City of St. Petersburg

City Council
Co-Sponsored Events Committee

Thursday, May 16, 2019, 11:00AM

City Hall Room 100

Committee Members
Lisa Wheeler-Bowman
Charlie Gerdes
Darden Rice
Ed Montanari
Steve Kornell (Alternate)

Agenda

I. Call to Order

II. Approval of nineteen (19) events for FY 20
   a. Waiving the non-profit requirement for five (5) events.
   b. Requesting liquor for one (1) event.

III. Public Comment

IV. Adjournment
<table>
<thead>
<tr>
<th>Event #</th>
<th>Event Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Open Streets St Pete</td>
</tr>
<tr>
<td>2</td>
<td>Southeast Guide Dogs Walk</td>
</tr>
<tr>
<td>3</td>
<td>Walk to End Alzheimers</td>
</tr>
<tr>
<td>4</td>
<td>Shopapalooza</td>
</tr>
<tr>
<td>5</td>
<td>Purplestride Run / Walk</td>
</tr>
<tr>
<td>6</td>
<td>5K Kettle Krush</td>
</tr>
<tr>
<td>7</td>
<td>Dr. MLK Arts and Music Festival</td>
</tr>
<tr>
<td>8</td>
<td>Boley Jingle Bell Run</td>
</tr>
<tr>
<td>9</td>
<td>James Weldon Johnson Literacy Festival</td>
</tr>
<tr>
<td>10</td>
<td>LOCALTOPIA</td>
</tr>
<tr>
<td>11</td>
<td>Walk to Defeat ALS</td>
</tr>
<tr>
<td>12</td>
<td>St. Petersburg Fine Art Festival</td>
</tr>
<tr>
<td>13</td>
<td>St. Pete Beer &amp; Bacon Festival</td>
</tr>
<tr>
<td>14</td>
<td>Awakening into the Sun</td>
</tr>
<tr>
<td>15</td>
<td>Reggae Rise Up Music Festival</td>
</tr>
<tr>
<td>16</td>
<td>North American ACAT Championship</td>
</tr>
<tr>
<td>17</td>
<td>Come Out St. Pete</td>
</tr>
<tr>
<td>18</td>
<td>Getaway 5K</td>
</tr>
<tr>
<td>19</td>
<td>Vintage Car Show</td>
</tr>
</tbody>
</table>
Event Title: Open Streets St. Pete

Entity Name: SHIFT St. Pete

Event Date(s): October 20 2019

Location: Bayshore Drive 1st Ave to Daih Blv

Application Prepared by: Cesar Morales

Title: VP- SHIFT St. Pete

Address: 218 11th Ave North

City: St. Petersburg State: FL Zip: 33701

Email Address: cesarmorales@gmail.com

Application Prepared by: Cesar Morales

Phone: 703-343-0450

Cell Phone: 703-343-0450

Additional Contact Person: Cesar Morales

Day Phone: 703-343-0450

What month/year were you incorporated as nonprofit? 6/2015

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

Name of the for-profit entity? 

Describe your event with details.

Open Streets St. Pete, organized by the local non-profit and bicycle advocacy group Shift St. Pete, is a pedestrian-friendly celebration of cyclists, walkers, runners, skaters, and all forms of people-powered movement. Family-friendly activities will be programmed throughout the day, including fitness classes, yoga, music, food, art, games, and giveaways.

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

Open Streets St. Pete promotes healthy activities through opening the streets to alternative transportation modes. The event also serves as a venue for healthy and environmentally friendly businesses. Years past have included carbon neutral/waste neutral coffee shops, bike shops, Sierra Club, Chart 411, Healthy St. Pete, Spin Classes, and Yoga classes, all business that promote St. Pete as environmentally progressive and health conscious.

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, openstreetsstpete.com

Please provide a phone number that can be advertised to the public. 703-343-0450

What is the estimated attendance for this event? Spectators Participants Last Year's Total Attendance 2k
Please check the equipment and/or facilities you are requesting.

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

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

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

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

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

Name: Cesar Morales
Co-Sign: 
Title: VP SHIFT St. Pete
Date: 1MAR19

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>How many?</td>
<td>Additional Insurance Required</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td></td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td></td>
</tr>
<tr>
<td>Amplified Sound</td>
<td>Professional</td>
</tr>
<tr>
<td>Security</td>
<td>Performers</td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td>Announcement Only</td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>Marketing: Please check all that apply.</td>
<td></td>
</tr>
<tr>
<td>Invitations</td>
<td>Radio</td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td>Television</td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td>Remote Broadcast</td>
</tr>
<tr>
<td>City logo should be used in any promotional</td>
<td></td>
</tr>
<tr>
<td>materials, posters, flyers, ads, website,</td>
<td></td>
</tr>
<tr>
<td>public service announcements, and press</td>
<td></td>
</tr>
<tr>
<td>releases.</td>
<td></td>
</tr>
</tbody>
</table>
Electrical Requirements:
Does your event require any power needs using more than the standard 110/20amp located in the parks? □ YES □ NO
If YES, check all that apply. □ RV'S □ Coffee Vendors □ Ice Bins □ Freezers □ Ice Cream Vendors □ Catering Trucks □ Other:
Please explain the details of the above items checked. Tell us how much and what type of power they would require.

