096-B (stock or mutual fund sales and certain other transactions by brokers)

• Form 1099-S (proceeds from real estate transactions)

• Form 1099-K (merchant card and third party network transactions)

• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

• Form 1099-C (canceled debt)

• Form 1098-A (acquisition or abandonment of secured property)

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

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

Cat. No. 19201X

Form W-9 (Rev. 11-2017)
This certifies that

MOTHERS AGAINST DRUNK DRIVING
511 E JOHN CARPENTER FWY STE 700
IRVING TX 75062-3983

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.
In reply refer to: 0248219411
Sep. 22, 2014 LTR 4168C 0
94-2707273 000000 00
08820926
RSOC: TE

MOTHERS AGAINST DRUNK DRIVING
% LISTA HIGHTOWER
511 E JOHN CARPENTER FWY STE 700
IRVING TX 75062

Employer Identification Number: 94-2707273
Person to Contact: Laura A. Botkin
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Sep. 11, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in November 1986.

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.
**Detail by Entity Name**

Foreign Not For Profit Corporation
MOTHERS AGAINST DRUNK DRIVING, INC.

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**Principal Address**

C/O LEGAL DEPT  
511 E JOHN CARPENTER FRWY STE 700  
IRVING, TX 75062

Changed: 04/20/2009

**Mailing Address**

C/O LEGAL DEPT  
511 E JOHN CARPENTER FRWY STE 700  
IRVING, TX 75062

Changed: 04/20/2009

**Registered Agent Name & Address**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

Name Changed: 06/25/2018

Address Changed: 06/25/2018

**Officer/Director Detail**

**Name & Address**

Title Chairman, Director  
Mann, Chris
511 E. JOHN CARPENTER FRWY. 700
IRVING, TX 75062

Title Secretary, Director
McCart, Anne
511 E. JOHN CARPENTER FRWY. 700
IRVING, TX 75062

Title PRESIDENT
Sheehey-Church, Colleen
511 E. JOHN CARPENTER FREEWY #700
IRVING, TX 75062

Title CFO
HIGHTOWER, LISTA
511 E.JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Interim CEO, COO
Knox, Vicki
511 E. JOHN CARPENTER FREEWY #700
IRVING, TX 75062

Title VC, Director
Geronemus, Heather
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Director
Atkinson, Season
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Director
Bulla, Brad
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Director
Sikes, Joseph
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Director
Milano, Madalene
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Director
Leister, Carol F
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Director
Kelley-Baker, Tara
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Director
Carter, Robert
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Director
Rooney, Walter, Dr.
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Director
Frye, Martha
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Director, Treasurer
Shetty, Mahesh
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062
Title Director

Medford, Ronald
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Director

Gehring, Stephen
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY
STE 700
IRVING, TX 75062

Title Director

Vandehei, Monica
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Chief Government Affairs Officer

Griffin, John T
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Senior Director of Integrated Marketing

OCamb, Dorene
C/O Legal Dept.
511 E JOHN CARPENTER FRWY.
STE 700
Irving, TX 75062

Title General Counsel

Dlaz, Dawn
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Director

Strickland, David
511 E. John Carpenter Fwy
Suite 700
Irving, TX 75062

Title Director
Benvenisti, Steven  
511 E. John Carpenter Fwy  
Suite 700  
Irving, TX 75062

### Annual Reports

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### Document Images

- 06/29/2018 – Reg. Agent Change
- 03/27/2018 – ANNUAL REPORT
- 04/19/2017 – ANNUAL REPORT
- 02/18/2016 – ANNUAL REPORT
- 04/16/2015 – ANNUAL REPORT
- 04/22/2014 – ANNUAL REPORT
- 01/30/2013 – ANNUAL REPORT
- 01/29/2012 – ANNUAL REPORT
- 04/22/2011 – ANNUAL REPORT
- 04/13/2010 – ANNUAL REPORT
- 04/20/2009 – ANNUAL REPORT
- 04/28/2008 – ANNUAL REPORT
- 02/27/2007 – ANNUAL REPORT
- 01/17/2006 – ANNUAL REPORT
- 03/01/2005 – ANNUAL REPORT
- 01/27/2004 – ANNUAL REPORT
- 01/23/2003 – ANNUAL REPORT
- 06/29/2002 – ANNUAL REPORT
- 06/15/2001 – ANNUAL REPORT
- 05/28/2000 – ANNUAL REPORT
- 05/10/1999 – ANNUAL REPORT
- 05/29/1998 – ANNUAL REPORT
- 08/09/1997 – ANNUAL REPORT
- 08/19/1996 – ANNUAL REPORT
- 06/01/1995 – ANNUAL REPORT

Florida Department of State, Division of Corporations
Contract/Permit

Contract #: 25939
Date: 15 Jan 2019

MOTHERS AGAINST DRUNK DRIVING
LARRY COGGINS JR
13902 N DALE MABRY HIGHWAY STE 239
TAMPA FL 33618 USA

Purpose of Use: 2019 WALK LIKE MADD PINELLAS
Expected: 400
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: Sat 12 Oct 19 05:00 am
Ending: Sat 12 Oct 19 09:00 pm

Facility/Equipment
Albert Whitted Park
Park

Day       Date       Time       Fee     Extra Fee    Tax       Total
Sat       12 Oct 19 05:00 AM $0.00   $200.00    $0.00   $200.00
         09:00 PM

Additional 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

Hours    Quantity  Charge  Tax  Total
16:00    1        $200.00 $0.00 $200.00
1        $200.00 $0.00 $200.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Date  Amount  Payment Type  Reference  Receipt Number

15 Jan 19  $30.00  Check  Rental  3227773

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.

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name)  Parks and Recreation Superintendent

(Print Name)  LARRY COGGINS JR

MOTHERS AGAINST DRUNK DRIVING

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

MOTHERS AGAINST DRUNK DRIVING  
LARRY COGGINS JR  
13902 N DALE MABRY HIGHWAY STE 230  
TAMPA, FL 33618 USA

City of St. Petersburg

Receipt #: 3227773  
User: JSBENNIN  
Issued: Tue 15 Jan 19 11:29 am

Approved refunds are by check only.
January 2, 2019

City of St. Petersburg Parks & Recreation  
Attn.: Jade Benningfield & Toma Stubbs  
1400 – 19th Street North  
St. Petersburg, Fl. 33713

RE.: Taylor Lazzara

Dear Jade & Toma -

Enclosed please find the co-sponsored event application for the 2019 Walk Like MADD Pinellas event. I have included the IRS materials and event walk route map as well.

I have requested our accounting office to issue the $30.00 application fee as soon as they resume normal operations. In the event that this is not handled in a timely manner, I will personally handle this fee locally.

Please feel free to contact me if I can be of any help at larry.coggins@madd.org or 813-935-2676 x7285 if I may be of further assistance with this or any other matter.

Sincerely yours,

Larry E. Coggins, Jr.
Executive Director
Mothers Against Drunk Driving
West Central Florida

/lec
Event Title: SPIFFS 45th Annual International Folk Fair
Entity Name: St. Petersburg International Folk Fair Society, Inc. (SPIFFS)
Event Date(s): October 24-27, 2019
Location: Vinoy Park
Day 1 of Event:
  Time Gates Open: 9 am
  Ending Time: 3 pm
Day 2 of Event:
  Time Gates Open: 9 am
  Ending Time: 3 pm
Day 3 of Event:
  Time Gates Open: 10 am
  Ending Time: 8 pm
Application Prepared by: Lotta Baumann
Title: Executive Director
Address: 330 Fifth Street North
City: St. Petersburg
State: FL
Zip: 33701
Email Address: folkfair@ij.net
Additional Contact Person: Penka Pesev-Lukac
Day Phone: 727-552
What month/year were you incorporated as nonprofit? 1975
List all 501(c)3 entities that will benefit from this event. SPIFFS
Name of the for-profit entity? N/A

Describe your event with details.
Folk Fair is a trip around the world, with individual villages set up by the many SPIFFS member groups. Each village has cultural displays, gift items and food for sale, all representing the different cultures and countries. Folk dancing ad music take place on two stages. The first two days are exclusively for area students, with the weekend for the general public. Students are given a passport, which they get stamped in the various villages. Folk Fair has for many years been an authorized field trip for Pinellas County schools.

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

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

Does your group presently have liability insurance? YES

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. http://www.spiffs.org
Please provide a phone number that can be advertised to the public. 727-552-1896
What is the estimated attendance for this event? Spectators 15,000, Participants 1,000

Last Year's Total Attendance 14,000
Please check the equipment and/or facilities you are requesting.

**Recreation Equipment**

- Showmobile (Yes/No)
  - No

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

- Tables (6 ft) # needed
  - 

- 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]

**Title:** Executive Director

**Date:** 1/8/19

**Co-Sign:** [Signature]

**Title:** President

**Date:** 1/8/19

**NOTE:**

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

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

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

**PLEASE ATTACH THE FOLLOWING**

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

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

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

**Condition**

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

**Marketing**

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

*City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.*
Electrical Requirements:
Does your event require any power needs using more than the standard 110/20amp located in the parks?  

☐ YES  ☒ NO

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

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


Will you supply your own generators?  

☐ YES  ☒ NO

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

☐ YES  ☒ NO  If YES, who?

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


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

Name: SPIFFS  

Phone: 727-552-1896

Address (including zip): 330 Fifth Street North, St. Petersburg, FL 33701

Type of music, # of stages, and # of bands.
International/ethnic folk music on two stages. 30-40 performing groups and 7-8 bands

List Vending Products. Name & Provider.
SPIFFS member groups

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

SPIFFS

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


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

Our tent/fence contractor needs to start setting on Saturday, October 19, 2019, in order to complete set-up by afternoon, Tuesday, October 22, when our members begin set-up of their villages. Tear-down will be completed by Tuesday, October 29, 2019.
Other Comments: Please describe your fee structure.

Students: $6  
Children under 6: Free  
Adults: $10  
Military: $6

Other comments:

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

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

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

Name: [Signature]  
Title: Executive Director  
Date: 1/8/19
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 International Folk Fair Society, Inc. (SPIFFS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Lotta Baumann</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>330 Fifth Street North, St. Petersburg, FL 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-552-1896</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:folkfair@ij.net">folkfair@ij.net</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-1674880</td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer?

- [ ] BY Mail
- [ ] BY EMAIL

Contact Name
Address
City, State, Zip

Email Address: folkfair@ij.net

Page 7 of 8
### 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. Grants/Sponsorships</td>
<td>$10,167.00</td>
</tr>
<tr>
<td>2. Ticket sales</td>
<td>$69,427.00</td>
</tr>
<tr>
<td>3. Souvenir program</td>
<td>$5,674.00</td>
</tr>
<tr>
<td>4. Village space</td>
<td>$22,279.00</td>
</tr>
<tr>
<td>5. Outside vendors</td>
<td>$3,739.00</td>
</tr>
<tr>
<td>6. Beverage sales</td>
<td>$17,665.00</td>
</tr>
<tr>
<td>7. Miscellaneous</td>
<td>$1,761.00</td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>TOTAL GROSS REVENUE</td>
<td>$130,712.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. EXPENSES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Wages</td>
<td>$2,466.00</td>
</tr>
<tr>
<td>2. Equipment/Park</td>
<td>$21,439.00</td>
</tr>
<tr>
<td>3. Stage/Sound</td>
<td>$8,704.00</td>
</tr>
<tr>
<td>4. Private security</td>
<td>$3,614.00</td>
</tr>
<tr>
<td>5. Marketing/Printing</td>
<td>$29,633.00</td>
</tr>
<tr>
<td>6. Liability insurance</td>
<td>$4,804.00</td>
</tr>
<tr>
<td>7. Beverages/ice</td>
<td>$6,329.00</td>
</tr>
<tr>
<td>8. Student awards</td>
<td>$250.00</td>
</tr>
<tr>
<td>9. Park rental/City - Not yet known</td>
<td>$32,000.00</td>
</tr>
<tr>
<td>10. Miscellaneous</td>
<td>$344.00</td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td>$109,583.00</td>
</tr>
<tr>
<td>TOTAL NET INCOME</td>
<td>$21,129.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Operating funds for SPIFFS</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
</tr>
<tr>
<td>6.</td>
</tr>
<tr>
<td>TOTAL ALLOCATION OF NET INCOME</td>
</tr>
</tbody>
</table>

Prepared by: Lotta Baumann                                      Date: Jan 8, 2019
In reply refer to: 0248222118
Jan. 11, 2008 LTR 4168C EO
59-1674088 000000 00 00
00009534
BODC: TE

ST PETERSBURG INTERNATIONAL FOLK FAIR SOCIETY INC
530 5TH ST N
ST PETERSBURG FL 33701-2812300

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

Dear TAXPAYER:

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

Our records indicate that a determination letter was issued in FEBRUARY, 1981, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

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

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

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

Sincerely yours,

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I
Florida Not For Profit Corporation
ST. PETERSBURG INTERNATIONAL FOLK FAIR SOCIETY, INC.

Filing Information
Document Number: 734390
FEI/EIN Number: 59-1674088
Date Filed: 11/20/1975
State: FL
Status: ACTIVE

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

Changed: 06/02/2003

Mailing Address
330 FIFTH ST N
SAINT PETERSBURG, FL 33701

Changed: 05/30/2001

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

Name Changed: 05/16/2016
Address Changed: 04/22/2011

Officer/Director Detail
Name & Address

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

Title VP
White, George, VP
4511-67th Avenue N
Pinellas Park, FL 33781

Title T

KEARNEY, ILSE
5039 35TH AVE. NO
SAINT PETERSBURG, FL 33710

Title S

Prakash, Sathya, S
203 Hancock Court
Safety Harbor, FL 34695

Title D

HU, CHENG-SHIH
23508 Oakside Boulevard
Lutz, FL 33559

Title ED

BAUMANN, MAJ-CHARLOTTE
342 Boca Ciega Drive
Madeira Beach, FL 33708

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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<tbody>
<tr>
<td>2016</td>
<td>05/16/2016</td>
</tr>
<tr>
<td>2017</td>
<td>02/13/2017</td>
</tr>
<tr>
<td>2018</td>
<td>03/19/2018</td>
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</table>

Document Images

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- View image in PDF format
## Contract/Permit

**ST PETERSBURG INTERNATIONAL FOLK FAIR**

LOTTA BAUMANN
330 5TH ST N
ST PETERSBURG FL 33701 USA

### Purpose of Use:
SPIFFS 45TH ANNUAL INTERNATIONAL FOLK FAIR

### Expected:
15,000

### Co-Sponsored Event:

### Conditions of Use:
Insurance Required

### Other Information:

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

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

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vinoy Park</td>
<td>Tue</td>
<td>22 Oct 2019</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$900.00</td>
<td>$0.00</td>
<td>$900.00</td>
</tr>
<tr>
<td>Vinoy Park</td>
<td></td>
<td>28 Oct 2019</td>
<td>09:00 PM</td>
<td>$0.00</td>
<td>$900.00</td>
<td>$0.00</td>
<td>$900.00</td>
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</table>

### Additional Fees:

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

### Charges:

- Fees: $0.00
- Extra Fees: $930.00
- Tax: $0.00
- Total: $930.00
- Deposit: $0.00
- Total Applied: $930.00
- Contract Balance: $0.00
- Account Balance: ($820.50)

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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<tbody>
<tr>
<td>29 Mar 2018</td>
<td>$179.50</td>
<td>Check</td>
<td>Rental</td>
<td>3017366</td>
</tr>
<tr>
<td>25 Apr 2018</td>
<td>$245.50</td>
<td>Check</td>
<td>Rental</td>
<td>3039492</td>
</tr>
<tr>
<td>25 Jul 2018</td>
<td>$100.00</td>
<td>Check</td>
<td>Rental</td>
<td>3124560</td>
</tr>
<tr>
<td>13 Sep 2018</td>
<td>$80.00</td>
<td>Check</td>
<td>Rental</td>
<td>3159631</td>
</tr>
<tr>
<td>03 Jan 2019</td>
<td>$245.50</td>
<td>Check</td>
<td>Rental</td>
<td>3219035</td>
</tr>
<tr>
<td>15 Jan 2019</td>
<td>$79.50</td>
<td>Check</td>
<td>Rental</td>
<td>3227775</td>
</tr>
</tbody>
</table>

### Additional Notes:

Printed: 15 Jan 2019, 11:29 AM

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

(City of St. Petersburg, Florida)

By: (Sign Name) [Blank]
(Print Name) Lotta Baumann
St Petersburg International Folk Fair
Name of User Organization, If Applicable

By: (Sign Name) [Blank]
(Print Name) Parks and Recreation Superintendent
(Park and Recreation Department)

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

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$79.50</td>
</tr>
<tr>
<td>Applied To: 25940 - SPIFFS 45TH ANNUAL INTERNATIONAL FOLK FAIR</td>
<td>$79.50</td>
</tr>
<tr>
<td></td>
<td>($900.00)</td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($820.50)</td>
</tr>
<tr>
<td>Balance</td>
<td></td>
</tr>
</tbody>
</table>

Receipt #: 3227775
User: JSBENNIN
Issued: Tue 15 Jan 19 11:29 am
Event Title: 95.7 Beats By The Bay

Entity Name: iHeartMedia Tampa Bay

Event Date(s): Load-In 10/30/19; Event 11/2/19

Location: Vinoy Park

Day 1 of Event: 11/2/19
Time Gates Open: 2:00pm
Ending Time: 10:00pm

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

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

Application Prepared by: Audre Holden
Phone: 813-832-1074

Title: 95.7 The Beat Promotions Director / IHM Event Manager
Cell Phone: 952-381-5499

Address: 4002 W Gandy Blvd
City: Tampa
State: FL
Zip: 33611

Email Address: audreholden@iheartmedia.com

Additional Contact Person: Sarah Lanieu
Day Phone: 813-832-1914

What month/year were you incorporated as nonprofit? N/A

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

Name of the for-profit entity? iHeartMedia & Entertainment

Describe your event with detail.
R&B Concert/festival with food & artisan vendors

Describe what economic benefit and impact this event will bring to St. Petersburg.
Financial and tourist benefit to local business and city services

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

Does your group presently have liability insurance? YES NO
How much? 1,000,000 per / 2,000,000

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

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

Please provide the website address for your event. www.957thebeat.com

Please provide a phone number that can be advertised to the public. 1-800-930-2328

What is the estimated attendance for this event? Spectators 8,000 Participants 6-8 artists Last Year's Total Attendance 6,500
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) [ ] No

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

Special Events Facilities

[ ] Mahaffey Theater

[ ] Coliseum

[ ] Sunken Gardens

[ ] Boyd Hill

# Tables (6 ft) # needed [TBD]

# Chairs # needed [TBD]

Public Address System [ ] No

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

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: Audre Holden

Co-Sign: [ ]

Title: Event Manager

Date: 1/14/19

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
- [x] Semitruck / Tractor Trailer

**Oblastion**

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

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

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

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

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

If YES, check all that apply: [x] RV'S [x] Coffee Vendors [x] Ice Bins [x] 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.

Production company will advance this later. We agree to stay within the legal restraints of the park.

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

Will your event have a licensed electrician on-site during the event? [x] YES [ ] NO  If YES, who? [TBD hired by production company]

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: [iHeartMedia Tampa Bay]  Phone: [813-832-1000]
Address (Including zlp): [4002 W Gandy Blvd, Tampa FL 33611]

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

Old School Hip Hop & R&B music with a few current big name artists.
Artists from previous years include: Doug E Fresh, Keith Sweat, Slick Rick, Tank, Fantasia

List Vending Products, Name & Provider.

[TBD]

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

[TBD - we will bid this out to a local vendor/catering company]

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

[n/a]

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

Load-in to begin Wednesday 10/30, sound checks will start Friday-Saturday 11/1-11/2. Gates at 2pm on 11/2. Load Out will be complete by Sunday 11/3/19. Event will need backstage parking for vehicles and artist trailers/ RVs as dressing rooms.
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: Audre Holden  
Title: Event Manager  
Date: 1/14/19
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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</tr>
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<td>For-profit (Employee Identification Number):</td>
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Please include a copy of the current IRS Nonprofit Affidavit / For Profit

What method of invoicing would your organization prefer?

- [ ] BY Mail
  - Contact Name
  - Address
  - City, State, Zip

- [ ] BY EMAIL
  - Email Address:

Page 7 of 8
## APPENDIX C

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR’S EVENT**

(Must be completed)

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

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

**TOTAL GROSS REVENUE**

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

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

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

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

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

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: ___________________________  Date: ___________________________
January 14, 2019

Amy Foster, Chair
PO Box 2842
St. Petersburg, FL 33731

Re: Request to sell “Hard Liquor” at 95.7 Beats By The Bay 2019

Dear Ms. Foster,

On November 2nd of this year, iHeartMedia Tampa Bay will be putting on our 5th annual 95.7 Beats By The Bay concert. iHeartMedia Tampa Bay is in the process of obtaining the necessary permits to put on this event in Vinoy Park.

iHeartMedia Tampa Bay is hoping to sell “Hard Liquor” if we can obtain approval from City Council to do so and sponsors to provide product. iHeartMedia Tampa Bay sold beer, wine and hard liquor at our 2018 95.7 Beats By The Bay without issue and hope to be able to do so again at our 2019 event.

If there is anything else we need to provide or do to obtain approval from the city to sell “Hard Liquor” at 95.7 Beats By The Bay 2019, please do not hesitate to contact me. Thank you in advance for your help.

Sincerely,

Audre Holden
95.7 The Beat Promotions Director / Event Manager
iHeartMedia Tampa Bay
Detail by Entity Name

Foreign Profit Corporation
IHEARTMEDIA + ENTERTAINMENT, INC.

Filing Information
Document Number: F94000005085
FEI/EIN Number: N/A
Date Filed: 09/29/1994
State: NV
Status: ACTIVE
Last Event: NAME CHANGE AMENDMENT
Event Date Filed: 09/17/2014
Event Effective Date: NONE

Principal Address
20880 Stone Oak Parkway
San Antonio, TX 78258

Changed: 04/04/2018

Mailing Address
20880 Stone Oak Parkway
San Antonio, TX 78258

Changed: 04/04/2018

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

Name Changed: 09/16/2011
Address Changed: 09/16/2011

Officer/Director Detail

Name & Address
Title: Executive Vice President, General Counsel and Secretary
Walls, Robert H., Jr.
20880 Stone Oak Parkway
San Antonio, TX 78258
Title Executive Vice President and Chief Financial Officer - IHM

Macri, Steven J.
20880 Stone Oak Parkway
San Antonio, TX 78258

Title Executive Vice President - Engineering & Systems Integration

Littlejohn, Jeff
20880 Stone Oak Parkway
San Antonio, TX 78258

Title VP, Associate General Counsel and Assistant Secretary

Dean, Lauren E.
20880 Stone Oak Parkway
San Antonio, TX 78258

Title Senior Vice President - Real Estate, Facilities and Capital Management

Davis, Stephen G.
20880 Stone Oak Parkway
San Antonio, TX 78258

Title Senior Vice President, Treasurer and Assistant Secretary

Coleman, Brian D.
20880 Stone Oak Parkway
San Antonio, TX 78258

Title President

Bressler, Richard J.
20880 Stone Oak Parkway
San Antonio, TX 78258

Title CFO

Bressler, Richard J.
20880 Stone Oak Parkway
San Antonio, TX 78258

Title Senior Vice President-Tax

Bick, Scott T.
20880 Stone Oak Parkway
San Antonio, TX 78258

Title Director

Walls, Robert H., Jr.
<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>03/31/2016</td>
</tr>
<tr>
<td>2017</td>
<td>04/13/2017</td>
</tr>
<tr>
<td>2018</td>
<td>04/04/2018</td>
</tr>
</tbody>
</table>

Document Images:

- [View image in PDF format](http://search.sunbiz.org/Inquiry/corporationsearch/SearchResultDetail?inquirytype=Entity).
Contract #: 25941  
Date: 15 Jan 2019  

IHEARTMEDIA ENTERTAINMENT INC  
AUDRE HOLDEN  
4002 W GANDY BLVD  
TAMPA FL 33611 USA  

Purpose of Use: 95.7 BEATS BY THE BAY  
Expected: 8,000  
Co-Sponsored Event:  
Contract Balance: $330.00  

Conditions of Use: Insurance Required  

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

Date(s) and Time(s) of Use:  
- Starting: Wed 30 Oct 19 06:00 am  
- Ending: Mon 04 Nov 19 09:00 pm  

Facility/Equipment | Day | Date | Time | Fee | Extra Fee | Tax | Total  
--- | --- | --- | --- | --- | --- | --- | ---  
Vinoy Park | Wed | 30 Oct 2019 | 06:00 AM | $0.00 | $300.00 | $0.00 | $300.00  
Vinoy Park | 04 Nov 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 (Vinoy)  
  Hours: 135:00  
  Quantity: 1  
  Charge: $300.00  
  Tax: $0.00  
  Total: $300.00  

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

Balance of rental due and payable immediately.  

Payments:  

Additional Notes:  

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

By: (Sign Name): AUDRE HOLDEN  
(Print Name): IHEARTMEDIA ENTERTAINMENT INC  

CITY OF ST. PETERSBURG, FLORIDA  

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

Printed: 15 Jan 2019, 11:30 AM  
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: October Movies in the Park 2019

Entity Name: St. Petersburg Preservation d/b/a Preserve the 'Burg

Event Date(s): October 3, 10, 17, 24, 31
Location: N. Straub Park

Day 1 of Event: same each day
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 Preparated by: Peter Belmont
Title: Vice President
Address: 102 Fareham Pl. N
City: St. Petersburg
State: FL
Zip: 33701
Email Address: pbranumbelmont@gmail.com
Additional Contact Person: Donna Miller
Day Phone: 727 525-0770

What month/year were you incorporated as nonprofit? 1977

List all 501(c)3 entities that will benefit from this event:
St. Petersburg Preservation & Jump 4 Kids (revenue from beer/wine sales)

Name of the for-profit entity: none

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

This is the tenth year for the event downtown and we believe it has become one of the favorites of the downtown park events. Our event space in N. Straub Park is typically full each movie night and people consistently ask us to offer Movies in the Park more often. It is the type of event that people point to as why living in St. Pete is special. As reflected in answers to the movie questionnaire we pass out, people love the atmosphere of the event and its waterfront location. Attendees to the event spend money downtown and money purchasing picnic supplies to bring to movies. In short, Movies in the Park is an event loved and enjoyed by many and one of the small economic generators for downtown that cumulatively, with other events, adds up to a successful downtown.

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

Most people attending Movies in the Park are either spending money at local businesses purchasing supplies for a picnic at the event, spending money purchasing food from local vendors at the event, or spending money at nearby downtown businesses before and after the event. We have limited data from questionnaires on amounts being spent.

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

Does your group presently have liability insurance? ✓ YES □ NO
How much? 1 million

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

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

Please provide the website address for your event: www.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 1700 Participants □

Last Year's Total Attendance 3500
Please check the equipment and/or facilities you are requesting.

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

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

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

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

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peter Belmont</td>
<td>Vice-President</td>
<td>1-11-19</td>
</tr>
<tr>
<td>Co-Sign:</td>
<td>Title:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

**NOTE:**

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

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

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

**PLEASE ATTACH THE FOLLOWING**

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

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

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

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

Marketing: Please check all that apply.

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

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

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

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

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

Will you supply your own generators? ☑ YES ☐ NO

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

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

no, unless needed to show pg 13 movie

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

Name: St. Petersburg Preservation d/b/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; one small stage area with a solo or small group of musicians playing an hour before the start of the movie.

List Vending Products. Name & Provider.

several vendors will be offering food/drinks (have not been finalized); vendors from past have included kettle korn, veggie burgers & smoothies, turkey legs & bbq, cookies/desert food and other easy to eat food. 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 4 Kids
850 21st Ave. N.
St. Petersburg, FL 33704 727 504-3422

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

n/a

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

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

Event is free; donations are solicited once each evening.

Other comments:
Over the last two years we have had a "safety fair" on one movie evening in association with All Childrens Hospital which has included their helicopter landing in the park. It has not been determined if this will be included again.

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

Without limiting the generality of the foregoing, I acknowledge that I have read and fully understand the Parks and Recreation Department policies and procedures pertaining to the use of parks and the park rules set forth in Article II, Chapter 21, of the St. Petersburg City Code, including but not limited to the indemnification and inspection obligations assumed by me and the person or entity on whose behalf this application is being made.

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

Name: Peter Belmont
Title: Vice-President
Date: 1-11-19
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation: St. Petersburg Preservation, Inc.

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

Title of Responsible Party: President

Physical Address of Responsible Party: 836 16th 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): 59-1898534

Name of the For-profit Corporation: 

Name of Responsible Party (President or CEO ONLY): 

Title of Responsible Party: 

Physical Address of Responsible Party: 

Phone Number of Responsible Party: 

Email Address of Responsible Party: 

For-profit (Employee Identification Number) 

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
## Statement of Revenue and Expenses Form

### Prior Year's Event

(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>Sponsorships</td>
<td>$34,300.00</td>
</tr>
<tr>
<td>Donations</td>
<td>$1,700.00</td>
</tr>
<tr>
<td>Vendor Donations</td>
<td>$900.00</td>
</tr>
<tr>
<td>Sales</td>
<td>$550.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL GROSS REVENUE</td>
<td>$37,450.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance</td>
<td>$800.00</td>
</tr>
<tr>
<td>Port-a-Let</td>
<td>$1,040.00</td>
</tr>
<tr>
<td>Music</td>
<td>$910.00</td>
</tr>
<tr>
<td>Movie Licensing</td>
<td>$2,975.00</td>
</tr>
<tr>
<td>Permit Fees</td>
<td>$230.00</td>
</tr>
<tr>
<td>Promotion</td>
<td>$2,940.00</td>
</tr>
<tr>
<td>SPP staff</td>
<td>$1,200.00</td>
</tr>
<tr>
<td>Cost of Sale Items</td>
<td>$400.00</td>
</tr>
<tr>
<td>Misc</td>
<td>$155.00</td>
</tr>
<tr>
<td>City Services</td>
<td>$3,852.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td>$14,502.00</td>
</tr>
<tr>
<td>TOTAL NET INCOME</td>
<td>$22,948.00</td>
</tr>
</tbody>
</table>

### III. Allocation of Net Income (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Petersburg Preservation d/b/a Preserve the 'Burg</td>
<td>$22,948.00</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>TOTAL ALLOCATION OF NET INCOME</td>
<td>$22,948.00</td>
</tr>
</tbody>
</table>

Prepared by: Peter Belmont

Date: 1-13-19
DEPARTMENT OF THE TREASURY

Employer Identification Number:
59-1898534

Employer Identification Number:
17053X8537061

Employer Identification Number:
P.O. BOX 2508

Contact Person:
PAUL P CAPPEL II

Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
December 31

Public Charity Status:
170(b)(1)(A)(vi)

Form 990 Required:
Yes

Effective Date of Exemption:
May 15, 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.

Sincerely,

Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC
Florida Department of State

Saint Petersburg Preservation, Inc.