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

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

If City permits, licenses, or services are required for event, who will pay for them?
Name: Ceser Morales Phone: 7033430450
Address (including zip): 218 11th Ave North St. Petersburg FL 33701

Type of music, # of stages, and # of bands.
Music by St. Petersburg Jazz Association; 1 stage; 3 bands

List Vending Products. Name & Provider.
4 food trucks

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

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

Discuss your load in/load out parking needs, include times and dates.
No specific needs- day of load in/out instruction provided to all vendors and exhibitors

Page 4 of 8
Other Comments: Please describe your fee structure.

Only fees charged to the event are for food trucks and exhibitors.

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: Cesar Morales
Title: VP SHIFT St. Pete
Date: 1MAR19
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>SHIFT St. Pete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Cesar Morales</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Interim President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>218 11th Ave North St. Petersburg FL 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>703-343-0450</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:cesarfmorales@gmail.com">cesarfmorales@gmail.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>47-4317273</td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer?

- [ ] BY Mail

  | Contact Name |  |
  | Address |  |
  | City, State, Zip |  |

- [x] BY EMAIL

  | Email Address: | cesarfmorales@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)

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. AARP Sponsorship</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>2. Private Sponsorship</td>
<td>$250.00</td>
</tr>
<tr>
<td>3. Food truck fees</td>
<td>$225.00</td>
</tr>
<tr>
<td>4. Vendor fees</td>
<td>$250.00</td>
</tr>
<tr>
<td>5. Getaway 5K sponsorship</td>
<td>$500.00</td>
</tr>
<tr>
<td>6. SPCA sponsorship</td>
<td>$250.00</td>
</tr>
<tr>
<td>7. In Health MD Sponsorship</td>
<td>$250.00</td>
</tr>
</tbody>
</table>

**Total Gross Revenue** $6,725.00

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Parks and Rec Bill</td>
<td>$1,170.00</td>
</tr>
<tr>
<td>2. Posters</td>
<td>$316.00</td>
</tr>
<tr>
<td>3. AI Lang Parking Lot</td>
<td>$450.00</td>
</tr>
<tr>
<td>4. Event Insurance</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>5. Park Fee</td>
<td>$250.00</td>
</tr>
<tr>
<td>6. SPPD Crowd Permit</td>
<td>$250.00</td>
</tr>
<tr>
<td>7. T Shirts</td>
<td>$205.00</td>
</tr>
<tr>
<td>8. Portalets</td>
<td>$550.00</td>
</tr>
<tr>
<td>9. Music</td>
<td>$250.00</td>
</tr>
<tr>
<td>10. Tents</td>
<td>$1,139.00</td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
</tbody>
</table>

**Total Operating Expenses** $5,380.00

**Total Net Income** $1,345.00

### 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>1. Shift St. Pete Account</td>
<td>$345.00</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

**Total Allocation of Net Income** $345.00

Prepared by: Cesar Morales

Date: Mar 14, 2019
Contract #: 26670  
Date: 18 Mar 2019  
User: AKLEBRET  
Status: Firm  
User: (703) 343-0450  
Secondary #: (727)  
Other #:  

SHIFTSTPETE, INC  
CESAR MORALES  
218 11TH AVE N  
ST PETERSBURG FL 33701 USA

Purpose of Use: OPEN STREETS ST.PETE  
Expected: 2,000  
Co-Sponsored Event

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albert Whitted Park</td>
<td>Sat</td>
<td>19 Oct 2019</td>
<td>11:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
<tr>
<td></td>
<td>20 Oct 2019</td>
<td>08:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Fees:

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

<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>33:00</td>
<td>1</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
</tbody>
</table>

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

Balance of rental due and payable immediately.

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)  
(CESAR MORALES)  
SHIFTSTPETE, INC  
Name of User Organization, If Applicable

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

Printed: 18 Mar 2019, 02:22 PM  
User: aklebret  
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.
Florida Not For Profit Corporation
SHIFTSTPETE, INC.

Filing Information
Document Number N15000006148
FEI/EIN Number 47-4317273
Date Filed 06/18/2015
State FL
Status ACTIVE

Principal Address
2624 Burlington Ave N
ST PETERSBURG, FL 33713

Changed: 02/04/2018

Mailing Address
PO Box 2198
ST PETERSBURG, FL 33731

Changed: 02/04/2018

Registered Agent Name & Address
Smith, Alexander
2624 Burlington Ave N
ST PETERSBURG, FL 33713

Name Changed: 02/04/2018

Address Changed: 02/04/2018

Officer/Director Detail
Name & Address
Title Board
SMITH, ALEXANDER
PO Box 2198
ST PETERSBURG, FL 33731

Title Advisor
WHEELER, VANESSA
<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>04/26/2016</td>
</tr>
<tr>
<td>2017</td>
<td>05/01/2017</td>
</tr>
<tr>
<td>2018</td>
<td>02/04/2018</td>
</tr>
</tbody>
</table>

**Document Images**

- [04/26/2016 - ANNUAL REPORT](#) View image in PDF format
- [05/01/2017 - ANNUAL REPORT](#) View image in PDF format
- [04/26/2016 - ANNUAL REPORT](#) View image in PDF format
- [06/18/2016 - Domestic Non-Profit](#) View image in PDF format

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http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=EntityName&directionType=Initial&searchNameOrder=SHI...
Event Title: Southeastern Guide Dogs St. Petersburg Walkathon

Entity Name: Southeastern Guide Dogs

Event Date(s): February 22, 2020

Day 1 of Event: February 22, 2020
   Time Gates Open: 9:00am
   Ending Time: 2:00pm

Day 2 of Event: February 22, 2020
   Time Gates Open: 9:00am
   Ending Time: 2:00pm

Day 3 of Event: February 22, 2020
   Time Gates Open: 9:00am
   Ending Time: 2:00pm

Application Prepared by: Taylor Dechen
   Phone: 724-803-7548

Title: Associate Director, Philanthropy
   Cell Phone: 941-719-1828

Address: 4210 77th Street East
   City: Palmetto
   State: FL
   Zip: 34221

Email Address: taylor.dechen@guidedogs.org

Additional Contact Person: Jennifer Bryan
   Day Phone: 941-729-5665

What month/year were you incorporated as nonprofit? 1982

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

Name of the for-profit entity? N/A

Southeastern Guide Dogs creates and nurtures a partnership between visually impaired individuals and guide dogs as well as veterans with disabilities and service dogs, facilitating life's journey with mobility, independence, and dignity. Our services are free of charge to the recipient. This event helps us in our mission and continues to allow us to provide these dogs free of charge to those in need. We have a large group of puppy raisers in the St. Petersburg community who help us fulfill our mission as well as the support of many local businesses. We have many graduates using our dogs in the St. Petersburg area and our training facilities and office are based just 20 minutes away in Palmetto, Fl.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Local businesses, restaurants, and hotels all benefit from the exposure we bring to St. Petersburg with the Walkathon. The event creates publicity for the city and brings out of town puppy raisers, guide dog recipients, and family members to St. Pete. It also presents an opportunity for people from neighboring cities to come to Vinoy Park and visit/become familiar with surrounding businesses, parks, and activities.

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: $1,000
Day of:

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

Please provide a phone number that can be advertised to the public. 941-729-5665

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

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td>□ Mahaffey Theater</td>
</tr>
<tr>
<td></td>
<td>□ Coliseum</td>
</tr>
<tr>
<td></td>
<td>□ Sunken Gardens</td>
</tr>
<tr>
<td></td>
<td>□ Boyd Hill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th># Bleacher(s) needed. Each bleacher approx. 180 people</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tables (6 ft) # needed</td>
<td>0</td>
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<tr>
<td>Chairs # needed</td>
<td>0</td>
</tr>
<tr>
<td>Public Address System</td>
<td>0</td>
</tr>
<tr>
<td># of portable risers needed (4 in. x 8 in. x 16 in. sections)</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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

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

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

Name: Taylor Dechen  
Co-Sign: Jennifer Bryan  
Title: Associate Director, Philanthropy  
Date: 3/11/2019  
Title: Director, Philanthropy  
Date: 3/11/2019

**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 if paid.

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

**PLEASE ATTACH THE FOLLOWING**

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

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

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

**Obligation**
- General Liability Insurance
- Park Permit
- Occupational License
- Health Inspection

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

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

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

If YES, check all that apply. □ 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.

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: Southeastern Guide Dogs
Phone: 941-729-5665

Address (including zip): 1210 77th Street East, Palmetto, FL 34221

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

1 stage with potentially 1 - 3 bands playing upbeat music

List Vending Products. Name & Provider.

US Tents, USA Fence, Portable Sanitation of Tampa, Gator Guards, Metro Ice, other vendors to be finalized closer to event

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

Great Bay Distributers

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

Walkathon is our largest annual fundraiser. It includes a 3k walk, music, food, vendors, entertainment all with the purpose of spreading our mission and furthering support of our programs.