Filing Information

- Document Number: 741785
- FEI/EIN Number: 59-198534
- 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

ELWYN, EMILY
836 16th Avenue NE
SAINT PETERSBURG, FL 33704
Title Treasurer
Pastman, Peter
2326 Woodlawn Circle West
SAINT PETERSBURG, FL 33704

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

Title Executive Director
Stribling, Allison E
Po Box 1076
Saint Petersburg, FL 33731

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

### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>03/25/2016</td>
</tr>
<tr>
<td>2017</td>
<td>03/20/2017</td>
</tr>
<tr>
<td>2018</td>
<td>03/05/2018</td>
</tr>
</tbody>
</table>

### Document Images

- [03/05/2018 -- ANNUAL REPORT](View image in PDF format)
- [03/20/2017 -- ANNUAL REPORT](View image in PDF format)
- [03/25/2016 -- ANNUAL REPORT](View image in PDF format)
- [02/12/2015 -- ANNUAL REPORT](View image in PDF format)
- [01/22/2014 -- ANNUAL REPORT](View image in PDF format)
- [03/07/2013 -- ANNUAL REPORT](View image in PDF format)
- [03/09/2012 -- ANNUAL REPORT](View image in PDF format)
- [03/09/2011 -- Restated Articles](View image in PDF format)
- [01/27/2011 -- ANNUAL REPORT](View image in PDF format)
- [03/29/2010 -- ANNUAL REPORT](View image in PDF format)
- [04/09/2009 -- ANNUAL REPORT](View image in PDF format)
- [04/05/2008 -- ANNUAL REPORT](View image in PDF format)
- [05/06/2007 -- ANNUAL REPORT](View image in PDF format)
- [04/13/2006 -- ANNUAL REPORT](View image in PDF format)
- [05/04/2005 -- ANNUAL REPORT](View image in PDF format)
- [05/03/2004 -- ANNUAL REPORT](View image in PDF format)
- [04/14/2003 -- ANNUAL REPORT](View image in PDF format)
- [05/06/2002 -- ANNUAL REPORT](View image in PDF format)
SAINT PETERSBURG PRESERVATION INC  
PETER BELMONT  
PO BOX 838  
ST PETERSBURG FL 33731 USA  

**Purpose of Use:** MOVIES IN THE PARK  
**Expected:** 700  

**Conditions of Use:** Insurance Required

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

**Date(s) and Time(s) of Use:**
<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Straub Park</td>
<td>Thu</td>
<td>03 Oct 2019</td>
<td>12:00 PM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
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<tr>
<td>Park</td>
<td></td>
<td></td>
<td>11:30 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Straub Park</td>
<td>Thu</td>
<td>10 Oct 2019</td>
<td>12:00 PM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>Park</td>
<td></td>
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<td>11:30 PM</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>North Straub Park</td>
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<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>Park</td>
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<td>11:30 PM</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>North Straub Park</td>
<td>Thu</td>
<td>24 Oct 2019</td>
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<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Park</td>
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<td>11:30 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Straub Park</td>
<td>Thu</td>
<td>31 Oct 2019</td>
<td>12:00 PM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Park</td>
<td></td>
<td></td>
<td>11:30 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Fees:**
- Extra Fee - Bookings
  - Co-Sponsored Application Fee  
  - Quantity: 1  
  - Charge: $30.00  
  - Tax: $0.00  
  - Total: $30.00
- Co-Sponsored Permit Fee  
  - Hours: 11:30  
  - Quantity: 1  
  - Charge: $200.00  
  - Tax: $0.00  
  - Total: $200.00

**Charges:**
- $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: 15 Jan 2019  
- Amount: $230.00  
- Payment Type: Check  
- Reference: Rental  
- Receipt Number: 3227778

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

By: (Sign Name) __________________________
(Print Name) PETER BELMONT
SAINT PETERSBURG PRESERVATION INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name): __________________________
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.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Previous Balance</td>
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<tr>
<td>Applied To: 25944 - MOVIES IN THE PARK</td>
<td>$230.00</td>
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<td>North Straub Park - Park</td>
<td></td>
</tr>
<tr>
<td>October 3, 2019 12:00 pm to October 31, 2019 11:30 pm</td>
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</tr>
<tr>
<td>Payment: Check</td>
<td>($230.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

Event Title: CraftArt Festival 2019
Entity Name: Florida CraftArt
Event Date(s): Nov. 23 and 24, 2019
Location: Central Ave (4th St to 6th St) 5th St (1st Ave N to 1st Ave S)

Day 1 of Event: Nov. 23
Time Gates Open: 10 a.m.
Ending Time: 5 p.m.

Day 2 of Event: Nov. 24
Time Gates Open: 10 a.m.
Ending Time: 4 p.m.

Day 3 of Event:

Application Prepared by: Janie Lorenz
Phone: 727-821-7391

Title: Business Manager and Festival Cordinator
Cell Phone: 727-235-3223
Address: 501 Central Ave.
City: St. Petersburg
State: FL
Zip: 33701
Email Address: Janie.Lorenz@FloridaCraftArt.org

Additional Contact Person: Katie Deits
Day Phone: 727-821-7391

What month/year were you incorporated as nonprofit? May 1974

List all 501(c)3 entities that will benefit from this event. Florida Craftsmen, Inc., dba Florida CraftArt

Name of the for-profit entity: n/a

Describe your event with details.
The CraftArt Festival is celebrating its 22nd Anniversary this year and 15th year in St. Petersburg. As one of the anchors in the Central Arts District, Florida CraftArt is a statewide organization that places St. Petersburg on the national arts scene through national calls to artists for participation. The CraftArt Festival continues to add to the growth of the cultural community in St. Petersburg, for which it has become well known. From data collected with our visitor surveys, we know that the CraftArt Festival has become an "annual" event for residents of downtown St. Petersburg and the Tampa Bay Area.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Hotel, restaurants and other cultural & business venues receive the benefit of the additional foot traffic that the CraftArt Festival brings to the city over the course of the 2-day event. As a result of having approximately 10,000 visitors at the festival, our neighboring restaurants, hotels and other businesses see an increase in revenue.

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

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

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

Will there be an admission / registration fee? [x] YES [ ] NO
Advanced Fee: __________ Day of: __________

Please provide the website address for your event: www.floridaCraftArt.org

Please provide a phone number that can be advertised to the public: 727-821-7391

What is the estimated attendance for this event? Spectators 10,000; Participants 150; Last Year's Total Attendance 10,000
Please check the equipment and/or facilities you are requesting.

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

# Bleacher(s) needed. Each bleacher approx. 180 people [ ] No

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

Which Location?

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

Public Address System [ ] No

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

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

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

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

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

Name: [ ]
Co-Sign: [ ]
Title: Executive Director
Title: Business Manager
Date: 1/10/2019
Date: 1/10/2019

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

### Condition

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

<table>
<thead>
<tr>
<th>How many? Over 100</th>
<th>What type?</th>
<th>What structure?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| ☐ Professional      | ☐ Showmobile       | ☐ Other                                |
| ☐ Performers        | ☒ Announcement Only|                                       |
| ☐ Daytime - Private | ☐ Overnight - Private |                   |

| Regular Units 39    | Disabled Units 4   | Hand Washing 30                        |

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

Marketing: Please check all that apply.

<table>
<thead>
<tr>
<th>Invitations</th>
<th>☒ Radio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posters / Flyers</td>
<td>Television</td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td>Remote Broadcast</td>
</tr>
</tbody>
</table>
Electrical Requirements:

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

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

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

no

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

Name: Florida CraftArt  Phone: 727-821-7391

Address (including zip): 501 Central Ave., St. Petersburg, FL 33701

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

tbd

List Vending Products. Name & Provider.

tbd

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

Florida CraftArt
501 Central Ave.
St. Petersburg, FL 33701

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

Artist demonstrations of fine craft, hands on make and take activities

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

tent set-up, artist load in will take place on Friday afternoon, after the streets are closed and cleared 3-7 p.m.

Breakdown begins at 4p.m. on Sunday and is completed by 8p.m. - the streets reopen.
Other Comments: Please describe your fee structure.

Participating artists pay a booth fee based on size and location of their tent:
- 10 x 10 tent/booth space - $280
- Corner tent/booth space - $390

Tents and tables are available for rent - pricing TBD.

Other comments:

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

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

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

Name: [Signature] Title: Executive Director Date: 1/10/2019
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation: Florida Craftsmen, Inc., dba Florida CraftArt

Name of Responsible Party (President or CEO ONLY): Tyler Jones

Title of Responsible Party: President, Board of Directors

Physical Address of Responsible Party: 1301 74th Circle NE, St. Petersburg, FL 33704

Phone Number of Responsible Party: 727-452-8497

Email Address of Responsible Party: realtortyler@gmail.com

Nonprofit (Employee Identification Number): 23-7375994

Name of the For-profit Corporation: 

Name of Responsible Party (President or CEO ONLY): 

Title of Responsible Party: 

Physical Address of Responsible Party: 

Phone Number of Responsible Party: 

Email Address of Responsible Party: 

For-profit (Employee Identification Number) 

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

What method of invoicing would your organization prefer?

☐ BY Mail

Contact Name 

Address 

City, State, Zip 

☐ BY EMAIL

Email Address: 

Page 7 of 8
APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR’S EVENT
(Must be completed)

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

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

TOTAL GROSS REVENUE

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

<table>
<thead>
<tr>
<th>Expense</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. see attached P&amp;L</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
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<td>3.</td>
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<td>10.</td>
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<tr>
<td>11.</td>
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<tr>
<td>12.</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL OPERATING EXPENSES

TOTAL NET INCOME

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

<table>
<thead>
<tr>
<th>Allocation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Programming and exhibitions for Florida CraftArt</td>
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</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: Janie Lorenz
Date: Jan 10, 2018
<table>
<thead>
<tr>
<th></th>
<th>CA 18</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>Ordinary Income/Expense</td>
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<td></td>
</tr>
<tr>
<td>Earned Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CraftArt Festival Fees</td>
<td>39,273.15</td>
<td>39,273.15</td>
</tr>
<tr>
<td>Sponsorship/Direct Support</td>
<td>50,834.30</td>
<td>50,834.30</td>
</tr>
<tr>
<td><strong>Total CraftArt Festival</strong></td>
<td>90,107.45</td>
<td>90,107.45</td>
</tr>
<tr>
<td>Total Earned Income</td>
<td>90,107.45</td>
<td>90,107.45</td>
</tr>
<tr>
<td>Total Income</td>
<td>90,107.45</td>
<td>90,107.45</td>
</tr>
<tr>
<td><strong>Gross Profit</strong></td>
<td>90,107.45</td>
<td>90,107.45</td>
</tr>
<tr>
<td>Expense</td>
<td></td>
<td></td>
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<tr>
<td>CraftArt Festival Expenses</td>
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<td></td>
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</tbody>
</table>
Internal Revenue Service

District Director

MAY 29 1974

411-12:GF:A8496

Florida Craftsmen
1290 S.W. 23rd Street
Miami, Fla. 33145

E. I. #23-1375994 N

Gentlemen:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2). You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes.

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

If your purposes, character, or method of operation is changed, you must let us know so we can consider the effect of the change on your exempt status. Also, you must inform us of all changes in your name or address.

If your gross receipts each year are normally more than $5,000, you are required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of $10 a day, up to a maximum of $5,000, for failure to file a return on time.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Please keep this determination letter in your permanent records.

Sincerely yours,

ATTACHED:

Thomas P. Scheff
Exempt Organization Specialist

SE OR A Form AUD - 225 (4-72)
FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES  
COMMISSIONER ADAM H. PUTNAM

December 4, 2018  Refer To: CH11933

FLORIDA CRAFTSMEN, INC.  
501 CENTRAL AVE  
SAINT PETERSBURG, FL 33701-3727

RE: FLORIDA CRAFTSMEN, INC.  
REGISTRATION#: CH11933  
EXPIRATION DATE: November 17, 2019

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Tianna Baity  
Tianna Baity  
Regulatory Specialist I  
850-410-3770  
Fax: 850-410-3804  
E-mail: tianna.baity@freshfromflorida.com
Detail by FEI/EIN Number
Florida Not For Profit Corporation
FLORIDA CRAFTSMEN, INC.

Filing Information
- Document Number: 740750
- FEI/EIN Number: 23-7375994
- Date Filed: 11/10/1977
- State: FL
- Status: ACTIVE
- Last Event: AMENDMENT
- Event Date Filed: 12/27/2016
- Event Effective Date: NONE

Principal Address
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Changed: 09/07/1999

Mailing Address
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Changed: 09/07/1999

Registered Agent Name & Address
DEITS, KATIE
FLORIDA CRAFTSMEN INC
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Name Changed: 12/06/2016

Address Changed: 04/28/2009

Officer/Director Detail
Name & Address
- Title: Director
- Butz, Sarah
  1901 10th St. N
  ST PETERSBURG, FL 33704
Title Director, President

Howd, Kathryn
842 36th Ave. N.
ST. PETERSBURG, FL 33704

Title Director

Miller, Alvina
2116 4th St. N.
ST. PETERSBURG, FL 33704

Title Director, Secretary

RUOFF, KELLY
4121 52ND AVE SQ
ST PETERSBURG, FL 33711

Title CEO

DEITS, KATIE
430 3 AVE S
ST PETERSBURG, FL 33701

Title Director, Interim Treasurer

Graham, Michael
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

Jones, Bob Devin
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

Dunn, Trevor
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director, VP

Jones, Tyler
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

Maley, Dana
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

McClellan, Duncan
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

Routh, Michele
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

Shelton, Lara
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

Anderson, Mark
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

Igar, Helen
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

Miksis, Art
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

Robenalt, Taylor
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

Stark, Pegle
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title President
### Annual Reports

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<td>2018</td>
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### Document Images

- 01/18/2018 — ANNUAL REPORT
- 04/04/2017 — ANNUAL REPORT
- 12/27/2016 — Amendment
- 08/22/2016 — Reg. Agent Change
- 01/22/2016 — ANNUAL REPORT
- 02/17/2015 — ANNUAL REPORT
- 11/09/2014 — Amendment
- 09/21/2014 — ANNUAL REPORT
- 04/29/2013 — ANNUAL REPORT
- 04/16/2012 — ANNUAL REPORT
- 04/26/2011 — ANNUAL REPORT
- 06/08/2010 — ANNUAL REPORT
- 04/28/2009 — ANNUAL REPORT
- 04/24/2008 — ANNUAL REPORT
- 04/02/2007 — ANNUAL REPORT
- 04/13/2006 — ANNUAL REPORT
- 04/29/2005 — ANNUAL REPORT
- 06/09/2004 — ANNUAL REPORT
- 03/22/2003 — ANNUAL REPORT
- 04/10/2002 — ANNUAL REPORT
- 04/27/2001 — ANNUAL REPORT
- 05/02/2000 — ANNUAL REPORT
- 06/07/1999 — ANNUAL REPORT
- 02/28/1998 — ANNUAL REPORT
- 01/22/1995 — ANNUAL REPORT

[View image in PDF format]
Contract/Permit

Contract #: 25945
Date: 15 Jan 2019

User: JSBENNIN
Status: Firm

Primary #: (727) 821-7391
Secondary #: ()
Other #: ()

Purpose of Use: CRAFTART FESTIVAL
Expected: 10,000
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: No

Date(s) and Time(s) of Use:
Starting: Sat 23 Nov 19 12:00 am
Ending: Sun 24 Nov 19 11:00 pm

Facility/Equipment | Day | Date | Time | Fee | Extra Fee | Tax | Total |
--- | --- | --- | --- | --- | --- | --- | --- |
Special Programs | Sat | 23 Nov 19 | 12:00 AM | $0.00 | $0.00 | $0.00 | $0.00 |
Special Event | 24 Nov 19 | 11:00 PM |

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

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

Balance of rental due and payable immediately.

Payments:
- Date: 15 Jan 2019
- Amount: $30.00
- Payment Type: Check
- Reference: Rental
- Receipt Number: 3227760

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): JAMIE LORENZ
(Print Name): FLORIDA CRAFTSMAN
Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Approved or Rejected Date: ______

Supervisor II / Foreman
Approved or Rejected Date: ______

Manager
Approved or Rejected Date: ______

Printed: 15 Jan 2019, 11:31 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

<table>
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<th>Description</th>
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  Special Programs - Special Event
  November 23, 2019 12:00 am to November 24, 2019 11:00 pm
| Payment: Check                       | ($30.00) |
| Balance                              | $0.00   |
Event Title: Girls on the Run 5k - 2019 Fall

Entity Name: Girls on the Run Greater Tampa Bay

Event Date(s): December 14, 2019

Location: Poynter Park

Day 1 of Event: 12/14/2018
Time Gates Open: 7 AM
Ending Time: 11 AM

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

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

Application Prepared by: Laura Moore
Title: Executive Director
Address: 2519 N McMullen Booth, Suite 510145
City: Clearwater
State: FL
Zip: 33761
Email Address: laura.moore@girlsontherun.org
Additional Contact Person: Leslie Stallings
Day Phone: 727-692-1023

What month/year were you incorporated as nonprofit? 2008

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

Name of the for-profit entity? n/a

Describe your event with details.

The Girls on the Run 5k Series is the largest 5k series in the country, with over 350 5k events held by GOTR Councils each year across the country! Our local council Girls on the Run 5k is the most joyful 5k around! Our 5k is the culmination of our 10-week program and is open to the public for EVERYONE – girls, boys, young and old, and all abilities! We encourage walking, running, skipping, cartwheeling – even dancing! – to move forward. We anticipate nearly 800 GOTR girls, 800 Running Buddies, and over 300 Community Runners to joyfully cross our Finish Line. Our Race Village will be staged in Poynter Park, and the gorgeous route goes out-and-back along the waterfront. In addition, the event will draw hundreds of spectators including families, GOTR coaches, and friends, as well as community volunteers (100+) and supporters. Our last 5k event was featured on the cover the Tampa Bay Times Sunday Sports Section.

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

All funds raised from the GOTR 5k go into our Scholarship Fund, so that all girls have the opportunity to participate in our life-changing program. In our 2018 Fall Season, over 50% of our 675 girls received scholarships. By providing this financial assistance, we remove the financial burden from participants, roughly half of which live in Pinellas County and include the following St. Pete schools: Sanderlin, Perkins, Woodlawn, Canterbury, Admiral Farragut, and Lakewood. The GOTR 5k brings participants from 50+ locations across Greater Tampa Bay (Hillsborough, Pasco, Pinellas and Sarasota Counties) to St. Pete, where many stay overnight in hotels, eat in restaurants, shop in local stores, visit local attractions and pay for street parking. We intentionally promote the city to our participants and their families to take advantage of all that St. Pete has to offer when they come for our 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 each occurrence

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

Will there be an admission/registration fee? YES NO
Advanced Fee: $30 Day of: $30

Please provide the website address for your event: www.gotrtampa.org/5k

Please provide a phone number that can be advertised to the public: 813-832-2826

What is the estimated attendance for this event? Spectators 500 Participants 1500 Last Year's Total Attendance 1800
Please check the equipment and/or facilities you are requesting.

**Recreation Equipment**

- Showmobile (Yes/No): No
- # Bleacher(s) needed: 0
- Tables (6 ft) # needed: 40
- Chairs # needed: 0
- Public Address System: 0
- # of portable risers needed (4 in. x 8 in. x 16 in. sections): 2

**Special Events Facilities**

- Non-City Locations

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

**Which Location?**

- Mahaffey Theater
- Coliseum
- Sunken Gardens
- Boyd Hill

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

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

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

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

**Name:** Laura Moore  
**Co-Sign:**  
**Title:** Executive Director  
**Date:** 12/31/2018

**NOTE:**

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

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

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

Please attach the following:

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

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

---

**FOR FURTHER INFORMATION, PLEASE CALL:** Lynn Gordon, Parks & Recreation Manager, 727-893-7766 or EMAIL: StPeteEvents@stpete.org
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

### Condition

- [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
- [ ] Fence Installation
- [ ] Other Structures
- [x] Open Flame Food Preparation
- [x] 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
- [x] Newspaper / Internet
- [ ] Radio
- [x] Television
- [ ] Remote Broadcast

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

The GOTR 5k Registration fee is $30, which includes entry, medal, t-shirt and swag bag. We offer a $5 discount to parents/guardians that have a girl currently enrolled in the program. Discount codes are not accepted on race morning.

Other comments:

Girls on the Run inspires girls to recognize their inner strength and celebrate what makes them one of a kind. Trained coaches lead small teams through our research-based curricula which includes dynamic discussions, activities and running games. Over the course of the ten-week season, girls in 3rd-5th grade develop essential skills to help them navigate their worlds and establish a lifetime appreciation for health and fitness. Each season culminates with girls positively impacting their communities through a service project and being physically and emotionally prepared to complete the Girls on the Run 5k. Completing the 5k gives the girls a tangible sense of achievement as well as a framework for setting and achieving life goals - making the seemingly impossible, possible.

We have hosted our last FIVE 5k events in St. Petersburg (getting bigger each season!) and have been absolutely THRILLED with our experience! The venue consistently exceeds both ours and our participant highest expectations. As we work towards our goal of a Disney-caliber race, we believe that the City of St. Pete is our partner and the most incredible home for our event!

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

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

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

Name: Laura Moore Title: Executive Director Date: 12/31/2018
Electrical Requirements:

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

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

[ ] Other:

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

n/a

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

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

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

No

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

Name: Girls on the Run Greater Tampa Bay

Address (including zip): 2519 N McMullen Booth, Suite 51045, Clearwater, FL 33761

Phone: 813-832-2826

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

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

List Vending Products. Name & Provider.

Tampa Bay Rays - Mascot Raymond, Tampa Bay Lightning - Street Team, Tampa Bay Rowdies - Street Team, FOX Sports Sun, PowerCrunch, Go Go Squeez, MedExpress, Pure Barre and additional pending.

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

n/a

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

GOTR will make an opening speech to welcome participants to event, honor selected Volunteer Coaches and invite 1-2 sponsors to also welcome the participants. GOTR will address the crowd again at the start of the 5k and once more at the end of the event thanking all for attending.

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

GOTR will set up our Race Village (including Registration, Packet Pick Up, etc.) beginning at 4:30 am on 12/14/19. We will have everything unloaded and set up for our participants by 7 am, and will be cleaned up/packed up by 12:00 pm that same day.
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>Girls on the Run Greater Tampa Bay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Laura Moore</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>2519 N McMullen Booth, Suite 510145, Clearwater, FL 33761</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>813-832-2826</td>
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<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:laura.moore@girlsontherun.org">laura.moore@girlsontherun.org</a></td>
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<tr>
<td>Nonprofit (Employee Identification Number):</td>
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<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>n/a</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>n/a</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>n/a</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>n/a</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td>n/a</td>
</tr>
<tr>
<td>For-profit (Employee Identification Number)</td>
<td>n/a</td>
</tr>
</tbody>
</table>

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

What method of invoicing would your organization prefer?

[ ] BY Mail
[ ] BY EMAIL

Contact Name
Address
City, State, Zip
Email Address: laura.moore@girlsontherun.org
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. Registration Fees</td>
<td>$18,000</td>
</tr>
<tr>
<td>2. Individual Donations</td>
<td>$1,000</td>
</tr>
<tr>
<td>3. GOTR Merchandise</td>
<td>$5,400</td>
</tr>
<tr>
<td>4. In Kind Donations</td>
<td>$2,000</td>
</tr>
<tr>
<td>5. Sponsors</td>
<td>$8,000</td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8. TOTAL REVENUE</td>
<td>$34,400</td>
</tr>
</tbody>
</table>

TOTAL GROSS REVENUE = $34,400

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Race Village Supplies</td>
<td>$2,500</td>
</tr>
<tr>
<td>2. T-Shirts</td>
<td>$3,500</td>
</tr>
<tr>
<td>3. EMTs</td>
<td>$500</td>
</tr>
<tr>
<td>4. Medals</td>
<td>$2,200</td>
</tr>
<tr>
<td>5. Bibs</td>
<td>$300</td>
</tr>
<tr>
<td>6. DJ</td>
<td>$500</td>
</tr>
<tr>
<td>7. Rentals (Port-O-Lets, Barricades, Cones, Tables, etc.)</td>
<td>$3,500</td>
</tr>
<tr>
<td>8. Marketing</td>
<td>$2,000</td>
</tr>
<tr>
<td>9. Police/Permits</td>
<td>$8,000</td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11. TOTAL EXPENSES</td>
<td>$23,000</td>
</tr>
<tr>
<td>12. NET REVENUE</td>
<td>$11,400</td>
</tr>
</tbody>
</table>

TOTAL OPERATING EXPENSES = $23,000  
TOTAL NET INCOME = $11,400

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

<table>
<thead>
<tr>
<th>Allocation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Girls on the Run Scholarships</td>
<td>$11,400</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. TOTAL ALLOCATION</td>
<td>$11,400</td>
</tr>
</tbody>
</table>

TOTAL ALLOCATION OF NET INCOME = $11,400

Prepared by: Laura Moore  
Date: 12/31/2018
Girls on the Run 5k
2019 Fall

START/FINISH
Poynter Park
# GOTR 5k Event Timeline

<table>
<thead>
<tr>
<th>Time</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:30 AM</td>
<td>Race Committee arrives</td>
</tr>
<tr>
<td>6:15 AM</td>
<td>Vendors arrive</td>
</tr>
<tr>
<td>6:30 AM</td>
<td>First shift of Volunteers arrive</td>
</tr>
<tr>
<td>6:50 AM</td>
<td>Volunteers stationed in Race Village</td>
</tr>
<tr>
<td>7:00 AM</td>
<td>Race Village officially opens</td>
</tr>
<tr>
<td>8:00 AM</td>
<td>Second shift of Volunteers arrive</td>
</tr>
<tr>
<td>8:15 AM</td>
<td>Course marshalls meet for placement on course and water stations readied</td>
</tr>
<tr>
<td>8:30 AM</td>
<td>Group Warm Up; Race Village closes</td>
</tr>
<tr>
<td>8:45 AM</td>
<td>Final Course Marshalls stationed</td>
</tr>
<tr>
<td>8:50 AM</td>
<td>Executive Director welcomes participants</td>
</tr>
<tr>
<td>8:55 AM</td>
<td>Sponsor remarks</td>
</tr>
<tr>
<td>9:00 AM</td>
<td>5 begins!</td>
</tr>
<tr>
<td>9:05 AM</td>
<td>Finish line readied (medals and food)</td>
</tr>
<tr>
<td>9:20 AM</td>
<td>First runner crosses</td>
</tr>
<tr>
<td>10:00 AM</td>
<td>Post race comments (after final runner) and street cleared</td>
</tr>
<tr>
<td>10:15 AM</td>
<td>Course marshalls check back to Race Village</td>
</tr>
<tr>
<td>10:45 AM</td>
<td>Participants leave, venue is cleaned up</td>
</tr>
<tr>
<td>12:00 PM</td>
<td>Clean up complete, exit venue</td>
</tr>
</tbody>
</table>
WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-1793509. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

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

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown:

Form 941  10/31/2017
Form 940  01/31/2018

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.
October 23, 2017

Girls on the Run Greater Tampa Bay, Inc.
1550 North McMullen Booth Rd
Suite F3 #145
Clearwater, FL 33759

RE: EIN 82-1793509

To Whom It May Concern:

This letter is to verify that Girls on the Run Greater Tampa Bay, Inc. is a subordinate organization in good standing and is covered under Girls on the Run International’s Federal Group Tax Exemption Number 6150 as described in Section 501(c)(3) of the Internal Revenue Code. Detailed information regarding the group exemption process is available in IRS Publication 557 (entitled “Tax-Exempt Status for Your Organization” and is available on the IRS website at www.irs.gov/pub/irs-pdf/p557.pdf) and IRS Publication 4573 (entitled “Group Exemptions” and available on the IRS website at www.irs.gov/pub/irs-pdf/p4573.pdf).

**How do donors verify that contributions are deductible under section 170 with respect to a subordinate organization in a section 501(c)(3) group exemption ruling?** Donors should consult IRS Publication 78, Cumulative List of Organizations described in Section 170(c) of the Internal Revenue Code of 1986, or obtain a copy of the group exemption letter from the central organization. The central organization’s listing in Publication 78 will indicate that contributions to its subordinate organizations covered by the group exemption ruling are also deductible, even though most subordinate organizations are not separately listed in Publication 78 or on the EO Business Master File. Donors should then verify with the central organization, by either of the methods indicated above, whether the particular subordinate is included in the central organization’s group ruling. The subordinate organization need not itself be listed in Publication 78 or on the EO Business Master File. Donors may rely upon central organization verification with respect to deductibility of contributions to subordinates covered in a section 501(c)(3) group exemption ruling. – Publication 4573, page 4

Enclosed is a copy of the IRS Letter of Determination for the Group Exemption Ruling.
Girls on the Run International
801 East Morehead Street Suite 201
Charlotte, NC 28202

Date: June 13, 2017

Dear Sir or Madam:

This is in response to your request dated May 26, 2017, for information about your tax-exempt status.

Our records indicate we issued a determination letter to you in October 2000, and that you're currently exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also recognize the subsidiaries on the list you submitted as exempt from federal income tax under IRC Section 501(c)(3).

For federal income tax purposes, donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106 and 2522.

Because IRC Section 170(c) describes your subordinate organizations, donors can deduct contributions they make to them.

Please refer to www.irs.gov/charities for information about filing requirements. Specifically, IRC Section 6033 provides that, if you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

In addition, each subordinate organization is subject to automatic revocation if it doesn't file a required return or notice for three consecutive years. Subordinate organizations can file required returns or notices individually or as part of a group return.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

Sincerely yours,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements
I certify from the records of this office that GIRLS ON THE RUN GREATER TAMPA BAY, INC. is a corporation organized under the laws of the State of Florida, filed on July 6, 2017, effective August 1, 2017.

The document number of this corporation is N1700006989.

I further certify that said corporation has paid all fees due this office through December 31, 2018, that its most recent annual report/uniform business report was filed on February 1, 2018, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-sixth day of September, 2018

[Signature]

Secretary of State

Tracking Number: CU6785076421

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

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication
FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
COMMISSIONER ADAM H. PUTNAM

July 12, 2018 Refer To: CH52569

GIRLS ON THE RUN GREATER TAMPA BAY, INC.
801 E MOREHEAD ST STE 201
CHARLOTTE, NC 28202-2743

RE: GIRLS ON THE RUN GREATER TAMPA BAY, INC.
REGISTRATION#: CH52569
EXPIRATION DATE: August 9, 2019

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Cassie Miller
Cassie Miller
Regulatory Consultant
850-410-3719
Fax: 850-410-3804
E-mail: cassie.miller@freshfromflorida.com
2018 Fall Recap Report To

st.petersburg
www.stpete.org
Our 2018 Fall Season was another record-breaker! Girls on the Run served 675 girls with 200+ Volunteer Coaches across 48 locations! From public to private to YMCAs to rec centers, this season included a diverse group of spectacular girls.
In our middle section, our girls explore the value of teamwork and healthy relationships. Sample lessons including Practicing Empathy and Best Friends.
The sun was shining, birds were singing, streets were closed and our girls were a-shining! The Girls on the Run 5k Presented by UnitedHealthcare was a huge success – the biggest and brightest in GOTR’s history! From start to finish, the event was filled with joyful moments. From Registration to Sparkle Runners supporting our final runner home, here’s a recap of all that went on! Our amazing event was held at Poynter Park in downtown St. Petersburg!