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

Set up will begin on February 21st from approximately 9am - 5pm. There will be overnight security and we will arrive around 6am the morning of February 22nd. The event concludes around 2pm at which time we will break down all event equipment. Parking will be public and we will reserve the parking lot at the Aquatic Center for our volunteers and vendors on the 22nd.
Other Comments: Please describe your fee structure.

All our resources are given to the recipients free of charge. We receive no government funding and rely solely on donations. Walkathon is our largest fundraiser of the year. The participants fundraise and donate various amount in which 100% of the proceeds benefit Southeastern Guide Dogs.

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: Taylor Dechen  
Title: Associate Director, Philanthropy  
Date: 3/11/2019
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>Southeastern Guide Dogs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Titus Herman</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>4210 77th Street East, Palmetto, FL 34221</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>941-845-1861</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:titus.herman@guidedogs.org">titus.herman@guidedogs.org</a></td>
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<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-2252352</td>
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<table>
<thead>
<tr>
<th>Name of the <strong>For-profit</strong> Corporation:</th>
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<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
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<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

Email Address: taylor.dechen@guidedogs.org
## NAME OF EVENT:
Southeastern Guide Dogs Walkathon

## DATE(S) OF EVENT:
2/23/2019

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
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<tr>
<td>Fundraising</td>
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</table>

**TOTAL GROSS REVENUE**

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

<table>
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<tr>
<th>Description</th>
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<tr>
<td>Marketing</td>
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<td>Advertising</td>
<td>$1,500</td>
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<tr>
<td>Fundraising Incentives</td>
<td>$6,500</td>
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<tr>
<td>Logistics/site rental</td>
<td>$9,500</td>
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<td>Management &amp; Administration</td>
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</table>

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Programs &amp; Services</td>
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</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: Taylor Dechen
Date: 3/11/2019
Dear Taxpayer:

This is in response to your request dated Aug. 04, 2017, regarding your tax-exempt status.

We issued you a determination letter in June 1983, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

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.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information 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.

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).
SOUTHEASTERN GUIDE DOGS INC
PAWS FOR INDEPENDENCE
4210 77TH ST E
PALMETTO FL 34221

Sincerely yours,

Kim A. Billups, Operations Manager
Accounts Management Operations 1
Southeastern Guide Dogs St. Pete Walkathon – Vinoy Park 2/23/19

USA Fence providing crowd control barriers approximately 965 feet:

- Barriers will be placed behind tents to completely enclose space
- Walk starts at 10a, balloon arch will be fenced in following walk
- Festival begins at 11a – at that time, alcohol service will begin
- Signage will be placed at entry/exit stating that alcoholic beverages are not permitted beyond that point

Vendor tents 10x10
Mission/Dining tent 30x30
Gift Shop 20x20
Registration 40x30
Stage 20x26
Vinoy Park

Date: August 17, 2007

Parking Area “A” 121 + 6 HC
Parking Area “B” 70
Parking Area “C” 67
STP Walkathon Schedule of Events

- 9a: Registration opens, Charlie DJ
- 9:30a: Flyball Demo
- 9:40a: Ann Kelly and Mark Wilson
- 9:45a: Graduate Speaker Civil Air Patrol Color Guard and National Anthem
- 9:50a: Civil Air Patrol Color Guard and National Anthem
- 9:55a: John Auer, John Ross, Andy Kramer
- 10a: Back to Ann Kelly and Mark Wilson to kick off walk
- 10:05a: 3K Walk and World Record Attempt
- 10:15a: Sunshine Steel Band
- 10:30a: Flyball Demo
- 11a: Beer Garden opens
- 11:15a: Andy announce World Record Count
- 11:20a: Alter Eagles
- 11:30a: Flyball Demo
- 12:30p: RAFFLE DRAWING FOR $1,000
- 12:35p: Hard to Handle
- 1:45p: RAFFLE DRAWING FOR BASKETS
- 2p: Close

Charlie Halley: 9:00-9:40am: Welcome Guests

******REGISTER YOUR DOG FOR THE WORLD RECORD COUNT. GET YOUR STICKER FOR YOUR DOG AT REGISTRATION *******

- Thank you to Progressive for being our Presenting Sponsor
- Thank you to Subaru for being our Signature Sponsor
- Thank you to our Independence Sponsors:
  - GTE – Water Tank Sponsor! Cups available for purchase in the gift shop.
  - Catalina
  - USA Fence
  - Milkey Family Foundation
  - Tampa Bay Times
  - FIS
  - Great Bay Distributers
- Apex
- Transamerica
- WDUV
- Puppy Raiser Relaxation Station Sponsored by APEX for Puppy Raisers and their puppies to enjoy. Stephanie Miller is available to answer any questions you might have about becoming a puppy raiser!
- Thank you to our Loyalty Sponsors:
  - Suncoast Credit Union
  - Jeeves Law Group
  - White House Custom Shirts
- Southeastern Guide Dogs Gift Shop
- Trainer Marisa, available to answer questions – she is in the Mission Moment tent. Videos playing in there as well.
- **Raffle tickets and raffle baskets located next to the Gift Shop**
- Dog Activities:
  - Dog Training Club of St. Pete Flyball Demos throughout the day: 9:30a, 10:30a, 11:30a
  - Lucky Dog Lure Course
- Kids Activities:
  - Games by Cheers events
  - Great Explorations Children’s Museum
  - Face painting
- Thank other sponsors/vendors as time permits