Race Village
Participants enjoyed our fun activities and vendors in Race Village. From Happy Hair to Tattoos, we got our outer sparkle to match our inner sparkle!

Flag Bearer Award Ceremony
This season, we introduced our Flag Bearer Awards to honor six Coaches for living our core values at GOTR practice and beyond.

Dance Warm Up – Led by St. Pete Jazzercise!
Participants got loose and limber with a high energy dance warm up!
This season, our girls at Davis Elementary were joined by the Tampa Bay Lightning Girls! The Lightning Girls were official “Practice Partners,” attending every practice to support both our girls and Coaches. They also volunteered at our 5k! We are so grateful to have such passionate support from such incredible women!
By the Numbers

Bigger and Brighter Each Season!

The Girls on the Run Program has grown tremendously in the past few years. We are so thrilled our Tampa Bay community has embraced our incredible program and are committed to continuing to grow. We will give every girl the opportunity to be a Girl on the Run!

Girls on the Run Program Growth

![Graph showing Girls on the Run Program Growth]

- GOTR Girls
- 5k Registered Runners

2018 Fall GOTR Locations

- Academy of the Holy Names
- Anderson Elementary
- Apollo Beach Elementary
- Belleair Parks & Rec
- Canterbury School of Florida
- Chasco Elementary
- Church of The Ascension
- Connerton Elementary
- Corr Elementary School
- Cotee River Elementary School
- Davis Elementary
- Dickenson Elementary
- Double Branch Elementary
- Dream Center of Tampa
- Dunedin Elementary
- Englewood Elementary School
- Garden Elementary
- Glenallen Elementary
- Grady Elementary
- Gulf Highlands Elementary
- Gulfport Elementary
- Hammond Elementary School
- Hudson Elementary
- Lakewood Elementary
- Lamarque Elementary
- Lincoln Elementary
- Moon Lake Elementary
- Nelson Elementary
- Perkins Elementary
- Phillippi Shores Elementary
- Pine View Elementary
- Pinellas Central Elementary School
- Richey Elementary School
- Ridgecrest Elementary
- Roosevelt Elementary School
- Ruskin Elementary
- Sanderlin IB World School
- Sanders Memorial Elementary
- Seven Springs Elementary
- Summerfield Crossings Elementary
- Summerfield Elementary
- Tinker K-8
- Venice Elementary
- Wiregrass Elementary
- Woodlawn Elementary
Girls on the Run
Comes to St. Pete!

thank you

For inspiring girls to be joyful, healthy and confident!
Detail by Entity Name

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

Filing Information
Document Number: N17000006989
FEI/EIN Number: 82-1793509
Date Filed: 07/06/2017
Effective Date: 08/01/2017
State: FL
Status: ACTIVE

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

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

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

Officer/Director Detail
Name & Address
Title Chairman
CRATE, JESSICA
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title DIR
KREBS, STEPHANIE
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

http://search.sunbiz.org/Inquiry/corporationsearch/SearchResultDetail?inquirytype=Entity... 1/15/2019
Title Treasurer

SHORTT, ANGLEA
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Berger, Erin
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Boyer, Jacque
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Bruner, Christie
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Burns, Kelli
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Collins, Jill
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Howey, Jean
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Johnson, Holly
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Lake, Sandi
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Lamore, Katie
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>02/01/2018</td>
</tr>
</tbody>
</table>

Document Images

- 02/01/2018 — ANNUAL REPORT
- 07/06/2017 — Domestic Non-Profit
Purpose of Use: GIRLS ON THE RUN 5K (FALL)  
Expected: 2,000  
Co-Sponsored Event:  
Contract Balance: $30.00

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 14 Dec 19 05:00 am
Ending: Sat 14 Dec 19 09:00 pm

Facility/Equipment
Day | Date     | Time  | Fee   | Extra Fee | Tax | Total
--- | -------- | ----- | ----- | --------- | --- | -----
Poynter Park | Sat 14 Dec 19 | 05:00 AM | $0.00 | $200.00 | $0.00 | $200.00
Park | 09:00 PM |          |        |          |     |       

Additional Fees:

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

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<tr>
<th>Description</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>16:00</td>
<td>1</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Charges:
Fees: $6.00
Extra Fees: $230.00
Tax: $0.00
Total: $230.00

Balance of rental due and payable immediately.

Payments:
Date: 15 Jan 2019
Amount: $200.00
Payment Type: Check
Reference: Rental
Receipt Number: 3227781

Additional Notes:

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

By:(Sign Name): LAURA MOORE
(Print Name) GIRLS ON THE RUN INTERNATIONAL GOTR TA
Name of User Organization, If Applicable

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

Printed: 15 Jan 2019, 11:32 AM
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
City of St. Petersburg

GIRLS ON THE RUN INTERNATIONAL GOTR TA
LAURA MOORE
2519 N MCMULLEN BOOTH STE 510-145
CLEARWATER, FL 33761 USA

Receipt #: 3227781
User: JSBENNIN
Issued: Tue 15 Jan 19 11:32 am

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$460.00</td>
</tr>
<tr>
<td>Applied To: 25947 - GIRLS ON THE RUN 5K (FALL)</td>
<td>$200.00</td>
</tr>
<tr>
<td>Poynter Park - Park</td>
<td></td>
</tr>
<tr>
<td>December 14, 2019  5:00 am to December 14, 2019  9:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($200.00)</td>
</tr>
</tbody>
</table>

Balance $260.00

APPROVED REFUNDS ARE BY CHECK ONLY
### Description | Amount
--- | ---
Previous Balance | $260.00

**Applied To:** GIRLS ON THE RUN 5K (SPRING)

- Poynter Park - Park
- May 2, 2020  8:00 am to May 2, 2020  9:00 pm

**Payment:** Check | ($30.00)

**Balance:** $230.00
2019 FALL EVENT

January 10, 2019

Dear Co-Sponsor Committee,

We are so excited to apply to host our Girls on the Run 5k 2019 Fall event again in the gorgeous city of St. Petersburg! Enclosed are the following items:

- Co-Sponsor Event Application
- 5k Route
- Race Village Map
- Event Timeline
- 501(c)3 Letter of Determination
- State of Florida Paperwork
- Application Fee Check
- Park Permit Fee Check
- Recap Report from 2018 Fall Event

Thank you for being our Partner in inspiring girls to be joyful, healthy and confident.

Sincerely,

Laura Moore
Executive Director

Girls on the Run Greater Tampa Bay
2519 N McMullen Booth Road  (813) 832-2826  www.gotrtpm.org
Event Title: Girls on the Run 5k - 2020 Spring
Entity Name: Girls on the Run Greater Tampa Bay

Event Date(s):
Day 1 of Event: May 2, 2020
Day 2 of Event: 5/2/2020
Day 3 of Event: 5/2/2020

Location: Poynter Park

Application Prepared by: Laura Moore
Title: Executive Director
Address: 2519 N McMullen Booth, Suite 510145
City: Clearwater
State: FL
Zip: 33761
Email Address: laura.moore@girlsontherun.org

What month/year were you incorporated as nonprofit? 2008
List all 501(c)3 entities that will benefit from this event. Girls on the Run Greater Tampa Bay
Name of the for-profit entity? n/a

Describe your event with details.

The Girls on the Run 5k Series is the largest 5k series in the country, with over 350 5k events held by GOTR Councils each year across the country! Our local council Girls on the Run 5k is the most joyful 5k around! Our 5k is the culmination of our 10-week program and is open to the public for EVERYONE — girls, boys, young and old, and all abilities! We encourage walking, running, skipping, cartwheeling — even dancing! — to move forward. We anticipate nearly 800 GOTR girls, 800 Running Buddies, and over 300 Community Runners to joyfully cross our Finish Line. Our Race Village will be staged in Poynter Park, and the gorgeous route goes out-and-back along the waterfront. In addition, the event will draw hundreds of spectators including families, GOTR coaches, and friends, as well as community volunteers (100+) and supporters. Our last 5k event was featured on the cover of the Tampa Bay Times Sunday Sports Section.

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

All funds raised from the GOTR 5k go into our Scholarship Fund, so that all girls have the opportunity to participate in our life-changing program. In our 2018 Fall Season, over 50% of our 675 girls received scholarships. By providing this financial assistance, we remove the financial burden from participants, roughly half of which live in Pinellas County and include the following St. Pete schools: Sanderlin, Perkins, Woodlawn, Canterbury, Admiral Farragut, and Lakewood. The GOTR 5k brings participants from 50+ locations across Greater Tampa Bay (Hillsborough, Pasco, Pinellas and Sarasota Counties) to St. Pete, where many stay overnight in hotels, eat in restaurants, shop in local stores, visit local attractions and pay for street parking. We intentionally promote the city to our participants and their families to take advantage of all that St. Pete has to offer when they come for our 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 each occurrence

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

Will there be an admission / registration fee? [ ] YES [ ] NO Advanced Fee: $30 Day of: $30

Please provide the website address for your event: www.gotrtampa.org/5k

Please provide a phone number that can be advertised to the public: 813-832-2826

What is the estimated attendance for this event? Spectators 500 Participants 1500 Last Year's Total Attendance 1800
Please check the equipment and/or facilities you are requesting.

Recreation Equipment  Special Events Facilities  Non-City Locations
Showmobile (Yes/No)  No  Mahaffey Theater  
# Bleacher(s) needed. Each bleacher approx. 180 people) 0  Coliseum  
Tables (6 ft) # needed) 40  Chairs # needed) 0  Sunken Gardens  
Public Address System  Boyd Hill

Which Location?

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

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

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

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

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

Name: Laura Moore  Title: Executive Director  Date: 12/31/2018
Co-Sign:  Title:  Date:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

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

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

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

n/a

Will you supply your own generators? □ YES ☑ NO

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

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

No

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

Name: Girls on the Run Greater Tampa Bay Phone: 813-832-2826

Address (including zip): 2519 N McMullen Booth, Suite 510145, Clearwater, FL 33761

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

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

List Vending Products. Name & Provider.

Tampa Bay Rays - Mascot Raymond, Tampa Bay Lightning - Street Team, Tampa Bay Rowdies - Street Team, FOX Sports Sun, PowerCrunch, Go Go Squeez, MedExpress, Pure Barre and additional pending.

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

n/a

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

GOTR will make an opening speech to welcome participants to event, honor selected Volunteer Coaches and invite 1-2 sponsors to also welcome the participants. GOTR will address the crowd again at the start of the 5k and once more at the end of the event thanking all for attending.

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

GOTR will set up our Race Village (including Registration, Packet Pick-Up, etc.) beginning at 4:30 am on 12/14/19. We will have everything unloaded and set up for our participants by 7 am, and will be cleaned up/packed up by 12:00 pm that same day.
The GOTR 5k Registration fee is $30, which includes entry, medal, t-shirt and swag bag. We offer a $5 discount to parents/guardians that have a girl currently enrolled in the program. Discount codes are not accepted on race morning.

Other comments:

Girls on the Run inspires girls to recognize their inner strength and celebrate what makes them one of a kind. Trained coaches lead small teams through our research-based curricula which includes dynamic discussions, activities and running games. Over the course of the ten-week season, girls in 3rd-5th grade develop essential skills to help them navigate their worlds and establish a lifetime appreciation for health and fitness. Each season culminates with girls positively impacting their communities through a service project and being physically and emotionally prepared to complete the Girls on the Run 5k. Completing the 5k gives the girls a tangible sense of achievement as well as a framework for setting and achieving life goals - making the seemingly impossible, possible.

We have hosted our last FIVE 5k events in St. Petersburg (getting bigger each season!) and have been absolutely THRILLED with our experience! The venue consistently exceeds both ours and our participant highest expectations. As we work towards our goal of a Disney-caliber race, we believe that the City of St. Pete is our partner and the most incredible home for our event!

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

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

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

Name: Laura Moore
Title: Executive Director
Date: 12/31/2018
Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>Girls on the Run Greater Tampa Bay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Laura Moore</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>2519 N McMullen Booth, Suite 510145, Clearwater, FL 33761</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>813-832-2826</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:laura.moore@girlsontherun.org">laura.moore@girlsontherun.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>82-1793509</td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer?

[ ] BY Mail
[ ] BY EMAIL

Contact Name: [___]
Address: [___]
City, State, Zip: [___]

Email Address: laura.moore@girlsontherun.org
# APPENDIX C
## STATEMENT OF REVENUE AND EXPENSES FORM
### PRIOR YEAR'S EVENT
(Must be completed)

<table>
<thead>
<tr>
<th>I. REVENUE SOURCES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Registration Fees</td>
<td>$18,000</td>
</tr>
<tr>
<td>2. Individual Donations</td>
<td>$1,000</td>
</tr>
<tr>
<td>3. GOTR Merchandise</td>
<td>$5,400</td>
</tr>
<tr>
<td>4. In Kind Donations</td>
<td>$2,000</td>
</tr>
<tr>
<td>5. Sponsors</td>
<td>$8,000</td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8. TOTAL REVENUE</td>
<td>$34,400</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. EXPENSES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Race Village Supplies</td>
<td>$2,500</td>
</tr>
<tr>
<td>2. T-Shirts</td>
<td>$3,500</td>
</tr>
<tr>
<td>3. EMTs</td>
<td>$500</td>
</tr>
<tr>
<td>4. Medals</td>
<td>$2,200</td>
</tr>
<tr>
<td>5. Bibs</td>
<td>$300</td>
</tr>
<tr>
<td>6. DJ</td>
<td>$500</td>
</tr>
<tr>
<td>7. Rentals (Port-O-Lets, Barricades, Cones, Tables, etc.)</td>
<td>$3,500</td>
</tr>
<tr>
<td>8. Marketing</td>
<td>$2,000</td>
</tr>
<tr>
<td>9. Police/Permits</td>
<td>$8,000</td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11. TOTAL EXPENSES</td>
<td>$23,000</td>
</tr>
<tr>
<td>12. NET REVENUE</td>
<td>$11,400</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Girls on the Run Scholarships</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
</tr>
<tr>
<td>6. TOTAL ALLOCATION</td>
</tr>
</tbody>
</table>

Prepared by: Laura Moore  Date: 12/31/2018
<table>
<thead>
<tr>
<th>Time</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:30 AM</td>
<td>Race Committee arrives</td>
</tr>
<tr>
<td>6:15 AM</td>
<td>Vendors arrive</td>
</tr>
<tr>
<td>6:30 AM</td>
<td>First shift of Volunteers arrive</td>
</tr>
<tr>
<td>6:50 AM</td>
<td>Volunteers stationed in Race Village</td>
</tr>
<tr>
<td>7:00 AM</td>
<td>Race Village officially opens</td>
</tr>
<tr>
<td>8:00 AM</td>
<td>Second shift of Volunteers arrive</td>
</tr>
<tr>
<td>8:15 AM</td>
<td>Course marshalls meet for placement on course and water stations readied</td>
</tr>
<tr>
<td>8:30 AM</td>
<td>Group Warm Up; Race Village closes</td>
</tr>
<tr>
<td>8:45 AM</td>
<td>Final Course Marshalls stationed</td>
</tr>
<tr>
<td>8:50 AM</td>
<td>Executive Director welcomes participants</td>
</tr>
<tr>
<td>8:55 AM</td>
<td>Sponsor remarks</td>
</tr>
<tr>
<td>9:00 AM</td>
<td>5 begins!</td>
</tr>
<tr>
<td>9:05 AM</td>
<td>Finish line readied (medals and food)</td>
</tr>
<tr>
<td>9:20 AM</td>
<td>First runner crosses</td>
</tr>
<tr>
<td>10:00 AM</td>
<td>Post race comments (after final runner) and street cleared</td>
</tr>
<tr>
<td>10:15 AM</td>
<td>Course marshalls check back to Race Village</td>
</tr>
<tr>
<td>10:45 AM</td>
<td>Participants leave, venue is cleaned up</td>
</tr>
<tr>
<td>12:00 PM</td>
<td>Clean up complete, exit venue</td>
</tr>
</tbody>
</table>
WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-1793509. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

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

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

<table>
<thead>
<tr>
<th>Form</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>941</td>
<td>10/31/2017</td>
</tr>
<tr>
<td>940</td>
<td>01/31/2018</td>
</tr>
</tbody>
</table>

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.
October 23, 2017

Girls on the Run Greater Tampa Bay, Inc.
1550 North McMullen Booth Rd
Suite F3 #145
Clearwater, FL 33759

RE: EIN 82-1793509

To Whom It May Concern:

This letter is to verify that Girls on the Run Greater Tampa Bay, Inc. is a subordinate organization in good standing and is covered under Girls on the Run International’s Federal Group Tax Exemption Number 6150 as described in Section 501(c)(3) of the Internal Revenue Code. Detailed information regarding the group exemption process is available in IRS Publication 557 (entitled “Tax-Exempt Status for Your Organization” and is available on the IRS website at www.irs.gov/pub/irs-pdf/p557.pdf) and IRS Publication 4573 (entitled “Group Exemptions” and available on the IRS website at www.irs.gov/pub/irs-pdf/p4573.pdf).

How do donors verify that contributions are deductible under section 170 with respect to a subordinate organization in a section 501(c)(3) group exemption ruling? Donors should consult IRS Publication 78, Cumulative List of Organizations described in Section 170(c) of the Internal Revenue Code of 1986, or obtain a copy of the group exemption letter from the central organization. The central organization’s listing in Publication 78 will indicate that contributions to its subordinate organizations covered by the group exemption ruling are also deductible, even though most subordinate organizations are not separately listed in Publication 78 or on the EO Business Master File. Donors should then verify with the central organization, by either of the methods indicated above, whether the particular subordinate is included in the central organization’s group ruling. The subordinate organization need not itself be listed in Publication 78 or on the EO Business Master File. Donors may rely upon central organization verification with respect to deductibility of contributions to subordinates covered in a section 501(c)(3) group exemption ruling. – Publication 4573, page 4

Enclosed is a copy of the IRS Letter of Determination for the Group Exemption Ruling.

Girls on the Run International

801 East Morehead Street 704-376-9817 www.girlsontherun.org
Dear Sir or Madam:

This is in response to your request dated May 26, 2017, for information about your tax-exempt status.

Our records indicate we issued a determination letter to you in October 2000, and that you’re currently exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also recognize the subordinates on the list you submitted as exempt from federal income tax under IRC Section 501(c)(3).

For federal income tax purposes, donors can deduct contributions they make to you as provided in IRC Section 170. You’re also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106 and 2522.

Because IRC Section 170(c) describes your subordinate organizations, donors can deduct contributions they make to them.

Please refer to www.irs.gov/charities for information about filing requirements. Specifically, IRC Section 6033(j) provides that, if you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

In addition, each subordinate organization is subject to automatic revocation if it doesn't file a required return or notice for three consecutive years. Subordinate organizations can file required returns or notices individually or as part of a group return.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

Sincerely yours,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements
I certify from the records of this office that GIRLS ON THE RUN GREATER TAMPA BAY, INC. is a corporation organized under the laws of the State of Florida, filed on July 6, 2017, effective August 1, 2017.

The document number of this corporation is N17000006989.

I further certify that said corporation has paid all fees due this office through December 31, 2018, that its most recent annual report/uniform business report was filed on February 1, 2018, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-sixth day of September, 2018

Secretary of State

Tracking Number: CU6785076421

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

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication
FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
COMMISSIONER ADAM H. PUTNAM

July 12, 2018

Refer To: CH52569

GIRLS ON THE RUN GREATER TAMPA BAY, INC.
801 E MOREHEAD ST STE 201
CHARLOTTE, NC 28202-2743

RE: GIRLS ON THE RUN GREATER TAMPA BAY, INC.
REGISTRATION#: CH52569
EXPIRATION DATE: August 9, 2019

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Cassie Miller
Cassie Miller
Regulatory Consultant
850-410-3719
Fax: 850-410-3804
E-mail: cassie.miller@freshfromflorida.com
Detail by Entity Name

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

Filing Information

Document Number: N17000006989
FEI/EIN Number: 82-1793509
Date Filed: 07/06/2017
Effective Date: 08/01/2017
State: FL
Status: ACTIVE

Principal Address

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

Mailing Address

801 EAST MOREHEAD STREET
SUITE 201
CHARLOTTE, NC 28202

Registered Agent Name & Address

MOORE, LAURA
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Officer/Director Detail

Name & Address

Title Chairman

CRATE, JESSICA
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title DIR.

KREBS, STEPHANIE
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759
Title Treasurer

SHORTT, ANGELA
1550 NORTH McMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Berger, Erin
1550 NORTH McMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Boyer, Jacque
1550 NORTH McMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Bruner, Christie
1550 NORTH McMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Burns, Kelli
1550 NORTH McMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Collins, Jill
1550 NORTH McMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Howey, Jean
1550 NORTH McMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Johnson, Holly
Contract/Permit

Contract #: 25949
Date: 15 Jan 2019

GIRLS ON THE RUN INTERNATIONAL GOTR TA
LAURA MOORE
2519 N MCMULLEN BOOTH STE 510-145
CLEARWATER FL 33761 USA

Purpose of Use: GIRLS ON THE RUN 5K (SPRING)

Expected: 2,000

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: Sat 02 May 20 06:00 am
Ending: Sat 02 May 20 09:00 pm

Facility / Equipment

<table>
<thead>
<tr>
<th>Facility / Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poynter Park</td>
<td>Sat</td>
<td>02 May 2020</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
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<tr>
<td>Park</td>
<td></td>
<td>09:00 PM</td>
<td></td>
<td></td>
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Additional Fees:

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

| Extra Fee - Bookings
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<tr>
<th></th>
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<tbody>
<tr>
<td>Co-Sponsored Permit Fee</td>
<td>Hours</td>
<td>Quantity</td>
<td>Charge</td>
<td>Tax</td>
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<tr>
<td>---------------------</td>
<td>-------</td>
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<tr>
<td></td>
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<td>$0.00</td>
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Charges:

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<td>$0.00</td>
<td>$230.00</td>
<td>$0.00</td>
<td>$230.00</td>
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</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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<tr>
<td>15 Jan 2019</td>
<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>3227753</td>
</tr>
<tr>
<td>15 Jan 2019</td>
<td>$170.00</td>
<td>Check</td>
<td>Rental</td>
<td>3227785</td>
</tr>
<tr>
<td>15 Jan 2019</td>
<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>3227786</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): LAURA MOORE
(Print Name) GIRLS ON THE RUN INTERNATIONAL GOTR TA
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent

By (Sign Name): Parks and Recreation Department

Printed: 15 Jan 2019, 11:33 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.
<table>
<thead>
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<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$230.00</td>
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<tr>
<td>Applied To: 25947 - GIRLS ON THE RUN 5K (FALL)</td>
<td>$30.00</td>
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<tr>
<td>Poynter Park - Park</td>
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<td>December 14, 2019 5:00 am to December 14, 2019 9:00 pm</td>
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<td>Applied To: 25949 - GIRLS ON THE RUN 5K (SPRING)</td>
<td>$170.00</td>
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<tr>
<td>Poynter Park - Park</td>
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<tr>
<td>May 2, 2020 6:00 am to May 2, 2020 9:00 pm</td>
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<tr>
<td>Payment: Check</td>
<td>($200.00)</td>
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<tr>
<td>Balance</td>
<td>$30.00</td>
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</table>
### Description

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$30.00</td>
</tr>
<tr>
<td>Applied To: GIRLS ON THE RUN 5K (SPRING)</td>
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<tr>
<td>Poynter Park - Park</td>
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</tr>
<tr>
<td>May 2, 2020 6:00 am to May 2, 2020 9:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($30.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Description**
- **Previous Balance**: $30.00
- **Applied To**: GIRLS ON THE RUN 5K (SPRING)
  - Poynter Park - Park
  - May 2, 2020 6:00 am to May 2, 2020 9:00 pm
- **Payment**: Check
- **Balance**: $0.00

**Receipt #**: 3227786
**User**: JSBENNIN
**Issued**: Tue 15 Jan 19 11:33 am

**APPROVED REFUNDS ARE BY CHECK ONLY**
January 10, 2019

Dear Co-Sponsor Committee,

We are so excited to apply to host our Girls on the Run 5k 2020 Spring event again in the gorgeous city of St. Petersburg! Enclosed are the following items:

- Co-Sponsor Event Application
- 5k Route
- Race Village Map
- Event Timeline
- 501(c)3 Letter of Determination
- State of Florida Paperwork
- Application Fee Check
- Park Permit Fee Check

Thank you for being our Partner in inspiring girls to be joyful, healthy and confident.

Sincerely,

Laura Moore
Executive Director
Event Title: St. Pete Run Fest
Entity Name: Endorfun Sports LLC
Event Date(s): November 15-17, 2019
Location: Al Lang/Whitted/Pioneer/Vincey Parks & Bayshore Dr.
Day 1 of Event: 11/15/19
  Time Gates Open: 12PM
  Ending Time: 8pm
Day 2 of Event: 11/16/19
  Time Gates Open: 6am
  Ending Time: 4pm
Day 3 of Event: 11/17/19
  Time Gates Open: 6am
  Ending Time: 4pm
Application Prepared by: Ryan Jordan
Title: Chief Business Officer
Address: 1200 Eden Isle Blvd NE
City: Saint Petersburg
State: FL
Zip: 33704
Email Address: claire@stpeterunfest.org
Additional Contact Person: Keith Jordan
Day Phone: 812-608-5857

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
The St Pete Run Fest is 3rd year event bringing together the local community and visitors from outside the Tampa Bay area. By highlighting the local businesses and activities that make St. Pete unique, we will give our participants a one-of-a-kind St. Pete experience. We aim to encourage health/fitness by offering St. Pete residents the opportunity to participate in our running races, as well as our Health & Fitness Expo. (Health & Fitness Expo is free to all) The St Pete Run Fest will be a great addition to the "Healthy St. Pete" initiative. Registration/Packet pick-up will be in the Mahaffey Theater Ballroom, which has been reserved with a rental deposit for 11/15 & 11/17, and will highlight St. Pete's beautiful waterfront and arts culture.

Describe what economic benefit and impact this event will bring to St. Petersburg.
The St. Pete Run Fest will draw visitors from outside the Tampa Bay area, filling local hotels and restaurants, and providing an influx of outside money to local businesses. We forecasted 1,000+ in 2018 and expect that to grow by 10-20% in 2019. With a national marketing campaign, the St. Pete Run Fest will help raise awareness around the country of all the wonderful and unique amenities that St. Pete has to offer.

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

Does your group presently have liability insurance? ☒ YES ☐ NO
How much? $1 million per occ/$2 million agg

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

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

Please provide the website address for your event: www.stpeterunfest.org

Please provide a phone number that can be advertised to the public: 727-592-8108

What is the estimated attendance for this event?
  Spectators: 4,000+
  Participants: 6,500+
  Last Year's Total Attendance: 10,000+
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) [ ] Yes [ ] No

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

Tables (6 ft) # needed

Chairs # needed

Public Address System

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

Special Events Facilities

Mahaffey Theater

[ ] Non-City Locations

Which Location?

Coliseum

Sunken Gardens

Boyd Hill

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: [ ]

Title: [ ]

Date: [ ]

Co-Sign: [ ]

Title: [ ]

Date: [ ]

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>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>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td></td>
</tr>
<tr>
<td>Require Street Closure</td>
<td></td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
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<tr>
<td>Staging</td>
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</tr>
<tr>
<td>Amplified Sound</td>
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<tr>
<td>Security</td>
<td></td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
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</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

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

<table>
<thead>
<tr>
<th>How many?</th>
<th>Over 30 Vendors / Exhibitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many?</td>
<td>5</td>
</tr>
<tr>
<td>What type?</td>
<td>Finish Line Chute - portable</td>
</tr>
<tr>
<td>What structure?</td>
<td>Start &amp; Finish Line Arches</td>
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<tr>
<td>Professional</td>
<td>Showmobile</td>
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<tr>
<td>Performers</td>
<td>Announcement Only</td>
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<tr>
<td>Daytime - Private</td>
<td>Overnight - Private</td>
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<tr>
<td>Event Time Frame - SPPD</td>
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</tr>
<tr>
<td>Regular Units</td>
<td>40</td>
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<tr>
<td>Disabled Units</td>
<td>2</td>
</tr>
<tr>
<td>Hand Washing</td>
<td>10</td>
</tr>
</tbody>
</table>
Electrical Requirements:

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

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

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

May need extra power for particular vendors in Albert Whitted Park.

Will you supply your own generators? ☑ YES ☐ NO

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

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

Noise ordinance for course to allow for moderate sounds from on-course entertainment.

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

Name: Endorfun Sports LLC

Address (including zip): 1200 Eden Isle Blvd NE, Saint Petersburg, Fl 33704

Phone: 727-592-8108

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

DJ/announcer at finish line with music. Showmobile stage with live music/band at Albert Whitted. Musicians/entertainers along the course.

List Vending Products. Name & Provider.

Complete list to be added later. Products will include Running gear - clothing, shoes, accessories; health/fitness products.

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

Jump for Kids, Jeff Pope, info@jumpforkidsfl.org and phone number: 727-512-5679

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

None

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

Health & Fitness Expo load in/load out Thursday, Nov 14 morning starting at 8am at Al Lang Park and along Bayshore Drive. Race start/finish line structure set-up on Bayshore Blvd. Load out will be on Sunday, afternoon November 17th (need road closed/blocked Friday)
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.
Other Comments: Please describe your fee structure.

Half-marathon, 10K, 5K and Kids Run have different entry fee prices ranging from $15-$105. Health & Wellness expo vendors price is $400 for a 10x10 booth space. Spectators watching the races and attending the expo are not charged to enter.

Other comments:

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

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

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

Name: Ryan Jordan Title: Chief Business Officer Date: 1/14/2019
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>Jump for Kids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Jeff Pope</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>850 21st Avenue North, St Petersburg, FL 33704</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-512-5679</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:info@jumpforkidsfl.org">info@jumpforkidsfl.org</a></td>
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<tr>
<td>Nonprofit (Employee Identification Number):</td>
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<table>
<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
<th>Endorfun Sports LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Keith Jordan</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President/CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1200 Eden Isle Blvd NE, Saint Petersburg, FL 33704</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-592-8101</td>
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<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:keith@stpeterunfest.org">keith@stpeterunfest.org</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number)</td>
<td>04-3590391</td>
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</table>

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

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

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Race Registrations-Sponsorship- Vendors</td>
<td>$393,801</td>
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### II. EXPENSES (attach sheet if more space is needed)

<table>
<thead>
<tr>
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<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>City Services, Athlete Amenities, Operations</td>
<td>$336,732.47</td>
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### III. ALLOCATION OF NET INCOME ( attach sheet if more space is needed)

<table>
<thead>
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<th>Name of Event:</th>
<th>Amount</th>
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<tr>
<td>Net Income</td>
<td>$57,069</td>
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Prepared by: Ryan Jordan
Date: 1/14/2019
ENDORFUN SPORTS, LLC

Filing Information

Document Number: M16000008985
FEI/EIN Number: 04-3590391
Date Filed: 11/07/2016
State: NH
Status: ACTIVE

Principal Address
1200 EDEN ISLE BLVD. NE
ST. PETERSBURG, FL 33704

Mailing Address
1200 EDEN ISLE BLVD. NE
ST. PETERSBURG, FL 33704

Registered Agent Name & Address
JORDAN, CLAIRE
1200 EDEN ISLE BLVD. NE
ST. PETERSBURG, FL 33704

Authorized Person(s) Detail

Name & Address
Title CEO
JORDAN, KEITH
1200 EDEN ISLE BLVD. NE
ST. PETERSBURG, FL 33704

Title CFO
JORDAN, CLAIRE
1200 EDEN ISLE BLVD. NE
ST. PETERSBURG, FL 33704

Title CBDO
Jordan, Ryan
1200 EDEN ISLE 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>2017</td>
<td>06/30/2017</td>
</tr>
<tr>
<td>2018</td>
<td>02/07/2018</td>
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### Document Images

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<tr>
<td>11/07/2016</td>
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## Detail by Entity Name

**Florida Not For Profit Corporation**  
JUMP FOR KIDS, INC

### Filing Information

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<tr>
<td>Status</td>
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<tr>
<td>Last Event</td>
<td>REINSTATEMENT</td>
</tr>
<tr>
<td>Event Date Filed</td>
<td>01/19/2015</td>
</tr>
</tbody>
</table>

### Principal Address

850 21 ave N  
St Petersburg, FL 33704

Changed: 01/19/2015

### Mailing Address

850 21 ave N  
St Petersburg, FL 32225

Changed: 01/19/2015

### Registered Agent Name & Address

POPE, JEFFREY M  
850 21 ave N  
St Petersburg, FL 33704

Name Changed: 01/19/2015  
Address Changed: 01/19/2015

### Officer/Director Detail

**Name & Address**

Title: President

POPE, JEFFREY  
850 21 ave N  
St Petersburg, FL 33704
<table>
<thead>
<tr>
<th>Title Officer</th>
<th>MICOLUCCI, VICTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1707 strand st</td>
</tr>
<tr>
<td></td>
<td>Neptune Beach, FL 32266</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title Officer</th>
<th>WEBER, SUZIE M</th>
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<tbody>
<tr>
<td></td>
<td>13150 ANNANDLE DR S</td>
</tr>
<tr>
<td></td>
<td>JACKSONVILLE, FL 32225</td>
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</table>

<table>
<thead>
<tr>
<th>Title VP</th>
<th>Burger, Andrew Vinh</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>341 14th avenue NE</td>
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<td>St Petersburg, FL 33704</td>
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<table>
<thead>
<tr>
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<th>Hughes, Zachary</th>
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<tr>
<td></td>
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**Annual Reports**

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<thead>
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<td>2017</td>
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<tr>
<td>2018</td>
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**Document Images**

<table>
<thead>
<tr>
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<th>Description</th>
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<tbody>
<tr>
<td>01/11/2018</td>
<td>ANNUAL REPORT View image in PDF format</td>
</tr>
<tr>
<td>01/16/2017</td>
<td>ANNUAL REPORT View image in PDF format</td>
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<td>01/10/2016</td>
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<tr>
<td>01/19/2015</td>
<td>REINSTATEMENT View image in PDF format</td>
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<tr>
<td>11/06/2013</td>
<td>Amendment View image in PDF format</td>
</tr>
<tr>
<td>04/18/2013</td>
<td>Domestic Non-Profit View image in PDF format</td>
</tr>
</tbody>
</table>
Contract/Permit

Contract #: 26017
Date: 22 Jan 2019

ENDORFUN SPORTS LLC
CLAIRE JORDAN
1200 EDEN ISLAND BLVD NE
ST PETERSBURG FL 33704 USA

User: JSBENNIN
Status: Firm

Primary #: (727) 417-4294
Secondary #: (727)
Other #: ()

Purpose of Use: ST. PETE RUN FEST
Expected: 10,000
Co-Sponsored Event
Contract Balance $430.00

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Thu 14 Nov 19 06:00 am
Ending: Mon 18 Nov 19 11:00 pm

Facility/Equipment
<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albert Whitted Park</td>
<td>Thu</td>
<td>14 Nov 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>18 Nov 2019</td>
<td>11:00 PM</td>
<td></td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Al Lang Park</td>
<td>Thu</td>
<td>14 Nov 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>18 Nov 2019</td>
<td>11:00 PM</td>
<td></td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
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Additional Fees:

Extra Fee
Co-Sponsored Application Fee
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<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
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<tr>
<td>1</td>
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<td>$30.00</td>
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</table>

Extra Fee - Bookings
Co-Sponsored Permit Fee
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<tr>
<th>Hours</th>
<th>Quantity</th>
<th>Charge</th>
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<td>$400.00</td>
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Charges:

Fees | Extra Fees | Tax | Total | Deposit | Total Applied | Contract Balance | Account Balance |
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<tr>
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<th></th>
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<td>$0.00</td>
<td>$430.00</td>
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<td>$0.00</td>
<td>$0.00</td>
<td>$430.00</td>
<td>$430.00</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) CLAIRE JORDAN
(Print Name) ENDOFUN SPORTS LLC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Printed: 22 Jan 2019, 02:32 PM
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: SPCA Tampa Bay Pet Walk  
Entity Name: SPCA Tampa Bay  
Event Date(s): May 2, 2020  
Day 1 of Event: May 1  
Time Gates Open: 9am  
Ending Time: 2pm-3pm - Setup  
Day 2 of Event: May 2  
Time Gates Open: 8am  
Ending Time: 12pm  
Day 3 of Event:  
Application Prepared by: Luan Dean  
Title: Dr. Mission Advancement  
Address: 9049 130th Ave N  
City: Largo  
State: FL  
Zip: 33773  
Email Address: LDean@SPCA Tampa Bay .org  
Additional Contact Person: Lisa Richardson  
Phone: 727-586-3591  
Application #: 12  
Packet #:  
Permit #: 26022  
Date Received: 1-15-19  
Check or Cash: 5504754443  
Event Title: Annual Pet Walk, 3K around Vinoy Park  
Family Friendly Pet-friendly  
Vendors / events / water park  
Jump House for Kids  
Describe what economic benefit and impact this event will bring to St. Petersburg.  
This event will bring animal lovers from all over the county and bay area to celebrate animal companionship and the mission of SPCA Tampa Bay.  
St Pete will see an influx of participants in the downtown area on this day.

What is the estimated attendance for this event? Spectators 1000-1500 
Participants 1000-1500 
Last Year’s Total Attendance 1000-1500
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) [Yes]

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

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

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

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

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 city county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: Juan Deleon
Co-Sign: 

Date: 1/14/19

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>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>Fire Inspection Permit</td>
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<tr>
<td>✔ Other Structures</td>
<td>Fireworks Permit</td>
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<tr>
<td>✔ Open Flame Food Preparation</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>✔ Pyrotechnics</td>
<td></td>
</tr>
<tr>
<td>✔ Require Street Closure</td>
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<tr>
<td>✔ VIP Area</td>
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</tr>
<tr>
<td>✔ Staging</td>
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</tr>
<tr>
<td>✔ Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>✔ Security</td>
<td></td>
</tr>
<tr>
<td>✔ Sanitary Facilities - Port-O-Lets</td>
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<tr>
<td>✔ Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>✔ Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>✔ Invitations</td>
<td>✔ Professional</td>
</tr>
<tr>
<td>✔ Posters / Flyers</td>
<td>✔ Showmobile</td>
</tr>
<tr>
<td>✔ Newspaper / Internet</td>
<td>✔ Other</td>
</tr>
<tr>
<td>✔ Radio</td>
<td>✔ Performers</td>
</tr>
<tr>
<td>✔ Television</td>
<td>✔ Announcement Only</td>
</tr>
<tr>
<td></td>
<td>✔ Daytime - Private</td>
</tr>
<tr>
<td></td>
<td>✔ Overnight - Private</td>
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<tr>
<td></td>
<td>✔ Event Time Frame - SPPD</td>
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<tr>
<td></td>
<td>✔ Regular Units</td>
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<td></td>
<td>✔ Disabled Units</td>
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<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. [ ] RV's [ ] Coffee Vendors [ ] Ice Bins [ ] Freezers [ ] Ice Cream Vendors [ ] Catering Trucks [ ] Other:

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

- RV requires 50amp plug

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

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

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

[ ] NO

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

Name: [ ] SPCA Tampa Bay

Address (including zip): 4099 130th Ave N. Largo Fl

Phone: 727-586-3591

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

1 stage showmobile
- Radio station broadcast

List Vending Products. Name & Provider.

- 40-50 Vendors
- 2-3 Food Trucks | Beverages | Coffee

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.

- Announcements

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

- Friday May 1, 2020 9am - 2:30pmish
Other Comments: Please describe your fee structure.

$25 Registration Fee

Other Comments:

We have been doing this event for 20+ years. For 2019 - we have decided to refocus and hopefully obtain a date for Spring 2020.

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

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

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

Name: [Signature]
Title: [Title]
Date: 1-14-19
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>SPCA Tampa Bay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Martha Boden</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>9099 130th Ave N, Largo FL 33773</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-586-3591 or 317-557-9947</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td>mboden@spca tampabay.org</td>
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<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>89-0915928</td>
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<table>
<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
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<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td></td>
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<tr>
<td>Title of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
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<tr>
<td>Email Address of Responsible Party:</td>
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<tr>
<td>For-profit (Employee Identification Number)</td>
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</table>

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

What method of invoicing would your organization prefer?

☐ BY Mail
☐ BY EMAIL

Contact Name: Luan Dean / Lisa Richardson
Address: 9099 130th Ave N, Largo FL 33773
City, State, Zip: Largo FL 33773

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

<table>
<thead>
<tr>
<th>Event</th>
<th>Date(s)</th>
<th>Amount</th>
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<tbody>
<tr>
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<tr>
<td>Vendors</td>
<td></td>
<td>$4,000</td>
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<tr>
<td>Walkers</td>
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<td>$111,000</td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>TOTAL GROSS REVENUE: $165,000</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Event</th>
<th>Date(s)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>City St Pefe</td>
<td></td>
<td>$5,000</td>
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<tr>
<td>Rent-a-lets</td>
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<td>$1,000</td>
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<tr>
<td>Tents</td>
<td>Tables</td>
<td>Chairs</td>
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<tr>
<td>Shirts</td>
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<td>$4,000</td>
</tr>
<tr>
<td>Bags</td>
<td></td>
<td>$1,500</td>
</tr>
<tr>
<td>Bandanas</td>
<td></td>
<td>$2,000</td>
</tr>
<tr>
<td>Emcee</td>
<td></td>
<td>$1,200</td>
</tr>
<tr>
<td>Sound/Air</td>
<td></td>
<td>$3,000</td>
</tr>
<tr>
<td>Photo Booth</td>
<td></td>
<td>$300</td>
</tr>
<tr>
<td>Jump House</td>
<td></td>
<td>$300</td>
</tr>
<tr>
<td>Ice</td>
<td></td>
<td>$150</td>
</tr>
<tr>
<td>Gifts</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>TOTAL OPERATING EXPENSES: $26,900</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TOTAL NET INCOME: $138,900</td>
</tr>
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### III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Program: Programs for animals at SPCA Tampa Bay</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$138,900</td>
</tr>
</tbody>
</table>

TOTAL ALLOCATION OF NET INCOME: $138,900

Prepared by: [Signature] Date: 1-14-19
Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on July 29, 2005. We have updated our records to reflect the name change as indicated above.

In May 1974 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

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

Sincerely,

Janna K. Skufca, Director, TE/GE
Customer Account Services
<table>
<thead>
<tr>
<th>Filing Information</th>
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<tbody>
<tr>
<td>Document Number</td>
<td>705975</td>
</tr>
<tr>
<td>FEI/EIN Number</td>
<td>59-0715928</td>
</tr>
<tr>
<td>Date Filed</td>
<td>08/02/1963</td>
</tr>
<tr>
<td>State</td>
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<tr>
<td>Event Date Filed</td>
<td>04/05/2012</td>
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<td>Event Effective Date</td>
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<table>
<thead>
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</thead>
<tbody>
<tr>
<td>9099 130TH AVENUE NORTH</td>
<td></td>
</tr>
<tr>
<td>LARGO, FL 33773-1441</td>
<td></td>
</tr>
<tr>
<td>Changed: 01/14/2009</td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
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<tbody>
<tr>
<td>9099 130TH AVENUE NORTH</td>
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<td>LARGO, FL 33773-1441</td>
<td></td>
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<tr>
<td>Changed: 01/14/2009</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Agent Name &amp; Address</th>
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</thead>
<tbody>
<tr>
<td>BODEN, MARTHA</td>
<td></td>
</tr>
<tr>
<td>9099 130TH AVENUE NORTH</td>
<td></td>
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<tr>
<td>LARGO, FL 33773-1441</td>
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<td>Name Changed: 03/03/2014</td>
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<tr>
<td>Address Changed: 03/13/2012</td>
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<table>
<thead>
<tr>
<th>Officer/Director Detail</th>
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<tbody>
<tr>
<td>Name &amp; Address</td>
<td></td>
</tr>
<tr>
<td>Title President</td>
<td></td>
</tr>
<tr>
<td>BROWY, JONATHAN</td>
<td></td>
</tr>
<tr>
<td>12450 ROOSEVELT BLVD N</td>
<td></td>
</tr>
<tr>
<td>SUITE 400</td>
<td></td>
</tr>
<tr>
<td>ST PETERSBURG, FL 33716</td>
<td></td>
</tr>
</tbody>
</table>
Title Secretary
HOSTNICK, DONNA
2241 66TH ST N
ST PETERSBURG, FL 33710

Title VP, Facilities Chair
HAYDEN, KELLY
419 BARCELONA DR
ST PETERSBURG, FL 33716

Title VP, Governance Chair
HULSEY, MARILYN
2000 MICHIGAN AVE NE
ST PETERSBURG, FL 33703

Title VP, Development & Marketing Chair
O’BRION, CARRIE
2357 WOODLAWN CIR E
ST PETERSBURG, FL 33704

Title CEO
Boden, Martha
9099 130TH AVENUE NORTH
LARGO, FL 33773-1441

Title Treasurer, Finance Chair
Pemble, Katie
260 1st Avenue S
Suite 200, Box 111
ST Petersburg, FL 33704

Annual Reports
Report Year | Filed Date
---|---
2017 | 02/14/2017
2018 | 02/22/2018
2018 | 04/18/2018

Document Images
04/18/2018 - AMENDED ANNUAL REPORT
02/22/2018 - ANNUAL REPORT
04/27/2017 - AMENDED ANNUAL REPORT
02/14/2017 - ANNUAL REPORT
04/15/2016 - ANNUAL REPORT
03/12/2016 - ANNUAL REPORT
Contract/Permit

Contract #: 26022
Date: 22 Jan 2019

User: JSBENNIN
Status: Firm

SPCA OF PINELLAS COUNTY
LUAN DEAN
9099 130TH AVE N
LARGO FL 33773 1403 USA

Primary #: (727) 586-3591
Secondary #: ()
Other #: ()

Purpose of Use: SPCA TAMPA BAY PET WALK
Expected: 2,000
Co-Sponsored Event

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Sat 02 May 20 12:00 am
Ending: Sat 02 May 20 11:59 pm

Facility/Equipment
Day Date Time Fee Extra Fee Tax Total
Special Programs Sat 02 May 2020 12:00 AM $0.00 $300.00 $0.00 $300.00
Special Event 11:59 PM

Additional 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
    23:59 1 $300.00 $0.00 $300.00

Total

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

Deposit Total Applied Contract Balance Account Balance
$0.00 $0.00 $330.00 $300.00

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)
LUAN DEAN
SPCA OF PINELLAS COUNTY

(City of St. Petersburg, Florida)

By:(Sign Name)
Parks and Recreation Superintendent

(Print Name) Parks and Recreation Department

Printed: 22 Jan 2019, 02:35 PM
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>Previous Balance</td>
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</tr>
<tr>
<td>Applied To: 22571 - SPCA TAMPA BAY PET WALK</td>
<td>$30.00</td>
</tr>
<tr>
<td>Vinoy Park - Vinoy Park</td>
<td></td>
</tr>
<tr>
<td>October 6, 2018 7:30 am to October 6, 2018 1:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($30.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$300.00</td>
</tr>
</tbody>
</table>
Event Title: Coffee Pot Turkey Trot

Entity Name: Friends of North Shore Elementary

Event Date(s): 11/28/2019

Location: North Shore Elementary School

Day 1 of Event: Time Gates Open: [ ] Ending Time: [ ]

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

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

Application Prepared by: Monica Kile

Title: Chairperson - Coffee Pot Turkey Trot

Address: 365 17th Ave NE

City: St. Petersburg

State: FL

Zip: 33704

Email Address: mkninstpete@gmail.com

Additional Contact Person: Laura Hine

Phone: (727) 204-3800

Day Phone: (727) 871-9642

What month/year were you incorporated as nonprofit? December 2015

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

North Shore Elementary PTA

Name of the for-profit entity? NA

Describe your event with details.
The Coffee Pot Turkey Trot 5K is a family-friendly timed 5K on Thanksgiving morning. The event, supported by numerous local sponsors, has been embraced by the community in its first two years. Hosted by the PTA of North Shore Elementary and the Friends of North Shore Elementary, the race is designed to raise awareness of the importance of community involvement in local public schools, and to encourage family participation in healthy activities.

The race itself begins at 7:30 am at North Shore Elementary, runs through the adjacent neighborhoods and crosses Coffee Pot Bayou.

Describe what economic benefit and impact this event will bring to St. Petersburg.
The Coffee Pot Turkey Trot offers yet another reason to remain in, or visit, beautiful St. Petersburg during the Thanksgiving holiday. It shows off our historic neighborhoods, our lovely parkland, and our vibrant community life. Most importantly, it shows the strength of our local public schools - an important factor in decisions to locate a home or business in any city.

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

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

How much? $2,000,000.00

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

☑ YES ☐ NO

Advanced Fee: [ ] Day of:

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

Please provide the website address for your event.

www.runsignup.com/CoffeePotTurkeyTrot

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

(727) 893-2181

What is the estimated attendance for this event?

Spectators: [ ] Participants: 2-3,000 Last Year’s Total Attendance: 1,362
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: 12
- Chairs # needed: 15
- Public Address System: 2

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

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

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

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

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

Name: Monica Kile
Title: Chairperson - Coffee Pot Turkey
Date: 1-13-18

Co-Sign: Marci Emerson
Title: VP - Friends of North Shore
Date: 1-13-18

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></td>
</tr>
<tr>
<td>[ ] Vending Beer / Wine</td>
<td></td>
</tr>
<tr>
<td>[ ] Erecting Tents - Larger than 10ft x 12ft</td>
<td></td>
</tr>
<tr>
<td>[ ] Fence Installation</td>
<td></td>
</tr>
<tr>
<td>[ ] Other Structures</td>
<td></td>
</tr>
<tr>
<td>[ ] Open Flame Food Preparation</td>
<td></td>
</tr>
<tr>
<td>[ ] Pyrotechnics</td>
<td></td>
</tr>
<tr>
<td>[ ] Require Street Closure</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>[ ] VIP Area</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>[ ] Staging</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>[ ] Amplified Sound</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>[ ] Security</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>[ ] Sanitary Facilities - Port-O-Lets</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>[ ] Off-site Parking / Shuttle</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>[ ] Semitruck / Tractor Trailer</td>
<td></td>
</tr>
</tbody>
</table>

How many? [ ] 1 - 10 Vendors / Exhibitors

What type?________________________________________

What structure?____________________________________

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

Regular Units [ ] 15
Disabled Units [ ]
Hand Washing [ ]

Marketing: Please check all that apply.

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

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

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

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

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

Will you supply your own generators? □ YES □ NO

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

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

No

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

Name: North Shore Elementary PTA Phone: (727) 893-2181

Address (including zip): 200 35th Ave NE, St. Petersburg, FL 33704

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

Na

List Vending Products. Name & Provider.

Coffee Vendor (TBD)

Race swag and North Shore Elementary swag (North Shore Elementary PTA)

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 and thank you remarks and awards ceremony, presented by Event Chairperson, PTA President, School Principal, and possibly local elected officials.

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

We have worked successfully with neighboring business to secure parking availability in their unused lots for Thanksgiving Day. We also have some parking available at the school itself.
Other Comments: Please describe your fee structure.

Early registration is $20 for adults, $10 for children, with a $5 price increase as we draw closer to the event. We intentionally keep our registration fee low in an effort to encourage participation from all sectors of the community. Children register at a significantly reduced rate to encourage the early development of healthy habits.

Other Comments:

The 2017 and 2018 Coffee Pot Turkey Trots were exceptionally well-received by the community. The partnership between the City and North Shore Elementary worked particularly well, with excellent communication between North Shore representatives and City staff, including the Parks and Rec department and the Police department. We look forward to the opportunity to continue the relationship and continue to develop what is sure to become a beloved tradition 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 WHOM BEHALF THIS APPLICATION IS BEING MADE.

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

Name: Monica Kile
Title: Chairperson - Coffee Pot Turkey Trot
Date: 1-7-19
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>Friends of North Shore Elementary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Kenneth Strickland</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>4498 Birch St. NE, St. Petersburg FL 33703</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>813-786-0297</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:kstrickland@tampaairport.com">kstrickland@tampaairport.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>81-0911338</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td></td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td></td>
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<tr>
<td>Physical Address of Responsible Party:</td>
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<tr>
<td>Email Address of Responsible Party:</td>
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</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td></td>
</tr>
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</table>

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

What method of invoicing would your organization prefer?

☐ BY Mail

Contact Name |
Address |
City, State, Zip |

☐ BY EMAIL

Email Address: mariannehillyer@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) Amount

<table>
<thead>
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<th>Source</th>
<th>Amount</th>
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<td>Sponsorships</td>
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<tr>
<td>Total</td>
<td>62,328.74</td>
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TOTAL GROSS REVENUE

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Race Director</td>
<td>3,200</td>
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<tr>
<td>City Services (police, fire, street closures)</td>
<td>9,045</td>
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<tr>
<td>Port-a-let</td>
<td>935</td>
</tr>
<tr>
<td>Timing</td>
<td>3,312</td>
</tr>
<tr>
<td>Marketing</td>
<td>2,260</td>
</tr>
<tr>
<td>Medals</td>
<td>4,165</td>
</tr>
<tr>
<td>T-shirts</td>
<td>8,040</td>
</tr>
<tr>
<td>Insurance</td>
<td>389</td>
</tr>
<tr>
<td>Required mailing</td>
<td>700</td>
</tr>
<tr>
<td>Misc Race Day Expenses</td>
<td>670</td>
</tr>
<tr>
<td>Total</td>
<td>32,716</td>
</tr>
</tbody>
</table>

TOTAL OPERATING EXPENSES
TOTAL NET INCOME

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

<table>
<thead>
<tr>
<th>Allocation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>After-school student enrichment programs</td>
<td>18,000</td>
</tr>
<tr>
<td>Books</td>
<td>1,800</td>
</tr>
<tr>
<td>Teachers Supplies</td>
<td>3,200</td>
</tr>
<tr>
<td>Teacher Professional Development</td>
<td>7,000</td>
</tr>
<tr>
<td>Total</td>
<td>30,000</td>
</tr>
</tbody>
</table>

TOTAL ALLOCATION OF NET INCOME

Prepared by: Monica Kile

Date: 1-13-18
Dear Applicant:

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

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

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

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

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

Sincerely,

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements
Florida Not For Profit Corporation
FRIENDS OF NORTH SHORE ELEMENTARY INC.

Filing Information

Document Number: N15000012045
FEI/EIN Number: 81-0911338
Date Filed: 12/14/2015
State: FL
Status: ACTIVE
Last Event: REINSTATEMENT
Event Date Filed: 01/24/2017

Principal Address

200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Mailing Address

200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Registered Agent Name & Address

GIRARD-EMERSON, MARCI
506 17TH AVENUE NE
SAINT PETERSBURG, FL 33704

Name Changed: 01/24/2017

Officer/Director Detail

Name & Address

Title Director

TILLINGHAST HINE, LAURA
200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Title Director, VP

GIRARD-EMERSON, MARCI
200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701
SHARPE, JULIA  
200 2ND AVENUE S. SUITE #117  
SAINT PETERSBURG, FL 33701  

Title Director, President  

STRICKLAND, KENNETH  
200 2ND AVENUE S. SUITE #117  
SAINT PETERSBURG, FL 33701  

### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>01/24/2017</td>
</tr>
<tr>
<td>2017</td>
<td>01/24/2017</td>
</tr>
<tr>
<td>2018</td>
<td>02/22/2018</td>
</tr>
</tbody>
</table>

### Document Images

- 02/24/2018 – ANNUAL REPORT  
- 01/24/2017 – REINSTATEMENT  
- 12/14/2015 – Domestic Non-Profit  

*Florida Department of State, Division of Corporations*
NORTH SHORE ELEMENTARY
MONICA KILE
365 17TH AVE NE
ST PETERSBURG FL 33704 1534 USA

Purpose of Use: COFFEE POT TURKEY TROT

Expected: 3,000

Co-Sponsored Event: No

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Thu 28 Nov 19 12:00 am
Ending: Thu 28 Nov 19 11:59 pm

Facility/Equipment

Day Date Time

Fee Extra Fee Tax Total

Special Programs Thu 28 Nov 2019 12:00 AM $0.00 $0.00 $0.00 $0.00
Special Event 11:59 PM

Addtional Fees:

Extra Fee Co-Sponsored Application Fee

Quantity Charge Tax Total

1 $30.00 $0.00 $30.00

Extra Fee Co-Sponsored Application Fee

Fee Extra Fee Tax Total

$ 0.00 $30.00 $0.00 $30.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By:(Sign Name) MONICA KILE

NORTH SHORE ELEMENTARY

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By(Park Name): Parks and Recreation Superintendent

(Print Name)

Parks and Recreation Department

Supervisor II / Foreman

Manager

Approved or Rejected Date:

Printer: 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
CO-SPONSORED EVENT APPLICATION
Application Must be Typed!
Application for Feb, Mar, Apr, May and NEW Events.

Event Title: First Night St Pete 2020  Phone No.: 727-823-8906 Fax No.:  
Organization Name: First Night St Petersburg, Inc.  Federal I.D. Number: 59-3204562  
Event Date(s): December 31, 2019  Location: Williams Park, North Straub Park, South Straub Park, Demer 
Beginning Time: 7:00 a.m.  Ending Time: 1:00 a.m.  Rain Date: N/A 

Describe your events setup and teardown time frame. Please provide first day/date of setup and last day/date of teardown. 
Most set up will be done beginning at 7:00 a.m. on 12/31/2019, most street closures will begin around 12:00 p.m. and will be broken down by 1:00 a.m. on 1/1/2020.

Application Prepared by: Jamie L McWade  Phone: 727-823-8906  
Title: Executive Director  Evening Phone: 704-310-1450  
Address: P.O. Box 1915  City: St Petersburg  State: FL  Zip: 33731  
Additional contact person: Lee Allen  Day Phone: 727-823-8906  
Month/Year organization incorporated as non profit: 1993  
Where will the proceeds of this event be used? To cover Municipal fees, artists and performers and to carry on the annual tradition. 
What charities benefit from this event? Creative Clay, St Pete Public Art Project, Artz 4 Life Academy, Arts Conservatory for Teens, etc. 
Is this agency related to a profit making agency? no What is agency's name?  
Has organization received/applied for any financial assistance from the city currently or in the past? yes 
Which city/agency/fund? Cultural Affairs  
What other sources of income will be used for this event? Sponsorships and grants for specific non profit partnerships.  

THE FOLLOWING INFORMATION IS REQUIRED PER CITY RESOLUTION 2000-562 

State purpose/need of event for our community: 
First Night St Pete is the only family friendly New Year’s Eve Celebration of the Arts in Florida. We have visitors from all over the world attend this annual celebration of the arts which celebrates NYE through a community or local support and artistic engagement. 

Describe how event will contribute to the quality of life in, and enhance the image of St. Petersburg: 
First Night St Pete provides families and individuals with a fun and interactive event that differs from most traditional NYE celebrations. We bring a wide variety of people out each year for the fireworks and art during our annual event. 

Describe what economic benefit and impact this event will bring to St. Petersburg: 
The fireworks bring out thousands of people on NYE- it's a much anticipated and sought after showcase with two sets at 8p.m. and midnight. Thousands of people attend, many first visitors to St Pete. We even have volunteers fly in to help each year! 

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

Does your group presently have Liability Insurance? ☑ YES ☐ NO How much? 1 Million  
Are there plans to sell or allow participants to bring beer/wine? ☐ YES ☑ NO $12.00 or $5.00 
Will there be an Admission / Registration fee? ☑ YES ☐ NO Advanced Fee: $12 and $: Day of: $15 and $10  

Does your event have a website? If yes, please provide. www.firstnightstpete.com  
Do you have an email address you would like to provide? jamie.mcwade@firstnightstpete.com  

Please provide a phone number that can be advertised to the public. 727-823-8906

Page 1 of 5
As there are no funds available, you will be charged directly for costs:

A) Will your organization still host the event?  

B) If yes, what modification will be made?  

We might have to omit the fireworks this year as it is our biggest expense.

What is the estimated attendance for this event?  

<table>
<thead>
<tr>
<th>Spectators</th>
<th>Participants</th>
<th>Last Year Total Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>100,000</td>
<td>20,000</td>
<td>40,000</td>
</tr>
</tbody>
</table>

How much money was donated to charity last year?  

Who benefitted?  

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

**The City has the final authority in determining level of services required for each event.**

**POLICE:**  
Public Safety Personnel, Marine Services

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

**FIRE:**  
Paramedics, Inspectors

**PARKS SERVICES:**  
Cleanup Personnel, Dumpster(s), Trash receptacles, event site preparation

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

Below, please check equipment and facility you are requesting:

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td></td>
</tr>
<tr>
<td>Bleachers (seating: 180 people) # needed</td>
<td></td>
</tr>
<tr>
<td>Tables (6') # needed</td>
<td>Chairs # needed</td>
</tr>
<tr>
<td>Public Address System</td>
<td></td>
</tr>
<tr>
<td>Portable risers (4x8x16&quot; sections) # needed</td>
<td></td>
</tr>
</tbody>
</table>

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

I certify that the event will be open to all citizens, and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I further certify that this is a non-profit event and that no individual(s) will gain as a result of this event. I understand that a financial report of the event is due in the Leisure Services office within 30 days of the completion of the event. I also understand that the city is to be shown as a major sponsor on any promotional materials produced for the event. I agree to obtain the required Liability Insurance and to secure all necessary City/County/State Permits/Licenses. I further certify that the facts contained in this request are accurate.