**Interesting Facts:**

- Over 550 Active Guide Dog and Service Dog teams all over the US
- More than 100 new guide and service dog teams created each year
- Founded 30+ years ago just across the “bridge” in Palmetto, FL

**9:40-10:00am: Opening Ceremonies**

- Charlie to introduce co-emcees:
  - Mark Wilson, Fox 13
  - Ann Kelly, WDUV
- **Mark Wilson & Ann Kelly banter:**
  - Welcome guests to the event
  - World Record Attempt, record to break is 860
Remarks about the weather/beautiful event location
  - Thank the City of St. Pete for making space available for the event
Share why Fox 13 and WDUV felt this was a worthy cause to support
Remarks about personal experiences with Southeastern Guide Dogs

Mark:
  - We hope to raise over $1.3M from all our walks!!!
  - Dogs in training are FREE to our recipients! It costs TENS of thousands of dollars to breed, raise and train our canines.
  - The funds raised through the Walkathon support all aspects of Southeastern Guide Dogs... from providing guide dogs to the visually impaired to providing service dogs to veterans with PTSD.

Ann:
  - Currently we have raised $170K, we are OVER HALF WAY to our St. Pete $250K GOAL – There is still time to reach our goal!!
  - You can help us reach our goal by purchasing raffle tickets! We will be doing a drawing at 12:30p where you will have a chance to win $1,000 here TODAY!
  - All the raffle tickets are rolled over for a FINAL drawing on May 6th- where you have an additional chance to win a grand prize of $10,000!!
  - Baskets being raffled off near the gift shop
    - Tickets to Mahaffey Theatre, Tampa Bay Rays, St. Pete Salt Works, Central Cycling, local restaurants and more!

Mark: introduce Southeastern Graduate David Caras and service dog Bobb:

David Caras is a highly decorated, retired Coast Guard radio navigator aircrew and aircrew chief. A few years ago, he wanted to help other vets, so he volunteered as a Southeastern Guide Dogs puppy raiser and area coordinator in St. Petersburg, Florida. While volunteering, he never imagined he would one day need a service dog himself.
Dave and Bobb: As a prize-winning triathlete, extreme sports enthusiast, climber, diver, sailor and avionics instructor, David was always on the go. But in August 2014, David was hit by an SUV while jogging during a business trip. The tragic accident cost him his leg above the knee and caused traumatic brain injury, affecting his short-term memory. Suddenly, David’s life and attitude radically changed and he barely left the house. That’s when he turned to Southeastern Guide Dogs for help.

David is paired with service dog Bobb, a “genius” black Lab who, he says, understands his needs and is also “relaxed, confident, and sticks to me like Velcro.” David continues to inspire and aspire and has taken on mountaineering, scuba at the Army Special Forces Underwater Operations Dive School, glacier trekking and has won triathlons.

Bobb provides both emotional and balance support, and encourages David to rise again to his inspiring motto of life before the accident: “I wish the rock climbing wall was taller!”

- Dave introduce and transition over to the Civil Air Patrol Honor Guard
- Civil Air Patrol Honor Guard: “Post the colors”
- National Anthem to be sung by Angelina Jimenez
- Dave “retire colors”
- John Auer, John Ross, and Andy Kramer: Progressive (Presenting Sponsor) and John Ross (Subaru) speak about connection and why they support SEGD and Andy Kramer (VP Philanthropy) talk about World Record attempt, we will announce the number of dogs at 11:15a!!
- Mark Wilson (FOX13): 3K Walk Kick-Off
  - Announce that it is time to start the walkathon and world record count!
    - Ann Kelly (WDUV): Make sure to come back at 11:15a to see if we beat the record. The Sunshine Steel Band starting at 10:15a, now back to Charlie!

10:00-10:15am: Walk and Charlie DJ, shout outs to sponsors/vendors

10:15-11:15am: Sunshine Steel Band

11:15am: Andy announce World Record Count

11:20-12:30pm: Alter Eagles

12:30pm: Raffle Drawing (Alter Eagles to pull and will announce the winning raffle ticket).