Signed:  

Title: Executive Director  
Date: 1/4/2019

Co-Sign:  

Title: Board President  
Date: 1/4/2019

**NOTE:**

a. If person/organization preparing application is not representing a non-profit organization, the application must be co-signed by someone from the non-profit organization. A copy of the organization's 501c3 designation must accompany this application.

b. If your organization has any outstanding financial obligations with any departments within the City of St. Petersburg, your application may not be processed.

c. If application is incomplete (lacking information or required attachments listed below), you may not be eligible for consideration for co-sponsorship.

1. Route map for parade or run
2. Letter of endorsement from last year's designated charity
3. Detailed financial report of last year's event
4. Check for $30.00 processing fee (non-refundable) for co-sponsored application not using a City Park.
5. NEW: Check for $60.00 for Co-Sponsored Application & Park Permit Application if applicable (non-refundable) for any event using a City Park.
6. Copy of 501c3 designation (if applicable)
7. **If applying after deadline**, check for $1200.00 late processing fee (non-refundable)

FOR FURTHER INFORMATION, PLEASE CALL THOMAS JACKSON, RECREATION MANAGER, 893-7494.
Name of Event: First Night St Pete 2020  
Date(s) of Event: 12/31/2019  
Time: 4:00 - Midnight  
Location of Event: North Straub, South Straub, Williams Park  
Sponsoring Group:  
Applicant Name: Jamie McWade  
Day Phone: 727-823-8906  
Fax #:  
Night Phone:  
Cell #: 704-310-1450  
Number of Event Years: 26 Years  
Address (incl. zip):  

Review and check all conditions which apply to this event: (Note the corresponding obligation for each condition):

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Sponsored by Organization</td>
<td>Proof of Organization’s Existence</td>
</tr>
<tr>
<td>Sponsoring Group</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Contracted Organizer</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td></td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td></td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>Alcohol Permit additional insurance Rider</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>(Restricted Area) / Beer &amp; Wine</td>
<td></td>
</tr>
<tr>
<td>Vending Beer / Wine</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 - Portalets</td>
<td></td>
</tr>
<tr>
<td>Offsite Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semi Truck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>Marketing: Please check all that applies:</td>
<td></td>
</tr>
</tbody>
</table>

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

Page 3 of 5
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: Some art exhibitors, stage performers, food vendors and food trucks.

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

We won't know the exact number until we finalize our list of performers but this year it worked out like this:
Williams Park- Power was used for stage lighting and sound amplification
South Straub Park- Power was used for 8 art exhibitors, 1 main tent lighting, 4 food vendors
North Straub Park- Power was used for 14 food vendors, Stage for performers, 2 art exhibitors

In addition will you supplement the above with generators, if needed? ☑ YES ☐ NO

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

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

We work with the SPPD to have street closures, officers at busy intersections and or busy venues.

If City Permits, Licenses or Services are required for event, who will pay for them?

Name: First Night St Pete Phone: 727-823-8906

Address (including zip): P.O. Box 1915 St Petersburg, FL 33731

Please write a complete, descriptive narrative of your event.

(1) Purpose:
First Night St Pete is the largest family friendly new year's eve celebration of the Arts and we celebrate with eight hours of music, dance, fire, interactive arts, a scavenger hunt and so much more.

At 4:00 p.m. the First Night activities kick off for the little ones at the FirstKIDS celebration. From 4:00 p.m. to 8:00 p.m. all things are specifically designed for kids and the young at heart. First United Methodist Church begins with Great Explorations, A musical petting zoo, crafts with Ovations School and more. Shortly after, Mirror Lake Library welcomes guests to be a part of their annual puppet show! At 7:45 p.m. Ann Kelly with WOUV hosts the bubblestomp and at 8:00 p.m. the first set of Fireworks light up the sky.

At 7:00 p.m. the Finale stage performers, our areas most talented musicians, kick off the festivities in North Straub and the Interactive Art Park opens up in South Straub Park. Our interactive art exhibits include local art exhibits curated by some of our most talented muralists, sculptures, and street artists. Williams Park begins at 7:30 p.m. and has hosted a wide variety of performances ranging from Dundu Dole, to American Stage and this year The Movement Sanctuary. The Museum of History, the Hampton Inn and other partner venues also host First Night performances ranging from Silent Disco, Tap dance, and more.

(2) Length of Event 4p.m. to midnight (3) Anticipated Attendance 40,000

(4) Describe in detail each activity, stating time events will start/end and locations desired for each activity - SITE MAP REQUIRED

<table>
<thead>
<tr>
<th>North Straub Park</th>
<th>Williams Park</th>
<th>South Straub Park</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set up 7:00 a.m.</td>
<td>Set up 2:00 p.m.</td>
<td>Set up 7:00 a.m.</td>
</tr>
<tr>
<td>Musical performers/ Bands 6:00 p.m. to Midnight</td>
<td>Performers 6:00 p.m. to 11:00 p.m.</td>
<td>Interactive Art 6:00 to 11:00 p.m.</td>
</tr>
<tr>
<td>Food Vendors 6:00 p.m. to Midnight</td>
<td>Breakdown 11:00 p.m.</td>
<td>Breakdown 11:00 p.m.</td>
</tr>
<tr>
<td>Pavilion 7:30 to 8:00 p.m.</td>
<td>Demens Landing</td>
<td>Possible location of the Procession along Bayshore Dr.</td>
</tr>
<tr>
<td>Breakdown 1:00 a.m.</td>
<td>Street closure end 1:00 a.m.</td>
<td></td>
</tr>
</tbody>
</table>
(5) Type of Music / Sound System / # of Hours of Music

North Straub- 2-3 Finale stage performers/ Bands: Blues, Sould, Rock, Mediterranean, gypsy funk, all kinds! - No system needed from the City as we contract GMS Audio for that. 6 hours of music.

South Straub- 1 type of interactive musical performance, drums or a small PA system have been used in the past.

Williams Park- Small sound system was used this year for aerial performers, drums have been used in the past on the stage.

(6) Product Vending / Merchandise

North Straub Park- Food vendors, 1 novelties, street art/ busking
South Straub Park- Food vendors, street art/ busking
Williams Park- street art/ busking

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

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

Ann Kelly with WDUV will do a Master of Ceremonies Speech to kick off the evening and will make small announcements throughout the evening.

(9) Registration / Admission Fee: Advanced: $12 and $5 kids 6-12 Day of: $15 and $10 Kids Entry by Donation

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

Advance Admission Fee Day of Event Admission Fee
Adults $12.00 Adults $15.00
Kids $5.00 Kids $10.00

(11) Other Comments:

Thank you! We've enjoyed working with the City over the years. It's a great community event but it is a big event. Our friends with the Park and Rec department really help to make our event a success.

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

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

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

Signed: [Signature] Title: Executive Director Date: 1/4/2019
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>First Night St Petersburg, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Leslie Curran</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Board Chair/ President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>P.O. Box 1915 St Petersburg, FL 33731</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-823-8906</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:intmotives@gmail.com">intmotives@gmail.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-3204552</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)

---

**Name of Event:** First Night of St. Petersburg  
**Date(s) of Event:** 12/31/17 - 01/01/18

---

### 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 and Corporate Sponsorships</td>
<td>55,866</td>
</tr>
<tr>
<td>Event Sales - Buttons</td>
<td>57,555</td>
</tr>
<tr>
<td>Vendor Fees</td>
<td>5,600</td>
</tr>
<tr>
<td>City of St. Petersburg funds</td>
<td>40,000</td>
</tr>
<tr>
<td>Misc</td>
<td>1,458</td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**  

---

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Expenses</td>
<td>30,973</td>
</tr>
<tr>
<td>City of St. Petersburg Co-Sponsor Fee</td>
<td>22,514</td>
</tr>
<tr>
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<td>Office Supplies / Misc</td>
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**TOTAL OPERATING EXPENSES**  

---

**TOTAL NET INCOME**

---

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

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

---

**Prepared by:** Lee Allen, Treasurer  
**Date:** 01/14/19
South Straub Park

Beach Dr. NE.

Service # 1
Service # 2
Service # 3
Service # 4

Central Ave.

Yacht Club

Bayshore Dr. NE.

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

Potential parade path
Demens landing to North Straub Pavilion.

Revised: August 17, 2007
North Straub Park

Service #1 400 amp 3 phase service at 120/208
Service #2 600 amp 3 phase service at 120/208 with 200 amp 3 phase show power
Service #3 400 amp 3 phase service at 120/208 inside building with 200 amp 3 phase show power
Service #4 200 amp 3 phase service at 120/208
E 50 amp ground boxes
Z 200 amp disconnect
W Potable water Hose Bibs
P Pole Lights
WF Water Fountain

Approximate length of Park from Museum to 5th Avenue 960 ft.
Approximate width of Park from Beach Drive to Bayshore Drive 175 ft.
This certifies that

FIRST NIGHT ST PETERSBURG INC
100 2ND AVE N STE 150
ST PETERSBURG FL 33701-3351

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 800-352-3571. 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
FIRST NIGHT ST. PETERSBURG, INC.

**Filing Information**

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<tbody>
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<td>REINSTATEMENT</td>
</tr>
<tr>
<td>Event Date Filed</td>
<td>10/05/2011</td>
</tr>
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</table>

**Principal Address**

100 2nd Ave N
#150
SAINT PETERSBURG, FL 33701

Changed: 02/17/2015

**Mailing Address**

PO BOX 1915
SAINT PETERSBURG, FL 33731
Detail by Entity Name
Florida Not For Profit Corporation
FIRST NIGHT ST. PETERSBURG, INC.

<table>
<thead>
<tr>
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<td>Event Date Filed</td>
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<table>
<thead>
<tr>
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<tbody>
<tr>
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Changed: 02/17/2015

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>PO BOX 1915</td>
<td></td>
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Changed: 02/24/2003

<table>
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<th>Registered Agent Name &amp; Address</th>
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<tbody>
<tr>
<td>Allen, Robert</td>
<td></td>
</tr>
<tr>
<td>151 20th Ave. S</td>
<td></td>
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<td>ST PETERSBURG, FL 33705</td>
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Name Changed: 02/26/2018

Address Changed: 04/08/2013

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<th>Officer/Director Detail</th>
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<tbody>
<tr>
<td>Name &amp; Address</td>
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<tr>
<td>Title President</td>
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<tr>
<td>Curran, Leslie</td>
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<tr>
<td>1445 Central Ave</td>
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<tr>
<td>ST. PETERSBURG, FL 33705</td>
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<tr>
<td>Title Treasurer</td>
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<td>----------------</td>
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<td>Allen, Robert</td>
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<td>200 2nd Ave S #202</td>
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<table>
<thead>
<tr>
<th>Title Secretary</th>
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<tbody>
<tr>
<td>EAVES, JULIE</td>
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<tr>
<td>336 18th Ave NE</td>
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<tr>
<td>Ploch, Heather</td>
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<td>PO BOX 1915</td>
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### Annual Reports

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<tr>
<td>2017</td>
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<td>2018</td>
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### Document Images

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**Purpose of Use:** FIRST NIGHT ST. PETE 2020

**Expected:** 10,000

**Conditions of Use:** Insurance Required

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

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

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>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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</thead>
<tbody>
<tr>
<td>South Straub Park</td>
<td>Mon</td>
<td>30 Dec 19</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>
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<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Straub Park</td>
<td>Mon</td>
<td>30 Dec 19</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>02 Jan 2020</td>
<td>08:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Williams Park</td>
<td>Mon</td>
<td>30 Dec 19</td>
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<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Park</td>
<td>02 Jan 2020</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Vinoy Park</td>
<td>Mon</td>
<td>30 Dec 19</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
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**Additional Fees:**

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<th>Tax</th>
<th>Total</th>
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</thead>
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<table>
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<td>Extra Fee - Bookings Co-Sponsored Permit Fee</td>
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<td>2</td>
<td>$400.00</td>
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**Charges:**

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<th>Deposit</th>
<th>Total Applied</th>
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<th>Account Balance</th>
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<tbody>
<tr>
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</table>

Balance of rental due and payable immediately.

**Payments:**

<table>
<thead>
<tr>
<th>Date</th>
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<th>Payment Type</th>
<th>Reference</th>
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<tr>
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<td>Check</td>
<td>Rental</td>
<td>3231570</td>
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</table>

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

By (Sign Name) JAMIE MCWADE
(Print Name) FIRST NIGHT ST PETERSBURG INC
Name of User Organization, If Applicable

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

Supervisor II / Foreman
Approved or Rejected Date:

Manager
Approved or Rejected Date:

Manager
Approved or Rejected Date:

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

FIRST NIGHT ST PETERSBURG INC
JAMIE MCWADE
PO BOX 1915
ST PETERSBURG, FL 33731 1915 USA

Description                                                                 Amount
Previous Balance                                                            $430.00

Applied To: 26021 - FIRST NIGHT ST. PETE 2020                               $60.00
South Straub Park - Park
December 30, 2019  6:00 am to January 2, 2020  9:00 pm

Payment: Check                                                              ($60.00)

Balance                                                                    $370.00

APPROVED REFUNDS ARE BY CHECK ONLY
Event Title: St. Petersburg Science Festival (SPSF) and MarineQuest
Entity Name: Pier Aquarium, Inc. d/b/a Marine Exploration Center
Event Date(s): October 18-19, 2019
Location: Poynter Park/USF St. Petersburg

Day 1 of Event: October 18
Time Gates Open: 9:00 am
Ending Time: 3:00 pm

Day 2 of Event: October 19
Time Gates Open: 10:00 am
Ending Time: 4:00 pm

Day 3 of Event: N/A
Time Gates Open: N/A
Ending Time: N/A

Application Prepared by: E. Howard Rutherford
Title: Festival Co-Chair
Address: 244 Second Ave. N, Suite 203
City: St. Petersburg
State: FL
Zip: 33701
Email Address: hruherford@usf.edu

Additional Contact Person: Jessica Pernell, Florida Fish and Wildlife Conservation Commission
Day Phone: 727-502-4786

What month/year were you incorporated as nonprofit? December 1988

List all 501(c)(3) entities that will benefit from this event: Pier Aquarium, Inc./University of South Florida/State of Florida
Name of the for-profit entity: N/A

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

Public understanding of science and technology is one of the most important challenges of our times. For our nation and its many communities, science and technology are deeply tied to issues of economic competitiveness, industrial advancement, health, justice, environmental protection and social welfare. Acting as an informed consumer, preparing for the demands of the 21st century workplace, and weighing decisions as an engaged citizen, all require individuals to grapple with the rapid pace of scientific discovery and technological innovation. Developments in science and technology represent the cutting edge of what we know and can do, making their understanding a crucial component of full and meaningful participation in society.

Science Festivals make science and technology a part of the cultural calendar in much the same way that art, music, film and sports festivals engage whole communities. The SPSF and MarineQuest positions St. Petersburg as the premier epicenter for science in the Southeast.

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

Festival attendees were also asked about whether they were planning to eat out or do any shopping before, during, or after attending the St. Petersburg Science Festival. The results show that a majority of respondents either already had or was planning to eat out or shop.

Among all of the respondents, a significant part (63%) already had or planned to spend between over $20 on food or shopping after the festival. Many (24%) already had or were looking to spend over $50.

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

Does your group presently have liability insurance? YES NO

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

Will there be an admission / registration fee? YES NO

Please provide the website address for your event. www.scifest.org
Please provide a phone number that can be advertised to the public. 727-803-9799 X101

What is the estimated attendance for this event? Spectators: 15,000, Participants: 15,000, Last Year's Total Attendance: 15,000
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>Special Events Facilities</td>
<td>Non-City Locations</td>
</tr>
<tr>
<td># Bleacher(s) needed</td>
<td># of portable risers needed</td>
<td>Non-City Locations</td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>Non-City Locations</td>
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</tr>
<tr>
<td>Chairs # needed</td>
<td>Non-City Locations</td>
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</tr>
<tr>
<td>Public Address System</td>
<td>Non-City Locations</td>
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</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: E. Howard Rutherford
Co-Sign: Mark Luther, Ph.D.
Title: Festival Co-Chair
Title: Board Chair
Date: 1/14/19
Date: 1/14/19

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
## Condition

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

## Obligation

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

### Marketing

- 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: Pier Aquarium, Inc. d/b/a Marine Exploration Center  

Phone: 727-803-9799

Address (including zip): 244 Second Ave. N, Suite 203, St. Petersburg, FL 33701

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

List Vending Products. Name & Provider.

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

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

Science demonstrations.

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

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

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

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

Name: E. Howard Rutherford
Title: Festival Co-Chair
Date: 1/14/19
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

* All first time entities requesting events will be required to complete a credit application.
Please complete the information below for each responsible party.

Name of the Nonprofit Corporation: Pier Aquarium, Inc.
Name of Responsible Party (President or CEO ONLY): Mark Luther, Ph.D.
Title of Responsible Party: Board Chair
Physical Address of Responsible Party: 244 Second Ave. N, Suite 203
Phone Number of Responsible Party: 727-803-9799
Email Address of Responsible Party: info@mecstpete.org
Nonprofit (Employee Identification Number): 59-2899571

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

Please include a copy of the 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: pzimmermann@mecstpete.org
## APPENDIX C

**STATEMENT OF REVENUE AND EXPENSES FORM**

**Prior Year's Event**

(Must be completed)

### I. Revenue Sources (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>#</th>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash Sponsorships</td>
<td>$85,750</td>
</tr>
<tr>
<td>2</td>
<td>In-kind Sponsorships</td>
<td>$121,300</td>
</tr>
<tr>
<td></td>
<td><strong>Total Gross Revenue</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>#</th>
<th>Expenditure</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash Expenditures</td>
<td>$85,267</td>
</tr>
<tr>
<td>2</td>
<td>In-Kind Expenditures</td>
<td>$121,300</td>
</tr>
<tr>
<td></td>
<td><strong>Total Operating Expenses</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total Net Income</strong></td>
<td></td>
</tr>
</tbody>
</table>

### III. Allocation of Net Income (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>#</th>
<th>Allocation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
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</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total Allocation of Net Income</strong></td>
<td></td>
</tr>
</tbody>
</table>

Prepared by: E. Howard Rutherford

Date: 1/14/19
Detail by Entity Name
Florida Not For Profit Corporation
PIER AQUARIUM, INC.

Filing Information
- Document Number: N26771
- FEI/EIN Number: 59-2899571
- Date Filed: 06/03/1988
- State: FL
- Status: ACTIVE

Last Event: NAME CHANGE
AMENDMENT
- Event Date Filed: 06/21/1988
- 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 D
JOHNSON, LARI  
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  

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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</thead>
<tbody>
<tr>
<td>2016</td>
<td>02/22/2016</td>
</tr>
<tr>
<td>2017</td>
<td>01/12/2017</td>
</tr>
<tr>
<td>2018</td>
<td>03/11/2018</td>
</tr>
</tbody>
</table>

### Document Images  

- [03/11/2018 – ANNUAL REPORT](#) View image in PDF format
- [02/22/2016 – ANNUAL REPORT](#) View image in PDF format
- [02/25/2015 – ANNUAL REPORT](#) View image in PDF format
- [01/20/2014 – ANNUAL REPORT](#) View image in PDF format
- [01/16/2013 – ANNUAL REPORT](#) View image in PDF format
- [01/10/2012 – ANNUAL REPORT](#) View image in PDF format
- [01/08/2011 – ANNUAL REPORT](#) View image in PDF format
- [01/12/2010 – ANNUAL REPORT](#) View image in PDF format
- [08/28/2009 – ANNUAL REPORT](#) View image in PDF format
- [01/10/2008 – ANNUAL REPORT](#) View image in PDF format
- [01/15/2007 – ANNUAL REPORT](#) View image in PDF format
- [04/13/2006 – ANNUAL REPORT](#) View image in PDF format
- [02/02/2005 – ANNUAL REPORT](#) View image in PDF format
- [02/17/2004 – ANNUAL REPORT](#) View image in PDF format
- [02/19/2003 – ANNUAL REPORT](#) View image in PDF format
- [01/18/2002 – ANNUAL REPORT](#) View image in PDF format
- [04/09/2001 – 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
Purpose of Use: ST PETERSBURG SCIENCE FESTIVAL (SPSF)

Expected: 15,000

Co-Sponsored Event

Contract Balance $230.00

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Tue 15 Oct 19 06:00 am
Ending: Sun 20 Oct 19 09:00 pm

Facility/Equipment | Day Date | Time | Fee | Extra Fee | Tax | Total
--- | ---: | ---: | ---: | ---: | ---: | ---: |
Poynter Park | Tue 15 Oct 2019 | 06:00 AM | $0.00 | $200.00 | $0.00 | $200.00
Park | 20 Oct 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: $0.00
- Extra Fees: $230.00
- Tax: $0.00
- Total: $230.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By (Sign Name): HOWARD RUTHERFORD
(Print Name): PIER AQUARIUM INC

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent

(Print Name): Parks and Recreation Department
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: Shannon's Walk for ACC Cure
Entity Name: Sharnadra "Emerald" Cromwell
Event Date(s): October 19, 2019
Location: Flora Wiley Park
Packet: A
Application #:
Permit #: 26137
Phone No.: 727-565-8045
Fax No.: 
Application Prepared by: Smaranda "Emerald" Cromwell
Title: Registered Agent of ACC Cure Florida
Address: 26 Bellevue Drive
City: St. Pete
State: Fl
Zip: 33706
Email Address: emeraldk@gmail.com
Additional Contact Person:
What month/year were you incorporated as nonprofit?
List all 501(c)3 entities that will benefit from this event. Moffitt Cancer Center
Name of the for-profit entity?
Describe your event with details.
Walk around Flora Wiley Park in honor of Shannon Jager who passed away due to adrenal cortical cancer. All proceeds are donated to Moffitt Cancer Center for adrenal cancer research.

Describe what economic benefit and impact this event will bring to St. Petersburg.
The attendance of participants will boost local restaurants, hotels and shops.

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.shannonswalk.com
Please provide a phone number that can be advertised to the public. 727-565-8045
What is the estimated attendance for this event? Spectators
Participants 300
Last Year's Total Attendance 300
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></td>
<td>[NO]</td>
</tr>
<tr>
<td># Bleacher(s) needed. Each bleacher approx. 180 people</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>5</td>
</tr>
<tr>
<td>Chairs # needed</td>
<td>6</td>
</tr>
<tr>
<td>Public Address System</td>
<td></td>
</tr>
<tr>
<td># of portable risers needed</td>
<td>(4 in. x 8 in. x 16 in. sections)</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:** Smaragda Amiraal
**Co-Sign:**
**Registered Agent:**
**Date:** 1/28/19
**Title:**

**NOTE:**

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

**PLEASE ATTACH THE FOLLOWING**

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

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

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
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<td>Off-site Parking / Shuttle</td>
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<td></td>
<td>Hand Washing</td>
</tr>
<tr>
<td>Marketing: Please check all that apply.</td>
<td>Radio</td>
</tr>
<tr>
<td>Invitations</td>
<td>Television</td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td>Remote Broadcast</td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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


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

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

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


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

Name:________________________ Phone:________________________

Address (Including zip):________________________

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

N/A

List Vending Products. Name & Provider.

N/A

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

N/A

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

The MDs from Hoffman will talk about adrenal cancer and research needed.

Discuss your load in/load out parking needs, include times and dates.
Other Comments: Please describe your fee structure.

Other comments:

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

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

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

Name: [Signature] Title: [Signature] Date: 1/26/19
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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.
The above-named DOMESTIC NON-PROFIT CORPORATION was duly filed in accordance with New Jersey state law on 07/27/2012 and was assigned identification number 0400508346. Following are the articles that constitute its original certificate.

1. Name:
   ACC C.U.R.E. A NJ NONPROFIT CORPORATION

2. Registered Agent:
   JOSEPH E DEMING ESQ.

3. Registered Office:
   250 PASSAIC AVENUE
   SUITE 140
   FAIRFIELD, NJ 07004

4. Business Purpose:
   Voluntary Health Organization

5. Qualification as set forth herein:
   AS SET FORTH IN THE BYLAWS

6. Rights and Limitations of members if not previously addressed:
   AS SET FORTH IN THE BYLAWS

7. Method of electing Trustees as set forth herein:
   AS SET FORTH IN THE BYLAWS

8. Asset Distribution:
   NO PART OF THE NET EARNINGS OF THE ENTITY SHALL INURE TO THE BENEFIT OF, OR BE DISTRIBUTABLE TO ITS MEMBERS, TRUSTEES, OFFICERS, OR OTHER PRIVATE PERSONS, (CONTINUED BELOW)

9. First Board of Trustees:
   MICHELE GANNON
   6 WEST LAKE DRIVE
   MONTVILLE, NJ 07045
   ROBERT GANNON
   6 WEST LAKE DRIVE
   MONTVILLE, NJ 07045
   LINDA GANNON
   6 WEST LAKE DRIVE
   MONTVILLE, NJ 07045

10. Incorporators:
    JOSEPH E DEMING ESQ.
    250 PASSAIC AVENUE SUITE 140
    FAIRFIELD, NJ 07004
11. Main Business Address:
C/O GANNON
6 WEST LAKE DRIVE
MONTVILLE, NJ 07045

12. Additional Articles/Provisions:

1 BUSINESS PURPOSE, (CONT): THE CORPORATION WILL CONDUCT FUNDRAISING ACTIVITIES UNDER PROPER PROTOCOL AND WILL TRANSFER THE PROCEEDS OF SUCH EVENTS TO A CORPORATION SEPARATELY QUALIFIED AS A 501(C)(3) ENTITY FOR THE CONDUCT OF RESEARCH AND TREATMENT OF ADRENOCORTICAL CARCINOMA. THE SOLE OBJECTIVE OF THE FOUNDATION IS TO CONTRIBUTE TO THE FUNDING OF HEALTH RESEARCH AND MEDICAL TREATMENT OF THE PUBLIC BY DIRECT CONTRIBUTION TO QUALIFIED LABORATORIES AND PROVIDERS.

2 PURPOSE (CONT) THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE PURPOSES, INCLUDING THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. PRIVATE RESEARCH FUNDING WILL LESSEN THE BURDEN ON GOVERNMENTAL FUNDING. THE GENERAL PUBLIC WILL BENEFIT FROM HEALTH RESEARCH AND DEVELOPMENT OF TREATMENT FOR CATASTROPHIC DISEASES.

3 PURPOSE (CONT) THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE PURPOSES, INCLUDING THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. PRIVATE RESEARCH FUNDING WILL LESSEN THE BURDEN ON GOVERNMENTAL FUNDING. THE GENERAL PUBLIC WILL BENEFIT FROM HEALTH RESEARCH AND DEVELOPMENT OF TREATMENT FOR CATASTROPHIC DISEASES.
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 27th day of July, 2012

Andrew T. Staaman-Trisstaf
State Treasurer

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP  ☐ WAIT  ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies  __  Certificates of Status  __

Special Instructions to Filing Officer:

Office Use Only

04/13/18--01024--022  **87.50

FGETT
MAY 02 2018
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ___________
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Linda Gannon
Name of Person

ACC C.U.R.E.
Firm/Company

6 West Lake Drive
Address

Montville, New Jersey 07045
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Gannon at (973) 650-2583
Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ $70.00 Filing Fee ☐ $78.75 Filing Fee & Certificate of Status ☐ $78.75 Filing Fee & Certified Copy ☑ $87.50 Filing Fee, Certificate of Status & Certified Copy
April 17, 2018

LINDA GANNON
6 WEST LAKE DRIVE
MONTVILLE, NJ 07045 US

SUBJECT: ACC C.U.R.E. A NJ NONPROFIT CORPORATION
Ref. Number: W18000036083

We have received your document for ACC C.U.R.E. A NJ NONPROFIT CORPORATION and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 218A00007746

www.sunbiz.org
Division of Corporations, P.O. BOX 8287, Tallahassee, Florida 32314
APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. ACC CURE A NJ Nonprofit Corporation

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like
import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained
in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. New Jersey

(State or country under the law of which it is incorporated)

3. (FEI number, if applicable)

4. December 18 2013

(Date of Incorporation)

5. (Date of duration, if other than perpetual)

6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1301 & 617.1302, F.S., to determine penalty liability.)

7. 6 West Lake Drive Montville NJ 07045

(Principal office address)

8. Fundraising for cancer research

(Purpose(s) of corporation authorized in home state or county to be carried out in the state of Florida)

9. Name and street address of Florida registered agent; (P.O. Box NOT acceptable)

Name: Smaragda Cramwell

Office Address: 21 Bellevue Drive

Treasure Island, Florida 33706

10. Registered agent’s acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my
duties, and I am familiar with and accept the obligations of my position as registered agent.

Smaragda Cramwell

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to
the Department of State, by the Secretary of State or other official having custody of corporate records in the
jurisdiction under the law of which it is incorporated.
12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: ________________________________  
Address: __________________________________________________________

Vice Chairman: ____________________________________________________  
Address: __________________________________________________________

Director:  
Address: __________________________________________________________

Director:  
Address: __________________________________________________________

B. OFFICERS

President:  
Address: ________________________________  
__ West Lake Drive  
Montville NJ 07045

Vice President:  
Address: ________________________________  
7404 Coventry Court  
Riverdale, NJ 07457

Secretary:  
Address: __________________________________________________________

Treasurer:  
Address: __________________________________________________________

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. ________________________________  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ________________________________  
(Typed or printed name and capacity of person signing application)
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on July 27, 2012.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JOSEPH E DEMING
75 LANE ROAD
STE 205
FAIRFIELD, NJ 07004-1000

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 23rd day of April, 2018

[Signature]

Elizabeth Maher Muoio
State Treasurer

Certificate Number: 6087721137
Verify this certificate online at
https://www1.state.nj.us/ITTR_StandingCert/ISP/Verify_Cert.jsp
**Detail by Entity Name**

Foreign Not For Profit Corporation  
ACC C.U.R.E. A NJ NONPROFIT CORPORATION

**Filing Information**

<table>
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<tr>
<th>Document Number</th>
<th>FEI/EIN Number</th>
<th>Date Filed</th>
<th>State</th>
<th>Status</th>
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<tr>
<td>F18000002036</td>
<td>NONE</td>
<td>04/27/2018</td>
<td>NJ</td>
<td>ACTIVE</td>
</tr>
</tbody>
</table>

**Principal Address**

6 WEST LAKE DRIVE  
MONTVILLE, NJ 07045

**Mailing Address**

6 WEST LAKE DRIVE  
MONTVILLE, NJ 07045

**Registered Agent Name & Address**

CROMWELL, SMARAGDA  
21 BELLEVUE DRIVE  
TREASURE ISLAND, FL 33706

**Officer/Director Detail**

**Name & Address**

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
</table>
| PRESIDENT | GANNON, LINDA | 6 WEST LAKE DRIVE  
MONTVILLE, NJ 07045 |
| VP     | GANNON, MICHELE | 7404 COVENTRY COURT  
RIVERDALE, NJ 07457 |

**Annual Reports**

No Annual Reports Filed

**Document Images**

[04/27/2018 – Foreign Non-Profit]

[View Image in PDF format]

Florida Department of State, Division of Corporations
Contract/Permit

Contract #: 26187
Date: 05 Feb 2019

ACC CURE, INC.
EMERALD CROMWELL
21 BELLEVUE DR
TREASURE ISLAND FL 33706 USA

Primary #: (727) 656-8045
Secondary #: (727)
Other #: (

Purpose of Use: SHANNON'S WALK FOR ACC CURE
Expected: 600

Co-Sponsored Event

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Fri 18 Oct 19 06:00 am
Ending: Sat 19 Oct 19 09:00 pm

Facility/Equipment
Flora Wylie Park

Day Date Time Fee Extra Fee Tax Total
Fri 18 Oct 19 06:00 AM $0.00 $200.00 $0.00 $200.00
Park
Fri 18 Oct 19 09:00 PM $0.00 $200.00 $0.00 $200.00

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

Extra Fee - Bookings
Co-Sponsored Permit Fee
Hours Quantity Charge Tax Total
39:00 1 $200.00 $0.00 $200.00
1 $200.00 $0.00 $200.00

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

(Your Name) EMERALD CROMWELL
ACC CURE, INC.
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name)
Parks and Recreation Superintendent

(Print Name) Parks and Recreation Department

Printed: 05 Feb 2019, 11:19 AM
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: St. Pete Empower + Yoga
Entity Name: Heels to Heal, Inc.
Event Date(s): October 6, 2019
Location: Downtown St. Petersburg
Day 1 of Event: October 6
Time Gates Open: 6 am
Ending Time: 2 pm
Day 2 of Event: 
Time Gates Open: 
Ending Time: 
Day 3 of Event: 
Time Gates Open: 
Ending Time: 
Application Prepared by: Melissa Mihok Phone: 727-895-5885
Title: CEO/Executive Director
Address: 290 9th Street N, Suite M100 City: St. Petersburg State: FL Zip: 33705
Email Address: Melissa@heelstoheal.org
Additional Contact Person: Iline McCloskey Day Phone: 727-895-5885
What month/year were you incorporated as nonprofit? October 2009
List all 501(c)3 entities that will benefit from this event. Heels to Heal, Inc.
Name of the for-profit entity? Heels to Heal, Inc.

Describe your event with details.
A community event to raise awareness of domestic violence through a 5K Run/Walk and Yoga for all levels followed by a community health market and vendors.
6 am - 7 am: registration
7 am - 8:30 am: run
8:30 am - 9:30 am: yoga
9:30 am - 2 pm: wellness fair/market/vendors

Describe what economic benefit and impact this event will bring to St. Petersburg.
"Raising awareness for domestic violence and intimate partner violence, honoring the 1 in 3 women and 1 in 4 men that are affected by severe physical violence throughout their lifetime."
Heels to Heal is a 501 (c) (3) dedicated to helping survivors of domestic violence and sexual assault receive the resources necessary for healing. Heels to Heal provides crisis counseling to survivors of domestic violence and sexual assault. In conjunction with Purple Dot, this event will help raise funds for additional crisis counseling services and resources for domestic violence and sexual assault in St. Petersburg.

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

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

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

Will there be an admission / registration fee? ☒ YES ☐ NO Advanced Fee: $40 Day of: $50

Please provide the website address for your event. heelstoheal.org/events

Please provide a phone number that can be advertised to the public. 727-895-5885

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

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

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

Non-City Locations
Which Location?

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

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

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

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

Name: [ ]
Co-Sign: [ ]

Date: [ ]

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

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

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

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

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

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

TBD

Will you supply your own generators? ☒ YES ☐ NO

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

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

No

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

Name: Heels to Heal, Inc. Phone: 727-995-5885

Address (including zip): 290 9th Street N, Suite M100, St. Petersburg, FL 33705

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

Music - TBD/Local Music

1 Stage

1 Band

List Vending Products. Name & Provider.

TBD

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

N/A

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

Awareness of Domestic Violence and fundraising purposes to support crisis counseling in St. Petersburg.

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

Load in Friday @ 8 am.

Load out Saturday @ 3 pm.
Other Comments: Please describe your fee structure.

Advance Fee: $40
Day of Fee: $60

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: CEO/Executive Director  Date: 2/1/2019
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>Heels to Heal, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Melissa Mihok</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>CEO/Executive Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>290 9th Street N, Suite M100, St. Petersburg, FL 33705</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-995-5885</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:Melissa@heelstoheal.org">Melissa@heelstoheal.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

---

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

What method of invoicing would your organization prefer?

- [ ] BY Mail
- [ ] BY EMAIL

Contact Name: Heels to Heal, Inc.
Address: 290 9th Street N, Suite M100
City, State, Zip: St. Petersburg, FL 33705

Page 7 of 8
### APPENDIX C
#### STATEMENT OF REVENUE AND EXPENSES FORM
**PRIOR YEAR'S EVENT**
(Must be completed)

<table>
<thead>
<tr>
<th>I. REVENUE SOURCES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3. N/A</td>
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</tbody>
</table>

**TOTAL GROSS REVENUE**

<table>
<thead>
<tr>
<th>II. EXPENSES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>10.</td>
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<td>11.</td>
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<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>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<td>6.</td>
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</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: ___________________________ Date: ________________

[Print Application] [Submit Application by Email]

Page 8 of 8
WHAT?

An announcement of partnership between Heels to Heal and PDYP. Bringing healing through talk therapy and yoga to individuals affected by domestic violence and trauma.

A community event to raise awareness of domestic violence through a 5k run/walk and yoga for all levels followed by a community health market and concert showcasing local musicians.

Raising funds for Heels 2 Heal and PDYP to run programs that support their partnership.

WHY?

FUNDRAISING
Raising funds through registration, sponsorships, peer-to-peer fundraising.

Raising funds for Heels 2 Heal talk therapy services + PDYP one-on-one yoga services for survivors

AWARENESS
Raising awareness for domestic violence and intimate partner violence, honoring the 1 in 3 women and 1 in 4 men that are affected by severe physical violence in an intimate partner in their lifetime.
THE IMPORTANCE OF DOMESTIC VIOLENCE AWARENESS

Over 6500 cases reported to St. Petersburg Police Department each year.

More than 1 in 3 women (35.6%) and more than 1 in 4 men (28.5%) in the U.S. having experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.

The costs associated with healthcare spending ($11,000), criminal behavior ($14,000) and loss of labor market productivity ($26,000) is $50,000 per person from the ages of 20-64 as a result of being exposed to domestic violence as child is $50,000. Applied to the entire U.S., the economic burden is over $55 billion.

Those who have experienced rape, physical violence, and/or stalking by an intimate partner report at least one impact related to experiencing these or other forms of violent behavior in the relationship (e.g., being fearful, concerned for safety, post traumatic stress disorder (PTSD) symptoms, need for health care, injury, contacting a crisis hotline, need for housing services, need for victim's advocate services, need for legal services, missed at least one day of work or school).

Victims of intimate partner violence lost almost 8 million days of paid work because of the violence perpetrated against them. This loss is the equivalent of more than 32,000 full-time jobs and almost 5.6 million days of household productivity as a result of violence.

Compared with children in other households, children who have been exposed to domestic violence often suffer from insomnia and have trouble with bed-wetting. They also are more likely to experience difficulties in school and to score lower on assessments of verbal, motor, and cognitive skills, and are more likely to exhibit aggressive and antisocial behavior, to be depressed and anxious, and to have slower cognitive development.
WHO?

HEELS TO HEAL

Mission statement
Heels to Heal is a 501(c)(3) non-profit organization dedicated to helping survivors of sexual assault and domestic violence receive the resources necessary for healing.

Offering
Heels to Heal Therapy Resource program engages the services of licensed mental health counselors to help survivors of domestic violence and sexual assault receive 12 weeks of free counseling.

Cost
$780 for individual counseling for 12 weeks.

PURPLE DOT YOGA PROJECT

Mission statement
Purple Dot Yoga Project is a 501(c)(3) non-profit organization using trauma informed yoga as a healing tool for individuals affected by domestic violence and trauma.

Offering
Purple Dot Yoga Project one-on-one yoga program offers the comprehensive tool of yoga practice and philosophy for individuals impacted by domestic violence and trauma free of cost to the individual.

Cost
$400 per individual for 8 weeks
PLANNING COMMITTEE

Melissa Mihok: Founder of Heels to Heal
Kate Berlin: Founder of Purple Dot Yoga Project
Todd Fitzgerald: Race Director
Jessika Poppe: PR + Social Media

Melissa Mihok

Kate Berlin
Kate Berlin, founded Purple Dot Yoga Project in October 2015. With a background in banking, she is also a certified trauma informed yoga teacher, a certified reiki practitioner, and knows firsthand the devastating effects of domestic violence. Kate is an avid advocate for domestic violence awareness and believes that connection is the most important tool when it comes to healing trauma. She has been featured on Bay News 9, ABC Action News, WTSP 10 News, Creative Mornings, and USFSP CONNECT.

Todd Fitzgerald

Jessika Poppe
WHEN?

DATE
Saturday, Sept 28, 2019

TIME
6am - 7am: registration
7am - 8:30am: run
8:30am - 9:30am: yoga
9:30am - 2pm: wellness fair/market/concert/games

WHERE?

North Straub Park
WHERE? (continued)
## PROJECTED RACE BUDGET

### Expenses

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Estimated</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>$300-$500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$15,000</td>
<td></td>
<td></td>
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</table>

Total Expenses based on 500 people

### Site

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venue fees</td>
<td>$2,000.00</td>
<td></td>
</tr>
<tr>
<td>Site staff $250 a day</td>
<td>$2,000.00</td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>$3,000.00</td>
<td></td>
</tr>
<tr>
<td>tents</td>
<td>$1,800.00</td>
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Total $8,800.00 0.00

### Not fixed

<table>
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<tr>
<th>Item</th>
<th>Estimated</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shirts $6-$7 per</td>
<td>$4,200.00</td>
<td></td>
</tr>
<tr>
<td>Timing $2.50-3 per</td>
<td>$1,500.00</td>
<td></td>
</tr>
<tr>
<td>porta-potties $40 per</td>
<td>$500.00</td>
<td></td>
</tr>
<tr>
<td>Insurance RRCA</td>
<td>$500.00</td>
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<tr>
<td>Police</td>
<td>$1,000.00</td>
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Total $7,700.00 0.00

### Marketing

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<tr>
<td>Graphic work</td>
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<td></td>
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<tr>
<td>Photocopy/Printing</td>
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Total 0.00 0.00

### Miscellaneous

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Race Director</td>
<td>$3,000.00</td>
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Total $3,000.00 0.00

### Refreshments

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</thead>
<tbody>
<tr>
<td>Food</td>
<td>$3,000.00</td>
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<tr>
<td>Drinks</td>
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Total $4,000.00 0.00

### Program

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<tr>
<td>Performers</td>
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<tr>
<td>Speakers</td>
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<tr>
<td>Travel</td>
<td></td>
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</tr>
<tr>
<td>Hotel</td>
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<tr>
<td>Other</td>
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</table>

Total $5,000.00 0.00

### Prizes

<table>
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<tr>
<th>Item</th>
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<tbody>
<tr>
<td>Ribbons/Plaques/Trophies</td>
<td>$500.00</td>
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<tr>
<td>Gifts</td>
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Total $500.00 0.00
Detail by Entity Name
Florida Not For Profit Corporation
HEELS TO HEAL, INC.

Filing Information
Document Number: N09000010231
FEI/EIN Number: 27-1488133
Date Filed: 10/20/2009
Effective Date: 10/19/2009
State: FL
Status: ACTIVE
Last Event: REINSTATEMENT
Event Date Filed: 01/07/2015

Principal Address
601 5th Ave North
ST PETERSBURG, FL 33701

Changed: 03/28/2016

Mailing Address
601 5th Ave North
ST PETERSBURG, FL 33701

Changed: 03/28/2016

Registered Agent Name & Address
MIHOK, MELISSA L
601 5th Ave North
ST PETERSBURG, FL 33701

Name Changed: 01/07/2015
Address Changed: 03/28/2016

Officer/Director Detail
Name & Address
Title PD

MIHOK, MELISSA L
601 5th Ave North
ST PETERSBURG, FL 33701
Title Treasurer

Mancino, Marc A
General Accounting Systems
601 5th Ave North
ST PETERSBURG, FL 33701

<table>
<thead>
<tr>
<th>Annual Reports</th>
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<tbody>
<tr>
<td>Report Year</td>
<td>Filed Date</td>
</tr>
<tr>
<td>2016</td>
<td>03/28/2016</td>
</tr>
<tr>
<td>2017</td>
<td>02/14/2017</td>
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<tr>
<td>2018</td>
<td>03/01/2018</td>
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**Document Images**

<table>
<thead>
<tr>
<th>Date</th>
<th>Document Type</th>
<th>View Image in PDF format</th>
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</thead>
<tbody>
<tr>
<td>03/01/2019</td>
<td>ANNUAL REPORT</td>
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<tr>
<td>02/14/2017</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>03/28/2016</td>
<td>ANNUAL REPORT MEET CANCELL</td>
<td></td>
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<tr>
<td>01/07/2015</td>
<td>REINSTATEMENT</td>
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<td>11/25/2014</td>
<td>Admin Diss for AR</td>
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<tr>
<td>01/10/2014</td>
<td>ANNUAL REPORT [CANCELL]</td>
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<td>04/10/2013</td>
<td>ANNUAL REPORT</td>
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<tr>
<td>01/08/2012</td>
<td>ANNUAL REPORT</td>
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<td>09/19/2011</td>
<td>ANNUAL REPORT</td>
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<tr>
<td>12/28/2010</td>
<td>Amendment</td>
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<td>09/29/2010</td>
<td>REINSTATEMENT</td>
<td></td>
</tr>
<tr>
<td>04/15/2010</td>
<td>Amended and Restated Articles</td>
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</tr>
<tr>
<td>10/20/2009</td>
<td>Domestic Non-Profit</td>
<td></td>
</tr>
</tbody>
</table>
Contract #: 26188
Date: 05 Feb 2019

HEELS TO HEAL, INC.
MELISSA MIHOK
290 9TH ST. N., SUITE M100
ST PETERSBURG FL 33705 USA

Contract/Permit
User: JSBENNIN
Status: Firm
Primary #: (727) 895-5885
Secondary #: ()
Other #: ()

Purpose of Use: ST. PETE EMPOWER + YOGA
Expected: 750
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 05 Oct 19 06:00 am
Ending: Sun 06 Oct 19 09:00 pm

Facility/Equipment
Vinoy Park
Mote
Albert Whitted Park
Park

Time Fee Extra Fee Tax Total
06:00 AM $0.00 $0.00 $0.00 $0.00
09:00 PM $0.00 $200.00 $0.00 $200.00

Additional 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
Hours Quantity Charge Tax Total
39:00 1 $200.00 $0.00 $200.00

Charges:
Fees Extra Fees Tax Total
$ 0.00 $230.00 $0.00 $230.00
Deposit Total Deposit Total Applied Contract Balance Account Balance
$0.00 $230.00 $230.00 $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)
(Ptint Name) MELISSA MIHOK
HEELS TO HEAL, INC.
Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA
By/(Sign Name): Parks and Recreation Superintendent
(Ptint 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:** BungalowFest 2019  
**Entity Name:** Historic Kenwood Neighborhood Association (HKNA)  
**Event Date(s):** November 2, 2019  
**Location:** Seminole Park  
**Day 1 of Event:** 11/2/19  
**Time Gates Open:** 10:00am  
**Ending Time:** 4:00pm  
**Day 2 of Event:**  
**Time Gates Open:**  
**Ending Time:**  
**Day 3 of Event:**  
**Time Gates Open:**  
**Ending Time:**  

**Application Prepared by:** Nicole Carlisle  
**Title:** President - HKNA  
**Address:** P.O. Box 15134  
**City:** St. Petersburg  
**State:** FL  
**Zip:** 33733  
**Email Address:** president@historikenwood.org  
**Additional Contact Person:** Brenda Gordon  
**Day Phone:** 813-712-0796  

**What month/year were you incorporated as nonprofit?** October 2010  
**List all 501(c)3 entities that will benefit from this event:** HKNA to support community projects in Historic Kenwood  
**Name of the for-profit entity:** n/a  

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

The event focuses on the ongoing home and neighborhood improvements in Historic Kenwood. It inspires people to appreciate historic homes and community improvement. BungalowFest attracts media attention and attendance from people from throughout the Tampa Bay region and beyond. It enhances the stature of the neighborhood and the image of the City while enabling the neighborhood to continue funding local projects.

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

Last year's BungalowFest netted the HKNA approximately $13,000.00 and is the HKNA's major fundraiser to support the association's many projects and programs.
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
<th>Non-City Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td>Mahaffey Theater</td>
<td>Which Location?</td>
</tr>
<tr>
<td>No</td>
<td>Coliseum</td>
<td></td>
</tr>
<tr>
<td># Bleacher(s) needed</td>
<td>Sunken Gardens</td>
<td></td>
</tr>
<tr>
<td>Each bleacher approx. 180 people</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>Chairs # needed</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>No</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>No</td>
<td></td>
</tr>
</tbody>
</table>

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: [signature]  Title: President  Date: 2/4/19

Co-Sign: [signature]  Title: President  Date: 2/4/19

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

Name of Event: BungalowFest 2018  
Date(s) of Event: 11/3/18

<table>
<thead>
<tr>
<th>I. REVENUE SOURCES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ticket sales</td>
<td>$15,000</td>
</tr>
<tr>
<td>2. Brochure ad sales</td>
<td>$4000</td>
</tr>
<tr>
<td>3. Donations/sponsorships</td>
<td>$500</td>
</tr>
<tr>
<td>4.</td>
<td></td>
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<tr>
<td>5.</td>
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<td>7.</td>
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<td>8.</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL GROSS REVENUE: $19,500

<table>
<thead>
<tr>
<th>II. EXPENSES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Volunteer T shirts</td>
<td>$1155</td>
</tr>
<tr>
<td>2. Brochure/postcards/posters printing</td>
<td>$2055</td>
</tr>
<tr>
<td>3. Trolleys</td>
<td>$1330</td>
</tr>
<tr>
<td>4. Portapotties</td>
<td>$275</td>
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<tr>
<td>5. Social Media</td>
<td>$350</td>
</tr>
<tr>
<td>6. Volunteer lunch</td>
<td>$350</td>
</tr>
<tr>
<td>7. Homeowner reception &amp; tour</td>
<td>$370</td>
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<tr>
<td>8. Homeowner plaques</td>
<td>$375</td>
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<tr>
<td>9. Banners</td>
<td>$165</td>
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<tr>
<td>10. Supplies (tablecloths, utensils, tickets, armbands, etc)</td>
<td>$180</td>
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<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL OPERATING EXPENSES: $6,585  
TOTAL NET INCOME: $12,915

<table>
<thead>
<tr>
<th>III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Historic Kenwood Projects, Programs, and Activities</td>
<td>$12,915</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: $12,915

Prepared by: Nicole Carlisle  
Date: 2/1/19
Consumer's Certificate of Exemption
Issued Pursuant to Chapter 212, Florida Statutes

Certificate Number: 85-8015666784C-4
Effective Date: 06/09/2016
Expiration Date: 06/30/2021
Exemption Category: 501(C)(3) ORGANIZATION

This certifies that

HISTORIC KENWOOD NEIGHBORHOOD ASSOCIATION INC
2410 9TH AVE N
SAINT PETERSBURG FL 33713-6835

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

HISTORIC KENWOOD NEIGHBORHOOD ASSOCIATION, INC.

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

**Principal Address**

242 30th St N  
ST. PETERSBURG, FL 33713  

Changed: 01/06/2017

**Mailing Address**

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

Changed: 04/08/2005

**Registered Agent Name & Address**

Kellett, Linda D.  
242 30th St. N.  
ST. PETERSBURG, FL 33713  

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

**Officer/Director Detail**

**Name & Address**

Title PRES  
Everett, Michellene  
POST OFFICE BOX 15134  
ST. PETERSBURG, FL 33733-5134
<table>
<thead>
<tr>
<th>Annual Reports</th>
<th>Document Images</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Year</td>
<td>Filed Date</td>
</tr>
<tr>
<td>2016</td>
<td>01/06/2016</td>
</tr>
<tr>
<td>2017</td>
<td>01/06/2017</td>
</tr>
<tr>
<td>2018</td>
<td>02/14/2018</td>
</tr>
</tbody>
</table>

**Carlisle, Nicole**  
POST OFFICE BOX 15134  
ST. PETERSBURG, FL 33733-5134

**Baker, MJ**  
POST OFFICE BOX 15134  
ST. PETERSBURG, FL 33733-5134

**Kellett, Linda D.**  
POST OFFICE BOX 15134  
ST. PETERSBURG, FL 33733-5134
**Contract/Permit**

**Contract #:** 22590  
**Date:** 18 Jan 2018

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

**HISTORIC KENWOOD NEIGHBORHOOD ASSOC**  
**MICHELENE EVERETT**  
**PO BOX 15134**  
**ST PETERSBURG FL 33733 5134 USA**

**Purpose of Use:** BUNGALOWFEST  
**Expected:** 800  
**Co-Sponsored Event**  
**Contract Balance** $0.00

**Conditions of Use:** Insurance Required

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

**Date(s) and Time(s) of Use:**  
**Starting:** Sat 03 Nov 18 06:00 am  
**Ending:** Sat 03 Nov 18 09:00 pm

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seminole Park</td>
<td></td>
<td>Sat 03 Nov 18</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Park</td>
<td></td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**Additional Fees:**

<table>
<thead>
<tr>
<th>Extra Fee</th>
<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Processing Fee - Parks</td>
<td>1</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
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<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>

**Total** $60.00

**Charges:**

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<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
<th>Deposit</th>
<th>Total Applied</th>
<th>Contract Balance</th>
<th>Account Balance</th>
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<tr>
<td>$0.00</td>
<td>$60.00</td>
<td>$0.00</td>
<td>$60.00</td>
<td>$0.00</td>
<td>$60.00</td>
<td>$0.00</td>
<td>($170.00)</td>
</tr>
</tbody>
</table>

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

**Payments:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Payment Type</th>
<th>Reference</th>
<th>Receipt Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 Feb 2018</td>
<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>2974916</td>
</tr>
<tr>
<td>13 Feb 2018</td>
<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>2979606</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)  
MICHELENE EVERETT

(Print Name) HISTORIC KENWOOD NEIGHBORHOOD ASSOC  
Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA

By/(Sign Name): Parks and Recreation Superintendent

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>($140.00)</td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($30.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>($170.00)</td>
</tr>
</tbody>
</table>

**Receipt #: 3239946**  
**User: JSBENNIN**  
**Issued: Tue 05 Feb 19 11:17 am**

**APPROVED REFUNDS ARE BY CHECK ONLY**
Event Title: St. Petersburg Power & Sailboat Show

Entity Name: Yachting Promotions Inc.

Event Date(s): January 5 - 8

Location: 400 1st Street South, St. Petersburg, FL 33701

Day 1 of Event:
- Date: January 5
- Time Gates Open: 10:00AM
- Ending Time: 7:00PM

Day 2 of Event:
- Date: January 6
- Time Gates Open: 10:00AM
- Ending Time: 7:00PM

Day 3 of Event:
- Date: January 7
- Time Gates Open: 10:00AM
- Ending Time: 7:00PM

Application Prepared by: Jacqueline Deffler

Title: Executive Assistant

Address: 1650 SE 17th Street, Suite 412

City: Fort Lauderdale

State: FL

Zip: 33304

Email Address: Jacqueline.Deffler@Informa.com

Additional Contact Person: Dane Christopher Fleming

Day Phone: 561-312-2998

What month/year were you incorporated as nonprofit? May 1978

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

Describe your event with details.

To bring the best products and savings to the community to shop and buy and enjoy our best natural resource, The water.

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

There will be a 30 million dollar economic impact in services such as hotels, restaurants and taxes.

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

Does your group presently have liability insurance? YES

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.stpeteboatshow.com

Please provide a phone number that can be advertised to the public. 954-463-6762

What is the estimated attendance for this event?
- Spectators
- Participants
- Last Year's Total Attendance 20,000+
Please check the equipment and/or facilities you are requesting.

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

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

**Which Location?**
Albert Whitted 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**: Dane Christopher Fleming  
**Title**: Director of Business Development  
**Date**: 1/30/2019

**Co-Sign**:  
**Title**:  
**Date**: 

**NOTE**:  

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

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

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

**PLEASE ATTACH THE FOLLOWING**

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

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

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>☒ Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>☒ 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>☒ Staging</td>
<td></td>
</tr>
<tr>
<td>☒ Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>☒ Security</td>
<td></td>
</tr>
<tr>
<td>☒ Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>☒ Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>☒ Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>☐ Invitations</td>
<td></td>
</tr>
<tr>
<td>☒ Posters / Flyers</td>
<td></td>
</tr>
<tr>
<td>☒ Newspaper / Internet</td>
<td></td>
</tr>
<tr>
<td>☐ Radio</td>
<td></td>
</tr>
<tr>
<td>☐ Television</td>
<td></td>
</tr>
<tr>
<td>☐ Remote Broadcast</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

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

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

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

We use the existing transformers that are on site at Albert Whitted Park. They are 750 KVA each as 400 Amp disconnects.

Will you supply your own generators? ☑ YES ☐ NO

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

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

NO

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

Name: Yachting Promotions, Inc. Phone: 954-463-6762
Address (including zip): 1650 SE 17th Street, Suite 412, Fort Lauderdale, FL 33316

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

Light music on floating cocktail barge from noon to 7PM.

List Vending Products. Name & Provider.

Marine accessories and boats on display.

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

N/A

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

N/A

Discuss your load in/load out parking needs, include times and dates.
Other Comments: Please describe your fee structure.

Adults $17.00 and Children 15 and under are 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: Dane Christopher Fleming  Title: Director of Business Development  Date: 1/30/19
# Appendix B

## President or CEO

### Responsible Party Information

Please complete the information below for each responsible party.

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

<table>
<thead>
<tr>
<th>Name of the <strong>For-profit</strong> Corporation:</th>
<th>Yachting Promotions Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Andrew Doole</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1650 SE 17th Street, Suite 412, Fort Lauderdale, FL 33316</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>954-453-6762</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:Andrew.Doole@informa.com">Andrew.Doole@informa.com</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number)</td>
<td>59-1652459</td>
</tr>
</tbody>
</table>

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

What method of invoicing would your organization prefer?

- [x] BY Mail
- [ ] BY EMAIL

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Dana Centifanti</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>1650 SE 17th Street, Suite 412,</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Fort Lauderdale, FL 33316</td>
</tr>
</tbody>
</table>

- [x] BY EMAIL

| Email Address | Dana.Centifanti@informa.com |

Page 7 of 8
### Statement of Revenue and Expenses Form

**Prior Year's Event**

(Must be completed)

#### I. Revenue Sources (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 X 10 Booths</td>
<td>$23,205.00</td>
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<tr>
<td>In Water</td>
<td>$12,500.00</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Gross Revenue</strong></td>
<td><strong>$35,705.00</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associations Fees</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td><strong>$85,000.00</strong></td>
</tr>
<tr>
<td><strong>Total Net Income</strong></td>
<td><strong>($49,295.00)</strong></td>
</tr>
</tbody>
</table>

#### III. Allocation of Net Income (attach sheet if more space is needed)

| Allocation |          |
|           |          |
|           |          |
|           |          |
|           |          |
|           |          |
|           |          |
|           |          |
| **Total Allocation of Net Income** |          |

Prepared by: Robert Correa  
Date: Jan 30, 2019
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.
St. Petersburg Power & Sailboat Show

Fact Sheet

WHEN: December 5 – 8, 2019

WHERE:

SHOW LOCATION
Duke Energy Center for the Arts Mahaffey Theater Yacht Basin and Albert Whitted Park
400 First Street, South
St. Petersburg, Fl. 33701

HOURS:

Thursday - Friday 10:00 am – 6:00 pm
Saturday 10:00 am – 7:00 pm
Sunday 10:00 am – 5:00 pm

GENERAL ADMISSION:
Adults - US $17.00
Children- 15 and under are Free

MEDIA CONTACT:
Informa
Lana Bernstein
Phone: (954) 676-1866
Lana.bernstein@informa.com

PUBLIC RELATIONS:
Brock Communications
Phuong Nguyen
Phone: 813.961.8388
phuong@brockcomm.com

HOTEL INFO:
wwwONPEAK.com

ADDITIONAL SHOW INFORMATION GO TO: WWW.STPETEBOATSHOW.COM
## Detail by Entity Name

Florida Profit Corporation  
YACHTING PROMOTIONS, INC.