12:35pm – 1:40: Hard to Handle

1:45pm: Last call for gift shop and basket raffle winners
Purpose of Use: SOUTHEASTERN GUIDE DOGS

Expected: 1,000

Co-Sponsored Event

Contract Balance $330.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Fri 21 Feb 2020 09:00 am
Ending: Sat 22 Feb 2020 06:00 pm

Facility/Equipment

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<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
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<td>22 Feb 2020</td>
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<td>06:00 PM</td>
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Additional Fees:

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<th>Quantity</th>
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<th>Tax</th>
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Charges:

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<td>$0.00</td>
<td>$330.00</td>
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</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) TAYLOR DECHEN

(Print Name) SOUTHEASTERN GUIDE DOGS 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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<th>Approved</th>
<th>Rejected</th>
<th>Date</th>
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<tr>
<td>Manager</td>
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Printed: 18 Mar 2019, 02:55 PM
Detail by Entity Name
Florida Not For Profit Corporation
SOUTHEASTERN GUIDE DOGS, INC.

Filing Information
- Document Number: 765976
- FEI/EIN Number: 59-2252352
- Date Filed: 12/03/1982
- State: FL
- Status: ACTIVE
- Last Event: AMENDED AND RESTATED ARTICLES
- Event Date Filed: 01/09/2008
- Event Effective Date: NONE

Principal Address
4210 77TH STREET EAST
PALMETTO, FL 34221

Changed: 04/03/2015

Mailing Address
4210 77TH STREET, EAST
PALMETTO, FL 34221

Changed: 04/22/1988

Registered Agent Name & Address
WALTERS, CLIFFORD L
BLALOCK, LANDERS, ET AL, P.A.
802 11TH ST. WEST
BRADENTON, FL 34205

Name Changed: 05/13/2002
Address Changed: 05/13/2002

Officer/Director Detail
Name & Address
Title CEO
HERMAN, TITUS
2806 89TH AVE E
PARRISH, FL 34219

Title Board of Directors Member

Whitcomb, John
308 South Fielding Ave
Tampa, FL 33606

Title Board of Directors Member

Johnson, Gary
210 Blanca Ave
Tampa, FL 33606

Title VP, Finance & Risk Management

Manzenberger, Gloria
4210 77TH STREET EAST
PALMETTO, FL 34221

Title Board of Directors Member

Auer, John
1817 Brightwaters Blvd NE
Saint Petersburg, FL 33704

Title Chairman

Bishop, Ray
3267 Boulder Dr SW
Stockbridge, GA 30281

Title Board of Directors Member

LeVines, Lea
4488 Boy Scout Blvd
Ste 350
Tampa, FL 33607

Title VC

Meade, Robert
1739 Floyd St
Sarasota, FL 34239

Title Board of Directors Lifetime Member

Newman, Robert
PO Box 2030
Tampa, FL 33601

Title Board of Directors Member
3/18/2019

Detail by Entity Name

Riley, Kathleen
175 Avery Dr NE
Atlanta, GA 30309

Title Board of Directors Lifetime Member

Silverman, Harris
4007 Bayside Dr
Bradenton, FL 34210

Title Board of Directors Member

Weisenborn, Dulce
19526 E Lake Dr
Hialeah, FL 33015

Title Secretary

Compton, John
4829 Higel Ave
Siesta Key, FL 34242

Title Board of Directors Member

Folkman, Kenneth
3231 West Fair Oaks Ave
Tampa, FL 33611

Title Board of Directors Member

Saunders, Katharine
4916 62nd Ave S
St. Petersburg, FL 33715

Title Treasurer

Taylor, Andy
6845 Hayter Dr
Lakeland, FL 33813

Title Board of Directors Member

Ashor, Drew
58 1/2 Martinique Ave
Tampa, FL 33606

Title Board of Directors Member

McNamee, Chris
6453 Barberry Ct
Lakewood Ranch, FL 34202

http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=EntityName&directionType=Initial&searchNameOrder=SOUTHE... 3/4
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CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

Date Received: 3-12-19
Check or Cash: $28
Packet: A
Permit #: ZAD-A

Title: 2019 Walk to End Alzheimers' Disease
Entity Name: Alzheimer's Association - Florida Gulf Coast Chapter
Event Date(s): Set up Oct. 11, 2019/Event Day October 12, 2019
Location: Poyneter Park

Day 1 of Event:
- Date: 10/11/2019
- Time Gates Open: 11:00am
- Ending Time: 5:00pm

Day 2 of Event:
- Date: 10/12/2019
- Time Gates Open: 6:00am
- Ending Time: 12:00pm

Day 3 of Event:
- Date: 10/13/2019
- Time Gates Open: 7:00am
- Ending Time: 

Application Prepared by: Rhonda Richardson
Title: Development Logistics Manager
Address: 14010 Roosevelt Blvd., Suite 709
City: Clearwater
State: FL
Zip: 33762
Email Address: rrichardson@alz.org

Additional Contact Person: Kaylie Male - Event Manager - Day of Event
Day Phone: 727-389-5542 Cell

What month/year were you incorporated as nonprofit? 04/10/1989

Describe your event with details.

The Walk to End Alzheimer's is the world's largest event to raise awareness and funds for Alzheimer's care, support and research. Each event is unique, and allows for communities to bond over their shared experience with the disease. Sponsorship opportunities are offered to local businesses as a chance to share their support of the cause, and showcase the diversity of business that Pinellas County has to offer. In addition, participants will have the opportunity to walk along the beautiful Tampa Bay, which is lined with shops and restaurants owned by fellow Pinellas County citizens. The Alzheimer's Association funds research through a grant program that is generated nationally, and then given to research groups and hospitals on a local level. Pinellas County is fortunate to be the home to several nationally recognized institutions paving the way for Alzheimer's research and helping Patients, Caregiver's and Families.

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

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

Does your group presently have liability insurance? □ YES □ NO

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

Will there be an admission / registration fee? □ YES □ NO

Advanced Fee:
Day of:

Please provide the website address for your event.
http://www.act.alz.org/Pinellas

Please provide a phone number that can be advertised to the public.
1-800-272-3600

What is the estimated attendance for this event?
Spectators
Participants
Last Year's Total Attendance 819

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

**Recreation Equipment**
- Showmobile (Yes/No): No
- # Bleacher(s) needed: Each bleacher approx. 180 people
- Tables (6 ft): # needed
- Chairs: # needed
- Public Address System: Yes
- # 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:** Rhonda Richardson  
**Co-Sign:** Kaylle Male  
**Title:** Development Logistics Mgr.  
**Title:** Event Manager  
**Date:** 11/07/2018  
**Date:** 11/07/2018

**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>
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<tr>
<th>Condition</th>
<th>Obligation</th>
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<tbody>
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<td>Public Invited</td>
<td>General Liability Insurance</td>
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<tr>
<td>Located In Park</td>
<td>Park Permit</td>
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<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
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<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</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>
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<tr>
<td>Other Structures</td>
<td>Fire Inspection Permit</td>
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<td>Open Flame Food Preparation</td>
<td>Fireworks Permit</td>
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<td>Pyrotechnics</td>
<td>Parade or Street Closure Permit(s)</td>
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<tr>
<td>Require Street Closure</td>
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<td>VIP Area</td>
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<td>Staging</td>
<td>Professional</td>
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<td>Amplified Sound</td>
<td>Showmobile</td>
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<td>Security</td>
<td>Other</td>
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<td>Sanitary Facilities - Port-Q-Lets</td>
<td>Performing</td>
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<td>Off-site Parking / Shuttle</td>
<td>Announcement Only</td>
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<td>Semitruck / Tractor Trailer</td>
<td>Daytime - Private</td>
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<td>Overnight - Private</td>
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<td></td>
<td>Event Time Frame - SPPD</td>
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<td></td>
<td>Regular Units</td>
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<td></td>
<td>Disabled Units</td>
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<td></td>
<td>Hand Washing</td>
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<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>
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</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:
If YES, 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: Alzheimer's Association - Florida Gulf Coast Chapter
Phone: 727-578-2558
Address (including zip): 14010 Roosevelt Blvd., Suite 709, Clearwater, FL 33762

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

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.
Announcing start time, warm up before walking with music, team that raised most funds, individual that raised the most funds, Thank You to our sponsors, teams, etc.

Discuss your load in/load out parking needs, include times and dates.
Will contact USF about having restrooms open and their parking garage.

Page 4 of 8
Other Comments: Please describe your fee structure.

None

Other comments:
We would like to set up the 10'x10' tents and stage on October 11, 2019 in the afternoon. Please let us know if this is possible.

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.

W. OUT 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: Rhonda Richardson | Title: Development Logistics Mgr. | Date: 11/07/2018
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation: Alzheimer's Association - Florida Gulf Coast Chapter
Name of Responsible Party (President or CEO ONLY): Angela McAuley
Title of Responsible Party: Regional Director - Florida
Physical Address of Responsible Party: 14010 Roosevelt Blvd, Suite 709, Clearwater, FL 33762
Phone Number of Responsible Party: 727-578-2558
Email Address of Responsible Party: admcauley@alz.org
Nonprofit (Employee Identification Number): 13-3039601

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: rrichardson@alz.org
# APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: **Walk To End Alzheimer's**

- **Date(s) of Event:** 10/12/19

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

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<td>Shared Fundraising</td>
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**TOTAL GROSS REVENUE:** 206,013