### Filing Information

<table>
<thead>
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<th>Document Number</th>
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<td>State</td>
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</tr>
</tbody>
</table>

### Principal Address

1115 NE 9TH AVENUE  
FORT LAUDERDALE, FL 33304

### Mailing Address

101 Paramount Drive, Ste. 100  
Sarasota, FL 34232

Changd: 04/03/2017

### Registered Agent Name & Address

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301

Name Changed: 04/04/2017

Address Changed: 04/04/2017

### Officer/Director Detail

#### Name & Address

**Title Director, President**

McCurdy, Charles  
5 Howick Place  
London SW1P 1WG GB

**Title Director, Senior Vice President, Secretary**
Etter, Thomas C.
711 3rd Avenue, 8th Floor
New York, NY 10017

Title VP

Levine, Marc
101 Paramount Drive, Ste. 100
Sarasota, FL 34232

Title Asst. Secretary

Peter, Patricia
711 3rd Avenue, 8th Floor
New York, NY 10017

Title VP

McAvoy, Ken
1115 NE 9TH AVENUE
FORT LAUDERDALE, FL 33304

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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</thead>
<tbody>
<tr>
<td>2016</td>
<td>04/28/2016</td>
</tr>
<tr>
<td>2017</td>
<td>04/03/2017</td>
</tr>
<tr>
<td>2018</td>
<td>04/13/2018</td>
</tr>
</tbody>
</table>

Document Images

04/13/2018 -- ANNUAL REPORT
04/04/2017 -- Reg. Agent Change
04/03/2017 -- ANNUAL REPORT
04/28/2016 -- ANNUAL REPORT
04/28/2015 -- ANNUAL REPORT
04/30/2014 -- ANNUAL REPORT
09/12/2013 -- ANNUAL REPORT
03/21/2012 -- ANNUAL REPORT
04/27/2011 -- ANNUAL REPORT
04/13/2010 -- ANNUAL REPORT
11/17/2009 -- Reg. Agent Change
04/30/2009 -- ANNUAL REPORT
04/28/2009 -- ANNUAL REPORT
06/04/2007 -- ANNUAL REPORT
12/14/2006 -- Merger
09/28/2006 -- ANNUAL REPORT
05/12/2006 -- Reg. Agent Change
04/10/2006 -- Reg. Agent Change
01/27/2006 -- ANNUAL REPORT
09/04/2005 -- ANNUAL REPORT

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

**Contract #:** 26190  
**Date:** 05 Feb 2019  
**User:** JSBENNIN  
**Status:** Firm

**YACHTING PROMOTIONS INC**  
**JACQUELINE DEFFLER**  
**1115 NE 9TH AVE**  
**FORT LAUDERDALE FL 33304 USA**

---

**Purpose of Use:** ST. PETERSBURG POWER & SAILBOAT SHOW  
**Expected:** 20,000  
**Co-Sponsored Event Contract Balance:** $0.00

**Conditions of Use:** Insurance Required

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

**Date(s) and Time(s) of Use:**
- **Starting:** Mon 02 Dec 19 06:00 am  
- **Ending:** Thu 12 Dec 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>Albert Whitted Park</td>
<td>Mon</td>
<td>02 Dec 19</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$600.00</td>
<td>$0.00</td>
<td>$600.00</td>
</tr>
<tr>
<td>Park</td>
<td></td>
<td>12 Dec 19</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Fees:**
- **Extra Fee - Bookings**
  - Hours: 255:00  
  - Quantity: 3  
  - Charge: $600.00  
  - Tax: $0.00  
  - Total: $600.00

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

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

**Payments:**
- **Date**  
  - 13 Jan 2017  
  - Amount: $30.00  
  - Payment Type: Check  
  - Reference: Rental  
  - Receipt Number: 2707126
- **Date**  
  - 05 Feb 2019  
  - Amount: $600.00  
  - Payment Type: Check  
  - Reference: Rental  
  - Receipt Number: 3239942

**Additional Notes:**

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

By: (Sign Name)  
**JACQUELINE DEFFLER**

YACHTING PROMOTIONS INC

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name)  
Parks and Recreation Superintendent

(Print Name)  
Parks and Recreation Department

---

Printed: 05 Feb 2019, 11:16 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.
YACHTING PROMOTIONS INC  
DANE GRAZIANO  
1115 NE 9TH AVE  
FORT LAUDERDALE, FL 33304 USA  

---

City of St. Petersburg

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$600.00</td>
</tr>
<tr>
<td><strong>Applied To: 26190 - ST. PETERSBURG POWER &amp; SAILBOAT SHOW</strong></td>
<td></td>
</tr>
</tbody>
</table>
  Albert Whitted Park - Park  
  December 2, 2019  6:00 am to December 12, 2019  9:00 pm | $600.00|
| Payment: Check                   | ($630.00) |
| Balance                          | ($30.00)  

---

**APPROVED REFUNDS ARE BY CHECK ONLY**
Event Title: 12th Annual St. Petersburg Chili Night

Entity Name: Denise O'Fresco

Event Date(s): Saturday, November 16, 2019

Day 1 of Event: 11/16/19 Time Gates Open: 6 PM Ending Time: 11 PM

Application Prepared by: raiser Scheer

Title: President

Address: 5909 Cufl Dr. 16

Email Address: raiserchiliovengeright@gmail.com

Additional Contact Person: Ralph Radeke

Phone: 941-488-0995

Email Address: raiserchiliovengeright@gmail.com

Cell Phone: 941-488-0995

City: Clearwater

State: FL

Zip: 33717

What month/year were you incorporated as nonprofit? Creative Clay, Inc

List all 501(c)3 entities that will benefit from this event. Denise O'Fresco

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.

A premier social event for the community. Bringing the best of food, drinks, entertainment and a beautiful setting.

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

The event brings about 1,600 people to Deer Dr. and we work hard to provide an enjoyable event to the area. All restaurants around Deer Dr. tell us it to love 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? $2 million

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

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

Advanced Fee: $10 Day of:

Please provide the website address for your event.

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

What is the estimated attendance for this event? Spectators 1,800 Participants 90 Last Year's Total Attendance 1,600
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
</tr>
<tr>
<td># Bleachers needed</td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
</tr>
<tr>
<td>Public Address System</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special Events Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mahaffey Theater</td>
</tr>
<tr>
<td>Coliseum</td>
</tr>
<tr>
<td>Sunken Gardens</td>
</tr>
<tr>
<td>Boyd Hill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-City Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>N. St. Park</td>
</tr>
</tbody>
</table>

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

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

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

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

**Name:**

**Co-Sign:**

**Title:** President

**Date:** 2-4-19

**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>Fireworks Permit</td>
</tr>
<tr>
<td>☐ Open Flame Food Preparation</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>☐ Pyrotechnics</td>
<td></td>
</tr>
<tr>
<td>☐ Require Street Closure</td>
<td></td>
</tr>
<tr>
<td>☐ VIP Area</td>
<td></td>
</tr>
<tr>
<td>☐ Staging</td>
<td></td>
</tr>
<tr>
<td>☐ Amplified Sound</td>
<td>Professional</td>
</tr>
<tr>
<td>☐ Security</td>
<td>Showmobile</td>
</tr>
<tr>
<td>☐ Sanitary Facilities - Port-O-Lets</td>
<td>Other</td>
</tr>
<tr>
<td>☐ Off-site Parking / Shuttle</td>
<td>Performing Festival</td>
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<tr>
<td>☐ Semitruck / Tractor Trailer</td>
<td>Daytime - Private</td>
</tr>
<tr>
<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>
</tr>
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<td></td>
<td>Hand Washing</td>
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</tbody>
</table>

Marketing: Please check all that apply.

- ☐ Invitations
- ✗ Posters / Flyers
- ✗ Newspaper / Internet
- ☐ Invitations
- ✗ Posters / Flyers
- ✗ Newspaper / Internet
- ☐ Invitations
- ✗ Posters / Flyers
- ✗ Newspaper / Internet

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

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

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

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

Generator provided for all stage, lighting and sound requirements.

Will you supply your own generators? □ YES □ NO

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

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

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

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

Name: Dena's O'Froco

Address (including zip): 4909 O'fly Dr. 16, Haleiwa, Ha 96712

Phone: 941-998-0991

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

List Vending Products. Name & Provider.

No vending products other than coffee and beverage ml. alcohol.

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

TOD: Monday, June 28th, 2018.

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

Not Applicable

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

Load in 2 PM Fri. 11/16/19 till about 8pm. All furniture will be placed Sat. 11/17/19 between 8am and 5pm. Load out will be closed day of event.
I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

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

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

Name: [Signature]  Title: President  Date: 2-4-19
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>Creative Clay, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Kim Dohner</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1114 Central Ave, St. Petersburg</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-825-0515</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td>Kim.CreativeClay.org</td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-3308592</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
<th>Design o'Fresco Corp.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Naizer Idee</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>8509 C.J. Dr. 16, Hollywood, FL 33017</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>954-848-0975</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:naizer.chileyeight@gmail.com">naizer.chileyeight@gmail.com</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td>76-0722028</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Source Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Cash Donations</td>
<td>$22,000</td>
</tr>
<tr>
<td>Ticket Sales (Online)</td>
<td>$28,000</td>
</tr>
<tr>
<td>Ticket Sales (Cash)</td>
<td>$2,800</td>
</tr>
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**TOTAL GROSS REVENUE**: $62,800

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catering / Print</td>
<td>$6,200</td>
</tr>
<tr>
<td>Website, Tech</td>
<td>$8,700</td>
</tr>
<tr>
<td>Props, Lighting, Sound, Video</td>
<td>$9,500</td>
</tr>
<tr>
<td>Rental, Rehearsal, Catering</td>
<td>$4,900</td>
</tr>
<tr>
<td>Entertainment</td>
<td>$6,000</td>
</tr>
<tr>
<td>Makeup</td>
<td>$1,900</td>
</tr>
<tr>
<td>Security</td>
<td>$2,000</td>
</tr>
<tr>
<td>Transportation (O&amp;I Day)</td>
<td>$2,000</td>
</tr>
<tr>
<td>CASN</td>
<td>$7,100</td>
</tr>
<tr>
<td>Food, VIP/Catering</td>
<td>$4,800</td>
</tr>
<tr>
<td>Video/Logo</td>
<td>$1,100</td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**: $50,700  
**TOTAL NET INCOME**: $12,100

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

<table>
<thead>
<tr>
<th>Allocation Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruition related &amp; Direct Fee</td>
<td>$2,000</td>
</tr>
<tr>
<td>Creative Cuts</td>
<td>$2,000</td>
</tr>
<tr>
<td>Net Income Retained by Producers (Janitor &amp;</td>
<td></td>
</tr>
<tr>
<td>Repairs)</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**: $12,100

Prepared by:  

Renee Jelley  
Date: 1/11/17
**Detail by Entity Name**

Florida Profit Corporation  
DESIGN OFRESCO CORP.

**Filing Information**

- **Document Number**: P03000009921  
- **FEI/EIN Number**: 76-0723028  
- **Date Filed**: 01/21/2003  
- **State**: FL  
- **Status**: ACTIVE

**Principal Address**

4909 GULF DRIVE  
#1B  
HOLMES BEACH, FL 34217

Changed: 04/25/2011

**Mailing Address**

4909 GULF DRIVE  
#1B  
HOLMES BEACH, FL 34217

Changed: 04/25/2011

**Registered Agent Name & Address**

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

Name Changed: 04/29/2013

Address Changed: 04/29/2013

**Officer/Director Detail**

**Name & Address**

Title PD

SCHEER, RA/NER  
4909 GULF DRIVE #1B  
HOLMES BEACH, FL 34217
<table>
<thead>
<tr>
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### Document Images
- 03/11/2018 -- ANNUAL REPORT
- 03/17/2017 -- ANNUAL REPORT
- 03/29/2016 -- ANNUAL REPORT
- 01/28/2015 -- ANNUAL REPORT
- 04/22/2014 -- ANNUAL REPORT
- 04/29/2013 -- ANNUAL REPORT
- 04/30/2012 -- ANNUAL REPORT
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- 04/14/2009 -- ANNUAL REPORT
- 03/19/2008 -- ANNUAL REPORT
- 01/28/2007 -- ANNUAL REPORT
- 04/28/2006 -- ANNUAL REPORT
- 07/19/2005 -- ANNUAL REPORT
- 06/11/2004 -- ANNUAL REPORT
- 01/21/2003 -- Domestic Profit

[Florida Department of State, Division of Corporations]
# Detail by Entity Name

Florida Not For Profit Corporation
CREATIVE CLAY INC.

## Filing Information

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## Principal Address

1846 1st Avenue S.
SAINT PETERSBURG, FL 33712

Changed: 06/19/2017

## Mailing Address

1846 1st Avenue S.
SAINT PETERSBURG, FL 33712

Changed: 06/19/2017

## Registered Agent Name & Address

DOHRMAN, KIMBERLY M
1846 1st Avenue S.
SAINT PETERSBURG, FL 33712

Name Changed: 07/15/2011

Address Changed: 06/18/2017

## Officer/Director Detail

### Name & Address

**Name & Address**

<table>
<thead>
<tr>
<th>Title</th>
<th>Name &amp; Address</th>
</tr>
</thead>
</table>
| CEO   | DOHRMAN, KIMBERLY M  
1114 CENTRAL AVENUE  
SAINT PETERSBURG, FL 33705 |
| President | Kennedy, Sean |
Title VP

Jackson, Melanie

1114 CENTRAL AVENUE
ST. PETE, FL 33705

**Annual Reports**

<table>
<thead>
<tr>
<th>Report Year</th>
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<tbody>
<tr>
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**Document Images**

- 03/14/2018 - ANNUAL REPORT
- 06/19/2017 - AMENDED ANNUAL REPORT
- 01/09/2017 - ANNUAL REPORT
- 01/22/2016 - ANNUAL REPORT
- 07/27/2015 - AMENDED ANNUAL REPORT
- 01/16/2015 - ANNUAL REPORT
- 01/30/2014 - ANNUAL REPORT
- 09/18/2013 - ANNUAL REPORT
- 01/16/2013 - ANNUAL REPORT
- 01/05/2012 - ANNUAL REPORT
- 07/15/2011 - Reg. Agent Change
- 06/22/2011 - Reg. Agent Resignation
- 03/15/2011 - ANNUAL REPORT
- 01/15/2011 - ANNUAL REPORT
- 01/21/2010 - ANNUAL REPORT
- 01/17/2009 - ANNUAL REPORT
- 01/14/2009 - ANNUAL REPORT
- 01/09/2008 - ANNUAL REPORT
- 01/03/2008 - ANNUAL REPORT
- 01/18/2008 - ANNUAL REPORT
- 02/12/2008 - ANNUAL REPORT
- 09/03/2003 - ANNUAL REPORT
- 07/12/2002 - ANNUAL REPORT
- 01/24/2002 - ANNUAL REPORT
- 01/29/2002 - ANNUAL REPORT
- 03/14/1999 - ANNUAL REPORT
- 01/29/1999 - ANNUAL REPORT
- 01/05/1998 - ANNUAL REPORT
- 09/28/1997 - ANNUAL REPORT
- 07/18/1996 - ANNUAL REPORT
- 05/02/1995 - DOCUMENTS PRIOR TO 1997
Contract/Permit

Contract #: 26191
Date: 05 Feb 2019

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

User: JSBENNIN
Status: Firm

Primary #: (941) 448-0995
Secondary #: ()
Other #: ()

Purpose of Use: 12TH ANNUAL ST. PETERSBURG CHILLOUNGE NIGHT
Expected: 2,000
Co-Sponsored Event

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
- Starting: Sat 16 Nov 19 06:00 am
- Ending: Sun 17 Nov 19 09:00 pm

Facility/Equipment: North Straub Park

Additional Fees:
- Extra Fee - Bookings
  - Co-Sponsored Application Fee
    - Quantity: 1
    - Charge: $30.00
  - Co-Sponsored Permit Fee
    - Hours: 39:00
    - Quantity: 1
    - Charge: $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: 05 Feb 2019
- Amount: $30.00
- Payment Type: Check
- Reference: Rental
- Receipt Number: 3239936

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): RAINER SCHEER
(Print Name): DESIGN O' FRESCO
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: 05 Feb 2019, 11:14 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

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

Receipt #: 3239936
User: JSBENNIN
Issued: Tue 05 Feb 19 11:14 am

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<td>$30.00</td>
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<tr>
<td>north straub park - park</td>
<td></td>
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<tr>
<td>November 16, 2019 6:00 am to November 17, 2019 9:00 pm</td>
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<tr>
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<td>($30.00)</td>
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<tr>
<td>Balance</td>
<td>$200.00</td>
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</table>

Approved refunds are by check only.
Event Title: SAVOR ST. PETE
Entity Name: Floridata Capital Assets Group, Inc.
Event Date(s): November 2 & 3, 2019
Location: North Straub Park

Event Title: SAVOR ST. PETE
Entity Name: Floridata Capital Assets Group, Inc.
Event Date(s): November 2 & 3, 2019
Location: North Straub Park

Day 1 of Event:
Date: Nov 2, 2019
Time Gates Open: 12pm
Ending Time: 4pm

Day 2 of Event:
Date: Nov 3, 2019
Time Gates Open: 12pm
Ending Time: 4pm

Day 3 of Event:

Application Prepared by: Tammy Gall
Phone: 813-477-6111
Title: President
Cell Phone: 813-477-6111
Address: 2085 CR 753 South
City: Webster
State: FL
Zip: 33597
Email Address: tammyg@floridata.net
Additional Contact Person: Jeannette Adelman
Day Phone: 813-777-0113

What month/year were you incorporated as nonprofit? N/A

List all 501(c)3 entities that will benefit from this event.
St. Petersburg College Foundation
Name of the for-profit entity? Floridata Capital Asset Group, Inc.

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

Savor St. Pete serves up 180-degree views of Tampa Bay and the Vinoy Basin, artfully blending local chef rock stars with national brand partners offering tastes and sips to please every palate.

The highly anticipated Savor St. Pete food & wine festival will be touted as the hippest waterfront gastronomic event on Florida’s west coast. Locals and tourists alike will enjoying the finest fare and wines this side of fabulous. This re-branded event has a seven year allowing, attracting foodies, media gurus and influencers from across the state and the country.

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

Over 6,000 high income guests will attend the first annual SAVOR ST. PETE food & wine festival on November 2nd and 4rd. Sponsors from more than 75 national brands will be represented at the event, with senior leadership attending and visiting St. Petersburg for the weekend. According to our economic impact study provided by Walter Klagess Research annually, the average age of our attendee is 44 years old. Average HH income is $94,000 and sixty six percent of our attendees are women. Our PR agency will secure local, regional and national press attention via social media, food, wine, travel & lifestyle bloggers, and traditional media including newsprint, magazine, radio and TV. In 2018 our November event drew a media reach of 11,337,114, and we expect an even greater media response for the launch of SAVOR ST PETE 2019.

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

Does your group presently have liability insurance? YES NO
How much? We will carry a $2MM/$1MM policy
Are there plans to sell or distribute beer, wine at your event? YES NO
Will there an admission / registration fee? YES NO
Advanced Fee: $75.00 Day of: $95

Please provide the website address for your event. www.SavorStPete.com www.SavortheBurg.com

Please provide a phone number that can be advertised to the public. N/A - all communication is online

What is the estimated attendance for this event? Spectators 5,500 Participants 300 Last Year’s Total Attendance 5,800
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 20
- Public Address System [Yes]
- # of portable risers needed (4 in. x 8 in. x 16 in. sections) 5

Special Events Facilities
- Mahaffey Theater
- Colliseum
- 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: Tammy Gall
Title: President
Date: 2-6-19
Co-Sign: [ ]
Title: [ ]
Date: [ ]

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

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

Marketing: Please check all that apply.

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

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

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

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

We will need a distribution panel with your junction boxes. On the north end we'll need to tie into the 100 amp box for the cooking stage and on the south end we'll need to tie into the larger distribution box for restaurant cooking needs. We will have small Quiet Whisper generators for backup.

Will you supply your own generators? ☒ YES ☐ NO

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

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

None that we know of

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

Name: Floridat Capital Assts Group, Inc. Phone: 813-477-6111

Address (including zip): 2085 CR 753 South, Webster, FL 33597

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

One riser with a DJ

List Vending Products. Name & Provider.

Publix, Campbell's Soup, Reynolds Consumer Products, Kellogg's, RX Bars, Lindt Chocolates, Chameleon Cold Brew, Starbucks Coffee, Spice Hunter, Jarlsberg Cheese,

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

St. Petersburg College Foundation - PO Box 13489, St. Petersburg, Florida, 33733
EIN - 59-1954369

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

Cooking stage demos, national chef guests, restaurant sampling, beer, wine and spirits sampling

Discuss your load in/load out parking needs, include times and dates.

Load in on Tuesday, October 29th / Load out on Monday, November 4th. Parking needs will be determined within the next four weeks.
Other Comments: Please describe your fee structure.

General Admission tickets - $75
VIP tickets - $100

3500 tickets will be on sales for Saturday and 2500 for Sunday. Only 100 VIP tickets will be for sale each day.

Other Comments:

We greatly appreciate the opportunity to work with the St Pete Parks & Rec team!

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: Tammy Gail  Title: President  Date: 2-6-2019
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
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</tr>
<tr>
<td>Title of Responsible Party:</td>
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</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td></td>
</tr>
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</table>

| Name of the For-profit Corporation: | Floridata Capital Assets Group, Inc. |
| Name of Responsible Party (President or CEO ONLY): | Tammy Gail |
| Title of Responsible Party: | President |
| Physical Address of Responsible Party: | 2085 CR 753 South, Webster, FL 33597 |
| Phone Number of Responsible Party: | 813-477-6111 |
| Email Address of Responsible Party: | tammyg@floridata.net |
| For-profit (Employee Identification Number) | 59-3328318 |

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

<table>
<thead>
<tr>
<th>I. REVENUE SOURCES (attach sheet if more space is needed)</th>
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<tbody>
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<td>1. 3000 GA tickets</td>
<td>$225,000</td>
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<tr>
<td>2. 100 VIP tickets</td>
<td>$10,000</td>
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<tr>
<td>3. Sponsorships</td>
<td>$85,000</td>
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<td>4. 1500 Groupon</td>
<td>$37,500</td>
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<td>5.</td>
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<tr>
<td>6.</td>
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<tr>
<td>7.</td>
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</tr>
<tr>
<td>8. Total Gross Revenue</td>
<td>$357,500</td>
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</tbody>
</table>

II. EXPENSES (attach sheet if more space is needed)

| 1. Charity donation                                      | $10,000 |
| 2. Labor                                                 | $30,000 |
| 3. Rental equipment                                      | $11,500 |
| 4. Security                                               | $5,000  |
| 5. Tents                                                  | $23,000 |
| 6. Tables, chairs, linens                                | $8,000  |
| 7. Porcots                                                | $3500   |
| 8. Handwashing                                            | $1500   |
| 9. Trussing/AV/Lights                                     | $5,500  |
| 10. Accommodations                                       | $3,500  |
| 11. Media                                                 | $15,000 |
| 12. Branded premiums                                      | $25,000 |

TOTAL OPERATING EXPENSES: $141,500
TOTAL NET INCOME: $216,000

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Prepared by: Tammy Gall Date: 2-6-19</th>
</tr>
</thead>
</table>
Florida Department of State / Division of Corporations / Search Records / Detail By Document Number

Detail by Entity Name
Florida Profit Corporation
FLORIDATA CAPITAL ASSETS GROUP, INC.

Filing Information
Document Number: P95000060025
FEI/EIN Number: 59-3328318
Date Filed: 08/03/1995
State: FL
Status: ACTIVE
Last Event: AMENDMENT
Event Date Filed: 12/08/2009
Event Effective Date: NONE

Principal Address
2085 COUNTY RD 753 SOUTH
WEBSTER, FL 33597

Changed: 01/30/2001

Mailing Address
2085 COUNTY RD 753 SOUTH
WEBSTER, FL 33597

Changed: 01/30/2001

Registered Agent Name & Address
Gail, Tammy
2085 COUNTY RD 753 S
WEBSTER, FL 33597

Name Changed: 01/23/2018
Address Changed: 01/30/2001

Officer/Director Detail
Name & Address
Title: P
GAIL, TAMMY
2085 CR 753 S
WEBSTER, FL 33597
Title V

YOUHN, CHRISTOPHER
2085 CR 753 S
WEBSTER, FL 33597

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- 02/12/2012 – ANNUAL REPORT
- 02/16/2011 – ANNUAL REPORT
- 01/11/2010 – ANNUAL REPORT
- 12/08/2009 – Amendment
- 03/05/2009 – ANNUAL REPORT
- 02/20/2009 – ANNUAL REPORT
- 01/12/2009 – ANNUAL REPORT
- 02/21/2006 – ANNUAL REPORT
- 02/03/2005 – ANNUAL REPORT
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- 04/14/1998 – ANNUAL REPORT
- 04/17/1997 – ANNUAL REPORT
- 02/07/1998 – ANNUAL REPORT
- 08/03/1995 – DOCUMENTS PRIOR TO 1997
Contract # : 26269  
Date: 11 Feb 2019 

FLORIDATA CAPITAL ASSETS GROUP  
TAMMY GAIL  
2085 CR 753 SOUTH  
WEBSTER FL 33597 USA  

Primary #: (813) 477-6111  
Secondary #: ()  
Other #: ()  

Purpose of Use: SAVOR ST PETE  
Expected: 5,000  
Co-Sponsored Event 
Contract Balance $430.00  

Conditions of Use: Insurance Required  

Other Information:  
- Use of beer and wine: Yes  
- Use of fencing: Yes  
- Use of liquor: No  

Date(s) and Time(s) of Use:  
Starting: Mon 28 Oct 19 08:00 am  
Ending: Mon 04 Nov 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>North Straub Park Park</td>
<td>Mon</td>
<td>28 Oct 19</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$400.00</td>
<td>$0.00</td>
<td>$400.00</td>
</tr>
<tr>
<td>North Straub Park Park</td>
<td>Fri</td>
<td>01 Nov 19</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Additional Fees:  
- Co-Sponsored Application Fee  
  Quantity 1  
  Charge $30.00  
  Tax $0.00  
  Total $30.00  

- Co-Sponsored Permit Fee  
  Hours 63:00  
  Quantity 2  
  Charge $400.00  
  Tax $0.00  
  Total $400.00  

Charges:  
- Fees $0.00  
- Extra Fees $430.00  
- Tax $0.00  
- Total $430.00  

Balance of rental due and payable immediately.  

Payments:  

Additional Notes:  

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.  

By:(Sign Name) TAMMY GAIL  
(Print Name) FLORIDATA CAPITAL ASSETS GROUP  
Name of User Organization, if Applicable  

CITY OF ST. PETERSBURG, FLORIDA  
By:(Sign Name): Parks and Recreation Superintendent  
(Print Name) Parks and Recreation Department  

Printed: 11 Feb 2019, 10:28 AM  
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: Tampa Bay Blues Festival

Entity Name: Tampa Bay Blues Foundation Inc.

Event Date(s): April 3, 4, & 5, 2020

Location: Vinoy Park

Day 1 of Event: April 3, 2020  Time Gates Open: 10:30 a.m.  Ending Time: 10:00 p.m.

Day 2 of Event: April 4, 2020  Time Gates Open: 10:00 a.m.  Ending Time: 10:00 p.m.

Day 3 of Event: April 5, 2020  Time Gates Open: 11:00 a.m.  Ending Time: 10:00 p.m.

Application Prepared by: Charles W. Ross

Title: President

Address: 1535 Dr. M.L. King Jr. Street North

City: St. Petersburg

State: FL

Zip: 33704

Email Address: cross@tampabay.rr.com

Additional Contact Person: Diane Nicola

Day Phone: 727-502-5000

What month/year were you incorporated as nonprofit? 1995

List all 501(c)3 entities that will benefit from this event. PARC

Describe your event with details.

The Tampa Bay Blues Festival has been held at Vinoy Park since 1996. Over 420 national blues artists have graced the stage, providing residents and tourists with first class blues music entertainment in a beautiful waterfront setting.

Describe what economic benefit and impact this event will bring to St. Petersburg.

Approximately one-third of the attendees are from outside the Tampa Bay area. These patrons fill downtown hotels and restaurants.

For the past five years, we have contracted with the Vinoy Resort, Marriott Downtown, the new Hyatt Place (in 2017), and the St. Petersburg Marriott Clearwater. Each hotel sold out of the rooms afforded to our VIP patrons. Approximately 150 room nights are booked at the St. Petersburg Marriott Clearwater for our performing artists.

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?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>How much?</th>
</tr>
</thead>
</table>

Are there plans to sell or distribute beer/wine at your event?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Will there be an admission / registration fee?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Advanced Fee: $45  Day of: $50

Please provide the website address for your event.

www.tampabaybluesfest.com

Please provide a phone number that can be advertised to the public.

727-895-6153

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>12,000</td>
<td>1,500</td>
<td>12,000</td>
</tr>
</tbody>
</table>
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

<table>
<thead>
<tr>
<th>Special Events Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
</tr>
<tr>
<td># Bleacher(s) needed. Each bleacher approx. 180 people</td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
</tr>
<tr>
<td>Chairs # needed</td>
</tr>
<tr>
<td># of portable risers needed (4 in. x 8 in. x 16 in. sections)</td>
</tr>
</tbody>
</table>

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services
TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)
FIRE: Paramedics, Inspectors
PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: | Title: President | Date: 2-8-19
Co-Sign: | Title: | Date:

NOTE: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.

   b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.
   c. Applications lacking information or the required completed appendixes listed below will not be processed.

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

Page 2 of 8
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>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
- 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.

Barrier for Power Needs

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? Collins Electric

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

We would like to sell mixed drinks, as well as beer & wine again in 2020.

If City permits, licenses, or services are required for event, who will pay for them?

Name: Tampa Bay Blues Foundation Inc. Phone: 727-502-5000

Address (including zip): 1535 Dr. M.L. King Jr. Street North, St. Petersburg, FL 33704

Type of music, # of stages, and # of bands.

Blues music, one stage, 15 bands

List Vending Products. Name & Provider.

Multiple, individual vendors

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

PARC, 3190 Tyrone Blvd., St. Petersburg, FL. 33710
Tampa Bay Blues Foundation Inc., 1535 Dr. M.L. King Jr. Street North, St. Petersburg, FL 33704

Explain subject/purpose of all speeches/demonstrations which will occur.

none

Discuss your load in/load out parking needs, include times and dates.

Other Comments: Please describe your fee structure.

Fees for 2019 are: Friday = $50, Saturday = $50, Sunday = $40. Undetermined for 2020.

Other comments:
The Tampa Bay Blues Festival has been successfully produced in St. Petersburg for 24 years as of the date of this application. 2020 will be our 26th anniversary. It was recognized as "Best U.S. Festival" in 2011 by the leading blues organization, The Blues Foundation. In 2018, our foundation received the Community Partner Award from PARC. The festival is a destination event for both U.S. residents and international visitors.

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.

WILL NOT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: [Signature]  Title: President  Date: 2-8-19
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>Tampa Bay Blues Foundation Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Charles W. Ross</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1535 Dr. M.L. King Jr. Street North, St. Petersburg, FL 33704</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-502-5000</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:cwross@tampabay.rr.com">cwross@tampabay.rr.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>31-1485045</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: Charles W. Ross
  - Address: 1535 Dr. M.L. King Jr. Street North
  - City, State, Zip: St Petersburg, FL 33704

- [ ] BY EMAIL
  - Email Address: [ ]
**APPENDIX C**
**STATEMENT OF REVENUE AND EXPENSES FORM**
**PRIOR YEAR'S EVENT**
(Must be completed)

**Name of Event:** Tampa Bay Blues Festival

**Date(s) of Event:** 4-12, 13, 14 - Jan 1, 2019

<table>
<thead>
<tr>
<th>I. REVENUE SOURCES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Our event has not yet been held for 2019</td>
<td></td>
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<td>2.</td>
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<td>3.</td>
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<td>7.</td>
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<td>8.</td>
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</tbody>
</table>

**TOTAL GROSS REVENUE**

<table>
<thead>
<tr>
<th>II. EXPENSES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<td>10.</td>
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<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>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
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<tr>
<td>5.</td>
<td></td>
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<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: ___________________________  Date: ___________________________
Consumer's Certificate of Exemption
Issued Pursuant to Chapter 212, Florida Statutes

<table>
<thead>
<tr>
<th>Certificate Number</th>
<th>Effective Date</th>
<th>Expiration Date</th>
<th>Exemption Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>85-8012583797C-7</td>
<td>02/13/2017</td>
<td>02/28/2022</td>
<td>501(C)(3) ORGANIZATION</td>
</tr>
</tbody>
</table>

This certifies that

TAMPA BAY BLUES FOUNDATION INC
1535 OR MARTIN LUTHER KING JR ST N
SAINT PETERSBURG FL 33704-4201

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.
February 8, 2019

The Honorable Charles W. Gerdes
Co-Sponsored Sub-Committee Chair
St. Petersburg City Council
City of St. Petersburg
Post Office Box 2842
St. Petersburg, FL 33731

Re: Tampa Bay Blues Festival 2020; Request for Alcoholic Beverage Sales

Dear Councilman Gerdes:

I furnish this letter on behalf of the Tampa Bay Blues Foundation, Inc., our 501(c)3 non-profit entity, in order to request your assistance in re-issuing our approval to sell mixed alcoholic beverages at the 2020 Tampa Bay Blues Festival. Thank you for granting us this opportunity since 2010. I am pleased to report that mixed drink sales have always been handled smoothly, and we have experienced no problems. Our anticipated festival dates for 2020 are April 3, 4, & 5.

For the past 25 years, the City of St. Petersburg and the Tampa Bay Blues Festival have worked together in order to build one of the best blues music events in the entire world. Without the City's partnership and assistance, this success would not have been possible.

As a part of our continuing effort to produce a first class event and to increase our capacity to raise charitable donations for PARC, we would respectfully ask that the City of St. Petersburg again approve our sale of mixed alcoholic drinks at two locations within Vinoy Park and to further permit us to sell mixed alcoholic drinks within our VIP area. All operations will continue to be staffed by professional bartenders with paid security personnel from Sentry Services and will be supervised by a festival manager who reports directly to me.

If you require any additional information or input, please do not hesitate to give me a call.

I sincerely appreciate past support of mixed drink sales at the festival, and I assure you that, if permitted, we will utilize our very best efforts to insure that the event
continues to be professionally and responsibly operated. Thank you for your kind consideration.

Sincerely,

TAMPA BAY BLUES FOUNDATION, INC.

Charles W. Ross, President

CWR:dn
2019 Site Map – Tampa Bay Blues Festival
901 North Shore Drive NE
St. Petersburg, FL 33701
(South of North Shore Swimming Pool)

Volunteer
Check-in
Tent

Trucks/Tour Buses
Parking
Production Passes Only Area

Artist/Production Trailers
Artist Passes Only

Stage

Private Stage seating – West  VIP Seating
VIP Seating  VIP Seating  VIP Seating  VIP Seating
VIP Seating  VIP Seating  VIP Seating  VIP Seating
VIP Seating  VIP Seating  VIP Seating  VIP Seating
VIP Seating  VIP Seating  VIP Seating  VIP Seating
VIP Seating  VIP Seating  VIP Seating  VIP Seating
VIP Seating  VIP Seating  VIP Seating  VIP Seating
VIP Seating  VIP Seating  VIP Seating  VIP Seating

(Gate to Stage Seating - West) (gate to VIP – must have VIP wristband)

Street Side Outside

- North Vendor Swing Gate
  for vendors/volunteers/handicapped persons/VIP
- WMNF  The Eagle  ATM  Blues Society
- Dre’s BBQ
- Tickets
- Wine
- Beer
- Bar
- Sound Booth
- Backline

Water Side

- Pipos
- Superb Foods
- Rich & Rise
- Blues Conspiracy
- Beer
- Wine/Bar
- Tickets
- T-Shirts
- Mudry
- Mudry
- Mudry
- Mudry
- Mudry
- Mudry
- Mudry

Open gates: 11:00 am
Close: 10 pm
☐ ☐ ☐ Beer Garden ☐ Tickets ☐

☐ Cox

☐ PARC

☐ Street Side Inside

☐ PARC

☐ PARC

☐ PARC

☐ O Tampa Bay Times

☐ Front Gate (includes Will Call & ATM Machine)
Security in Trailer
Florida Not For Profit Corporation
TAMPA BAY BLUES FOUNDATION, INC.

Filing Information
Document Number: N96000005721
FEI/EIN Number: 31-1485045
Date Filed: 11/08/1996
State: FL
Status: ACTIVE
Last Event: AMENDMENT
Event Date Filed: 02/26/1997
Event Effective Date: NONE

Principal Address
8370 - 40 AVENUE NORTH
ST. PETERSBURG, FL 33709

Mailing Address
8370 - 40 AVENUE NORTH
ST. PETERSBURG, FL 33709

Registered Agent Name & Address
ROSS, CHARLES W
1535 DR. M.L. KING ST. N
SAINT PETERSBURG, FL 33704

Address Changed: 02/14/2008

Officer/Director Detail
Name & Address
Title D
ROSS, CHARLES W
8370 - 40 AVENUE NORTH
ST. PETERSBURG, FL 33709

Title D
NICOLA, DIANE
1535 DR M.L. KING ST N
SAINT PETERSBURG, FL 33704
Title D  
ROSS, TRACI  
6370 40 AVE N.  
SAINT PETERSBURG, FL 33709  

Annual Reports  

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>03/07/2016</td>
</tr>
<tr>
<td>2017</td>
<td>02/08/2017</td>
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Document Images  

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Contract/Permit

Contract #: 26291
Date: 12 Feb 2019

TAMPA BAY BLUES FOUNDATION INC
CHARLES ROSS
1535 DR MARTIN L KING JR ST N
ST PETERSBURG FL 33704 USA

Purpose of Use: TAMPA BAY BLUES FESTIVAL
Expected: 1,200
Co-Sponsored Event

Conditions of Use: Insurance Required

Other Information:
- Use of beer and wine: Yes
- Use of fencing: Yes
- Use of liquor: Yes

Date(s) and Time(s) of Use:
Starting: Mon 30 Mar 20 06:00 am
Ending: Mon 06 Apr 20 09:00 pm

Facility/Equipment | Day | Date | Time       | Fee | Extra Fee | Tax | Total
--- | --- | --- | --- | --- | --- | --- | ---
Vinoy Park         | Mon | 30 Mar 2020 | 06:00 AM  | $0.00 | $900.00 | $0.00 | $900.00
Vinoy Park         |     | 06 Apr 2020 | 09:00 PM  | $0.00 | $900.00 | $0.00 | $900.00

Addtional Fees:

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Charges:

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<td>$ 0.00</td>
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Balance of rental due and payable immediately.

Payments:

Date: 12 Feb 2019
Amount: $930.00
Payment Type: Check
Reference: Rental
Receipt Number: 3245905

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) CHARLES ROSS
TAMPA BAY BLUES FOUNDATION INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name): Parks and Recreation Superintendent
(Print Name) Parks and Recreation Department
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
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<td>March 30, 2020 6:00 am to April 6, 2020 9:00 pm</td>
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<td>Payment: Check</td>
<td>($930.00)</td>
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<td>Balance</td>
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Approved refunds are by check only.
Event Title: 2nd Annual St. Petersburg Distance Classic

Entity Name: WaterCross International, Inc. / Running Starfish Foundation, Inc.

Event Date(s): Sunday, February 9, 2020

Location: Start/Finish at North Shore Park, downtown roads

Day 1 of Event: February 9
Time Gates Open: 5:00 am
Ending Time: 2:00 pm

Day 2 of Event: (empty)

Day 3 of Event: (empty)

Application Prepared by: Chris Lauber

Title: President / Race Director

Address: 1616 7th Avenue N.
City: St. Petersburg
State: FL
Zip: 33710

Email Address: FLRoadRaces@aol.com

Additional Contact Person: (blank)

Phone: 727 468-9196

What month/year were you incorporated as nonprofit?
WaterCross: March 1991 / Starfish: December 2013

List all 501(c)3 entities that will benefit from this event.
Multiple non-profits to be determined thru our Running Starfish Foundation

Name of the for-profit entity? WaterCross International, Inc. dba Florida Road Rases

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.

The St. Petersburg Distance Classic will consist of 4 timed running events: marathon, half marathon, 10K, and 5K Race / Walk, along with an Expo on Saturday, February 8 and during the races on Sunday, February 9. The St. Petersburg Marathon will be just one of two marathons staged in the Tampa Bay area.

The St. Petersburg Distance Classic will promote a healthy, active lifestyle, while showcasing our city's gorgeous waterfront, generating a positive economic impact for our tourism industry, and funding for small, local non-profits. This event will demonstrate our community's vitality, while providing runners another long distance event to enjoy, and may generate statewide, and national publicity. Local businesses and organizations will be invited to participate in a number of different ways.

Describe what economic benefit and impact this event will bring to St. Petersburg.

While direct economic benefit will initially be relatively modest, we have an established history in growing events. As this race progresses, we will generate increased economic benefits and widespread publicity which will showcase our vibrant community and our downtown waterfront 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 [X] NO

How much? [X] will secure $1,000,000 pre-race

Are there plans to sell or distribute beer/wine at your event? [X] YES [ ] NO

Will there be an admission / registration fee? [X] YES [ ] NO

Advanced Fee: [X] $30 - $75 Day of: [X] $55 - $140

Please provide the website address for your event: www.StPetersburgDistanceClassic.com / www.FloridaRoadRaces.com

Please provide a phone number that can be advertised to the public: 727 347-4440 (Voicemail)

What is the estimated attendance for this event? Spectators 2,500 Participants 2,500 Last Year's Total Attendance 1,800
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) No
# Bleachers needed. Each bleacher approx. 180 people

Tables (6 ft) # needed Chairs # needed

Public Address System
# of portable risers needed (4 in. x 8 in. x 16 in. sections)

Special Events Facilities

□ Mahaffey Theater
□ Coliseum
□ Sunken Gardens
□ Boyd Hill

□ Non-City Locations
Which Location? North Shore 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] [ Lumpen ]
Co-Sign: [Signature] [Title: ]
Date: [February 1, 2019]

NOTE: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.

c. Applications lacking information or the required completed appendixes listed below will not be processed.

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

Page 2 of 8
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
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<tbody>
<tr>
<td>✔️ Public Invited</td>
<td>General Liability Insurance</td>
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<tr>
<td>✔️ Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>✔️ Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>✔️ Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>✔️ Vending Beer / Wine</td>
<td>Alcohol Permit</td>
</tr>
<tr>
<td>✔️ Erecting Tents - Larger than 10ft x 12ft</td>
<td>Additional insurance Required</td>
</tr>
<tr>
<td>✔️ Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>✔️ Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>✔️ Open Flame Food Preparation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>✔️ Pyrotechnics</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>✔️ Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>✔️ VIP Area</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. □ 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.

Traffic restrictions customary with running events. Hospitality beer for participants to be served in a fenced-in area, 8:00 am - 2:00 pm race day only, Sunday, February 9, 2020. ABT permit will be secured prior to race day.

If City permits, licenses, or services are required for event, who will pay for them?

Name: [Chris Lauber, President / Race Director]
Address (including zip): 6161 7th Avenue N., St. Petersburg, FL 33710
Phone: 727 468-9196

Type of music, # of stages, and # of bands.

- Background music at post-race celebration, One Folk Singer
- We also hope to add live performers / disc jockeys along the course.

List Vending Products. Name & Provider.

To be determined

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

Running Starfish Foundation, Inc. (please note: this is our corporate funded foundation - we have filed for 501(c)3 recognition)
6161 7th Avenue N.
St. Petersburg, FL 33710 / 727 468-9196

Explain subject/purpose of all speeches/demonstrations which will occur.

"Speeches" will consist solely of: welcoming the participants before the race, announcing the finishers at the finish line, awards recipients at post-race celebration, and thanking the participants for joining us.

Discuss your load in/load out parking needs, include times and dates.

We will set up the expo and start / finish line area starting at 9:00 am on Saturday, February 8, 2020 and will completely tear down by 5:00 pm, Sunday, February 9, 2020, all at North Shore Park.
Other Comments: Please describe your fee structure.

Entry Fees will vary by event distance and date of registrations as follows:

Marathon: $85 - $140  
Half Marathon: $70 - $120  
10K: $40 - $70  
5K Race: $35 - $60

Other comments:

PLEASE NOTE: At time of application, we intend to use many of the aspects established for the 2019, such as race courses, site plans, etc. This critical information will be fine tuned in consultation with city staff.

Saturday, February 8: Site prep starts at North Shore Park at about 9:00 am  
Sunday, February 9: Final site prep starts at North Shore Park at 4:00 am; registration / packet pick-up from 5:00 - 7:00 am  
Races start at 6:00 am, with last finisher arriving at about 12:30 pm  
Finish line activity throughout the morning, finishing at about 1:00 pm, with tear-down completed by 5:00 pm  
Cones will be set out to mark the courses starting at about 5:00 am, entirely removed by 12:30 pm.

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON Whose BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: [Signature]  
Title: President / Race Director  
Date: February 1, 2019
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.

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<thead>
<tr>
<th>Name of the <strong>Nonprofit</strong> Corporation:</th>
<th>Running Starfish Foundation, Inc.</th>
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<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Chris Lauber</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>6161 7th Avenue N., St. Petersburg, FL 33710</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727 468-9196</td>
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<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:FLRoadRaces@aol.com">FLRoadRaces@aol.com</a></td>
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<td>Nonprofit (Employee Identification Number):</td>
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<th>WaterCross International, Inc., dba Florida Road Races</th>
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<td>Chris Lauber</td>
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<tr>
<td>Title of Responsible Party:</td>
<td>President / Race Director</td>
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<td>For-profit (Employee Identification Number):</td>
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Please include a copy of the the current IRS Nonprofit Affidavit / For Profit
### APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

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<td><strong>TOTAL NET INCOME</strong></td>
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<td>6.</td>
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<tr>
<td><strong>TOTAL ALLOCATION OF NET INCOME</strong></td>
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Prepared by: **Chris Lauber**
Date: **Feb 1, 2019**

Name of Event: **St. Petersburg Distance Classic**
Date(s) of Event: **Feb 10, 2019**
February 1, 2019

Ms. Lynn Gordon
City of St. Petersburg
1400 – 19th Street North
St. Petersburg, FL 33713

Dear Ms. Gordon,

I am submitting two applications for special events to be staged in January and February, 2020, if approved:

1) The Inaugural Gulf to Bay 15K on Sunday, January 5, 2020

We propose to start this new race in Treasure Island, head east over the Treasure Island Causeway, onto the Pinellas Trail at Central Avenue, east to the downtown St. Petersburg waterfront, and south to the finish line at Albert Whitted Park. We will also explore adding a race of shorter distance, contingent upon identifying a suitable venue for a start line that is easily accessible to the Pinellas Trail.

Other alternatives, if Albert Whitted Park is already booked, include finishing at the new Pier Approach, if finished and open; or adding some mileage to finish at North Shore Park by converting it into a 10-Mile Race. Or a different date, if none of the above is acceptable.

Also, if the city is interested in staging a road race as part of the Pier’s opening festivities, we would like this new race to be considered for that.

We recognize this race will require permitting and cooperation from the City of Treasure Island, as well as the County Parks Department for use of the Pinellas Trail. In order to secure their permission, we will first need permission from the City of St. Petersburg.

2) The 2nd Annual St. Petersburg Distance Classic on Sunday, February 9, 2020

As in our inaugural race on February 10, 2019, we request co-sponsorship to stage:

• The St. Petersburg Marathon
• The St. Petersburg Halfathon
• The St. Petersburg Distance Classic 10K Race
• The St. Petersburg Distance Classic 5K Run / Walk

Most of the details from our inaugural race will be the same for our 2nd year, with anticipated improvements.

I know this might be considered unusual to submit an application for 2020 prior to staging our race in 2019, but I do so only because of the awkward timing of this application submission relative to the next meeting of the Co-Sponsored Events Sub-Committee, and the Gasparilla Distance Classic Expo on February 22 - 23.

Our hope is that we will be able to open registration for 2020 less than 2 weeks after this year’s race, while also recognizing if we totally botch this year’s race, the Sub-Committee can deny our application. If possible, we would like to capitalize on the momentum from this year’s race and have nearly a full year to grow next year’s race.

I look forward to partnering with the City to create the Gulf to Bay 15K and build the St. Petersburg Distance Classic well into the future.

Thank you!

Chris Lauber
Race Director
Detail by Entity Name

Florida Profit Corporation
WATERCROSS INTERNATIONAL, INC.

Filing Information

Document Number: S36469
FEI/EIN Number: 59-3057632
Date Filed: 03/08/1991
State: FL
Status: ACTIVE
Last Event: CANCEL ADM DISS/REV
Event Date Filed: 12/08/2006
Event Effective Date: NONE

Principal Address
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Changed: 10/07/2005

Mailing Address
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Changed: 10/07/2005

Registered Agent Name & Address
LAUBER, CHRISTOPHER JMR.
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Name Changed: 10/07/2005
Address Changed: 10/07/2005

Officer/Director Detail

Name & Address

Title: PD

LAUBER, CHRISTOPHER
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL
<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>04/28/2017</td>
</tr>
<tr>
<td>2018</td>
<td>03/01/2018</td>
</tr>
</tbody>
</table>

**Document Images**

- 03/01/2018 -- ANNUAL REPORT
- 04/29/2017 -- ANNUAL REPORT
- 04/28/2016 -- ANNUAL REPORT
- 04/28/2015 -- ANNUAL REPORT
- 03/02/2014 -- ANNUAL REPORT
- 02/27/2013 -- ANNUAL REPORT
- 04/22/2012 -- ANNUAL REPORT
- 04/15/2011 -- ANNUAL REPORT
- 04/02/2010 -- ANNUAL REPORT
- 04/16/2009 -- ANNUAL REPORT
- 04/20/2008 -- ANNUAL REPORT
- 05/02/2007 -- ANNUAL REPORT
- 12/05/2006 -- REINSTATEMENT
- 10/01/2006 -- REINSTATEMENT
- 11/29/2005 -- REINSTATEMENT
- 05/01/2005 -- ANNUAL REPORT
- 04/25/2002 -- ANNUAL REPORT
- 09/14/2001 -- ANNUAL REPORT
- 09/13/2000 -- ANNUAL REPORT
- 03/15/1999 -- ANNUAL REPORT
- 30/11/1998 -- ANNUAL REPORT
- 03/17/1997 -- ANNUAL REPORT
- 08/14/1996 -- ANNUAL REPORT
WATERCROSS INTERNATIONAL
CHRIS LAUBER
6181 7TH AVE N
ST PETERSBURG FL 33710 USA

Purpose of Use: ST. PETERSBURG DISTANCE CLASSIC
Expected: 2,500
Co-Sponsored Event
Contract Balance $0.00

Conditions of Use: Insurance Required
Other Information:
Use of beer and wine: Yes
Use of fencing: Yes
Use of liquor: No

Date(s) and Time(s) of Use:
Starting: Sat 08 Feb 20 06:00 am
Ending: Sun 09 Feb 20 09:00 pm

Facility/Equipment
Day Date Time Fee Extra Fee Tax Total
Vinoy Park Sat 08 Feb 2020 05:00 AM $0.00 $200.00 $0.00 $200.00
Vinoy Park 09 Feb 2020 09:00 PM

Additional Fees:
Extra Fee - Bookings
Co-Sponsored Permit Fee
Hours Quantity Charge Tax Total
39:00 1 $200.00 $0.00 $200.00

Fees Extra Fees Tax Total Deposit Total Applied Contract Balance Account Balance
$ 0.00 $230.00 $0.00 $230.00 $0.00 $230.00 $0.00 $0.00

Balance of rental due and payable immediately.

Payments:
Date Amount Payment Type Reference Receipt Number
13 Feb 2019 $230.00 Check Rental 3246587

Additional Notes:
I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By: (Sign Name) CHRIS LAUBER (Print Name) WATERCROSS INTERNATIONAL Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA
By:(Sign Name) Parks and Recreation Superintendent
(Print Name) Parks and Recreation Department
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
### Description

<table>
<thead>
<tr>
<th>Previous Balance</th>
<th>$230.00</th>
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<tbody>
<tr>
<td>Applied To: 26305 - ST. PETERSBURG DISTANCE CLASSIC</td>
<td>$230.00</td>
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</tbody>
</table>

- **Description:**
  - Vinoy Park - Vinoy Park
  - February 8, 2020 6:00 am to February 9, 2020 9:00 pm

<table>
<thead>
<tr>
<th>Payment</th>
<th>Check</th>
<th>($230.00)</th>
</tr>
</thead>
</table>

| Balance | $0.00 |

**Receipt #: 3246587**

**User:** JSBENNIN

**Issued:** Wed 13 Feb 19 08:34 am

**Approved Refunds Are By Check Only**
# Co-Sponsored Event Application

**Date Received:** 2-13-19

**Check or Cash:** 

**Application #:** 25

**Packet:** A

**Permit #:** 26315

### Event Title:
UIPM Biathle/ Triathle World Championship

### Phone No.:
732.804.8232

### Fax No.:

### Entity Name:
USA Pentathlon

### Federal I.D. Number:
26-3563446

### Event Date(s):

<table>
<thead>
<tr>
<th>Day of Event</th>
<th>Time Gates Open</th>
<th>Ending Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1 of Event</td>
<td>10/24/19</td>
<td>09:00</td>
</tr>
<tr>
<td>Day 2 of Event</td>
<td>10/25/19</td>
<td>07:00</td>
</tr>
<tr>
<td>Day 3 of Event</td>
<td>10/26/19</td>
<td>07:00</td>
</tr>
</tbody>
</table>

### Location:
Albert Whitted Park

### Application Prepared by:
John Amabile

### Title:
Communications Director

### Address:
1 Olympic Plaza

### City:
Colorado Springs

### State:
CO

### Zip Code:
80907

### Email Address:
jcamabile@gmail.com

### Additional Contact Person:
Rob Stull

### Day Phone:
305.332.8232

### What month/year were you incorporated as nonprofit?
2007

### List all 501(c)3 entities that will benefit from this event:
USA Pentathlon

### 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 world championship sports event involving an Olympic International Federation. 90 per cent of the event participants will be from outside the United States with a strong contingent from the United Kingdom, Canada, South Africa and the British Commonwealth, and Europe. In total there will be over 30 countries represented. It is a family friendly age group competition where almost all participants travel with the rest of their family and make this their annual family vacation. the event is broadcast to over 120 countries worldwide. This is a great chance for families to see Olympic athletes and future Olympic athletes compete in a casual and up close way and for young children see athletes their own age compete from around the world.

### Describe what economic benefit and impact this event will bring to St. Petersburg.
This event will bring over 2,500 hotel room nights to St. Petersburg. The economic impact will be made by approximately 900 participants and their families staying for 4 or 5 days in town with 90 per cent of the visitors coming from another country and a good portion of the domestic visitors from out of state. Additionally the event brings a lot of British, Canadian and other Europeans which are attractive markets for future tourists to visit St. Pete though word of mouth from these visitors. There will also be large delegations from non-traditional St. Pete tourist markets whereby St. Pete can expand their brand visibility with teams from South Africa, Portugal, India, Egypt, Guatemala and Argentina. With the event televised in over 120 countries including all of Europe, it again is an opportunity for a wide and diverse group of potential tourists to see and hear about St. Petersburg.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

### Does your group presently have liability insurance?
☑ YES  ☐ NO

### How much?
$1,000,000/$2,000,000

### Are there plans to sell or distribute beer/wine at your event?
☐ YES  ☑ NO

### Will there be an admission / registration fee?
☐ YES  ☑ NO

### Advanced Fee:

### Day of:

### Please provide the website address for your event.
https://www.teamusa.org/USA-Modern-Pentathlon

### Please provide a phone number that can be advertised to the public.

### What is the estimated attendance for this event?

- Spectators: 200
- Participants: 700
- Last Year's Total Attendance

---

**Page 1 of 8**
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Special Events Facilities

Showmobile (Yes/No) [Yes] [No]

Mahaffey Theater

# Bleacher(s) needed. Each bleacher approx. 180 people [8]

Coliseum

Tables (6 ft) # needed [20]

Sunken Gardens

Chairs # needed [200]

Boyd Hill

Public Address System [Yes]

# of portable risers needed (4 in. x 8 in. x 16 in. sections)

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: John Amabile

Title: Communications director

Date: 2/10/2019

Co-Sign: [Signature]

Title: [Signature]

Date: [Signature]

NOTE: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity’s 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.

c. Applications lacking information or the required completed appendixes listed below will not be processed.

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day’s events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,
727-893-7766 or EMAIL: StPeteEvents@stpete.org
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>✓ Located in Park</td>
<td>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.

<table>
<thead>
<tr>
<th>Invitations</th>
<th>Radio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posters / Flyers</td>
<td>Television</td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td>Remote Broadcast</td>
</tr>
</tbody>
</table>

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks?  □ YES □ NO

If YES, check all that apply.  □ RV'S  □ Coffee Vendors  □ Ice Bins  □ Freezers  □ Ice Cream Vendors  □ Catering Trucks  □ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Catering food trucks and ice cream vendors will be utilized for this event.

Will you supply your own generators?  □ YES  □ NO

Will your event have a licensed electrician on-site during the event?  □ YES  □ NO  If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

Closing Dan Wheldon Way

If City permits, licenses, or services are required for event, who will pay for them?

Name: USA Pentathlon  Phone: 732-804-8232

Address (including zip): 1 Olympic Plaza, Colorado Springs, CO 80907

Type of music, # of stages, and # of bands.

We are considering some music which will be submitted in a later request.

List Vending Products. Name & Provider.

To be supplied at a later time.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

Explain subject/purpose of all speeches/demonstrations which will occur.

Discuss your load in/load out parking needs, include times and dates.

Set-up will be done on October 21-22 and will utilize trucks to bring in the required equipment from 8:00 am to 4:00 pm. During the event, drop-off and pick-up by small vehicles will take place. We would like to have parking for 3 cars on-site. All items will be taken away by trucks on 28 October from 8:00 am to 5:00 pm.
Other Comments: Please describe your fee structure.

There will be no fee for spectators to attend the event. There will be a fee to compete in the competition.

Other comments:

October 21-23 are set-up days. October 23-24 are practice days, with practice occurring from 8:00 am till 4pm each day. There will be a pasta dinner for the competitors on 24 October starting in late afternoon. The Triathle Individual competition is scheduled for 25 October. The Biathle individual competition is scheduled for 26 October with the Biathle and Triathle relay events scheduled for 27 October. Competition events will run from 7:30 am till approximately 6:30 pm on 25-27 October. There will be a post competition dinner on 27 October which may start before the end of all races. A detailed schedule for each day will be provided at a later date. Based on registration numbers, competitions in the various events may include an additional day. Break down will start on 27 October and conclude with clean up on 28 October. A detailed site map will be provided at a later time.

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: John Amabile
Title: Communications Director
Date: 2/10/2019
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>USA Pentathlon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Robert Stull</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1 Olympic Plaza, Colorado Springs, CO 80907</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>305-332-8148</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:robstull@aol.com">robstull@aol.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>26-3563446</td>
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<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>I. REVENUE SOURCES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sarasota County</td>
<td></td>
</tr>
<tr>
<td>2. SANKA</td>
<td></td>
</tr>
<tr>
<td>3. State of Florida</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
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<td>6.</td>
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<td>7.</td>
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<td>8.</td>
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**TOTAL GROSS REVENUE**

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<tr>
<th>II. EXPENSES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Audio System and Radios</td>
<td>$6,215.86</td>
</tr>
<tr>
<td>2. Restrooms, Trash, Recycling,</td>
<td>$2,564.50</td>
</tr>
<tr>
<td>3. Ice</td>
<td>$731.50</td>
</tr>
<tr>
<td>4. Radios</td>
<td>$660.00</td>
</tr>
<tr>
<td>5. Tents, Tables, Chairs</td>
<td>$5,125.59</td>
</tr>
<tr>
<td>6. Airport Transfers</td>
<td>$990.27</td>
</tr>
<tr>
<td>7. Golf Carts</td>
<td>$819.50</td>
</tr>
<tr>
<td>8. Light Tower/ Generator, Permits, Supplies and Misc.</td>
<td>$3,583.73</td>
</tr>
<tr>
<td>9. Event Cleaning/Set-up &amp; Breakdown</td>
<td>$2,533.56</td>
</tr>
<tr>
<td>10. Volunteer Expenses and Volunteer T-Shirts</td>
<td>$3,450.57</td>
</tr>
<tr>
<td>11. Shooting Range</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>12. Medals</td>
<td>$3,982.17</td>
</tr>
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</table>

**TOTAL OPERATING EXPENSES**

$35,656.25

**TOTAL NET INCOME**

($35,656.25)

<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.</td>
<td></td>
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<td>2.</td>
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<tr>
<td>3.</td>
<td></td>
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<td>4.</td>
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<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: John Amabile

Date: 2/10/2019
**Contract/Permit**

**USA PENTATHLON, INC.**  
JOHN AMABILE  
1 OLYMPIC PLAZA  
COLORADO SPRINGS CO 80907 USA

**Purpose of Use:** UIPM BIATHLE/TRIATHLE WORLD CHAMPIONSHIP  
**Expected:** 900  
**Co-Sponsored Event:**  
**Contract Balance:** $630.00

**Conditions of Use:** Insurance Required

**Other Information:**
- Use of beer and wine: No
- Use of fencing: No
- Use of liquor: No

**Date(s) and Time(s) of Use:**
- **Starting:** Mon 21 Oct 19 06:00 am  
- **Ending:** Mon 28 Oct 19 09:00 pm

**Facility/Equipment**
- Albert Whitted Park
- Park

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albert Whitted Park</td>
<td>Mon</td>
<td>21 Oct 19</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$600.00</td>
<td>$0.00</td>
<td>$600.00</td>
</tr>
<tr>
<td>Park</td>
<td>28 Oct 19</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Fees:**
- Extra Fee
- Co-Sponsored Application Fee  
- Quantity: 1  
- Charge: $30.00  
- Tax: $0.00  
- Total: $30.00

- Extra Fee - Bookings  
- Co-Sponsored Permit Fee  
- Hours: 183:00  
- Quantity: 3  
- Charge: $600.00  
- Tax: $0.00  
- Total: $600.00

**Charges:**
- Fees: $0.00  
- Extra Fees: $630.00  
- Tax: $0.00  
- Total: $630.00  

**Balance of rental due and payable immediately.**

**Payments:**

**Additional Notes:**

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**I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.**

By: (Sign Name)  
JOHN AMABILE  
USA PENTATHLON, INC.  
(Print Name)  
Name of User Organization, If Applicable

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**CITY OF ST. PETERSBURG, FLORIDA**

By: (Sign Name)  
Parks and Recreation Superintendent

(Print Name)  
Parks and Recreation Department

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Printed: 13 Feb 2019, 04:05 PM  
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
### Summary

**Details**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
<td>USA Pentathlon, Inc.</td>
</tr>
<tr>
<td><strong>Status</strong></td>
<td>Good Standing</td>
</tr>
<tr>
<td><strong>Formation date</strong></td>
<td>02/15/2007</td>
</tr>
<tr>
<td><strong>ID number</strong></td>
<td>20071070363</td>
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<tr>
<td><strong>Form</strong></td>
<td>Nonprofit Corporation</td>
</tr>
<tr>
<td><strong>Periodic report month</strong></td>
<td>November</td>
</tr>
<tr>
<td><strong>Jurisdiction</strong></td>
<td>Colorado</td>
</tr>
<tr>
<td><strong>Principal office street address</strong></td>
<td>1 Olympic Plaza, Colorado Springs, CO 80909, United States</td>
</tr>
<tr>
<td><strong>Principal office mailing address</strong></td>
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</tr>
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</table>

**Registered Agent**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td><strong>Name</strong></td>
<td>Rob Stull</td>
</tr>
<tr>
<td><strong>Street address</strong></td>
<td>1 Olympic Plaza, Colorado Springs, CO 80909, United States</td>
</tr>
<tr>
<td><strong>Mailing address</strong></td>
<td>One Olympic Plaza, Colorado Springs, CO 80909-__ , United States</td>
</tr>
</tbody>
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Filing history and documents

- Get a certificate of good standing
- Get certified copies of documents
- File a form
- Set up secure business filing
- Subscribe to email notification
- Unsubscribe from email notification