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**TOTAL OPERATING EXPENSES:** 13,655

**TOTAL NET INCOME:** 70,513

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

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**TOTAL ALLOCATION OF NET INCOME:** 70,513

Prepared by: 
Date:

[Print Application]
ALZHEIMER'S ASSOCIATION
RHONDA RICHARDSON
14010 ROOSEVELT BLVD STE 709
CLEARWATER FL 33762 USA

Purpose of Use: 2019 WALK TO END ALZHEIMER'S

Expected: 1,200

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 11 Oct 19 01:00 pm  Ending: Sat 12 Oct 19 04:00 pm

Facility/Equipment | Day  | Date  | Time  | Fee | Extra Fee | Tax | Total  |
-------------------|------|-------|-------|-----|-----------|-----|--------|
Poynter Park       | Fri  | 11 Oct | 01:00 PM | $0.00 | $200.00 | $0.00 | $200.00 |
                  | 12 Oct |       | 04:00 PM |     |           |     |        |

Poynter Park

Co-Sponsored Event

Poynter Park

Co-Sponsored Permits

By:(Sign Name): PARKS AND RECREATION SUPERINTENDENT

Parks and Recreation Department

CITY OF ST. PETERSBURG, FLORIDA

Printed: 18 Mar 2019, 03:08 PM
User: aklebret
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Detail by FEI/EIN Number

Foreign Not For Profit Corporation
ALZHEIMER’S DISEASE AND RELATED DISORDERS ASSOCIATION, INC.

Filing Information

Document Number: F93000005398
FEI/EIN Number: 13-3039601
Date Filed: 11/29/1993
State: DE
Status: ACTIVE
Last Event: CORPORATE MERGER
Event Date Filed: 06/16/2016
Event Effective Date: 07/01/2016

Principal Address

225 NORTH MICHIGAN AVENUE
17TH FLOOR
CHICAGO, IL 60601

Changed: 02/13/2012

Mailing Address

310 W. 20th Street
Suite 300
Kansas City, MO 64108

Changed: 03/06/2013

Registered Agent Name & Address

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARM ROAD
#221E
PALM BEACH GARDENS, FL 33410

Name Changed: 05/01/2007

Address Changed: 05/01/2007

Officer/Director Detail

Name & Address

Title: CFO/COO/Asst Treasurer
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<td>02/13/2012</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/10/2011</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/15/2010</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/16/2009</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
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<tr>
<td>04/23/2008</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>05/01/2007</td>
<td>REINSTATEMENT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/20/2003</td>
<td>REINSTATEMENT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>11/12/1999</td>
<td>REINSTATEMENT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/09/1998</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>09/08/1997</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/21/1996</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/07/1995</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
</tbody>
</table>
Event Title: Shopapalooza Festival
Entity Name: LocalShops1 (dba for Local Shopper, LLC)
Event Date(s): Nov 30 and Dec 1, 2019 (setup Nov 29)
Location: Vinoy Park
Day 1 of Event: Saturday Nov 30; Time Gates Open: 10 am; Ending Time: 5 pm
Day 2 of Event: Sunday Dec 1; Time Gates Open: 10 am; Ending Time: 5 pm
Day 3 of Event: Time Gates Open: Ending Time: 
Application Prepared by: Ester Venouziou
Title: LocalShops1 founder
Address: PO Box 530144
City: St. Petersburg
State: FL
Zip: 33747
Email Address: ester@localshops1.com
Additional Contact Person: Mo Venouziou
City: St. Petersburg
State: FL
Zip: 33747
Day Phone: 727-686-3565
What month/year were you incorporated as nonprofit? LocalShops1 Incorporated in 2008; we are not a nonprofit
List all 501(c)3 entities that will benefit from this event. Chart 411 is our main beneficiary
Name of the for-profit entity? LocalShops1

Describe your event with details.
Shopapalooza Festival, in its 10th year, kicks off the holiday shopping season! This year we are expecting 200 vendors (including local artists, crafters, makers, food trucks, small businesses and local non-profits). The event features free live entertainment, kids activities, free give-aways and more! It's a fun, family- and pet-friendly event, with free admission for all.

This is a favorite event for not only many of our participating businesses, but to community-minded shoppers as well!

(Not sure where to add this, but we checked yes on beer/wine because we want to keep option open. We are still discussing it with our event partners to see if we want to go ahead with it. Will let you know for sure when event gets closer.)

Describe what economic benefit and impact this event will bring to St. Petersburg.
Shopapalooza brings together 200 small businesses, keeping money recirculating locally. We estimate more than $250,000 is spent with local businesses during our two-day event. For many of the participating vendors, this is their most profitable weekend of the year.

The event brings thousands of people not only from the St Pete area, but from throughout the state. These people are staying at local hotels, spending money at our local businesses. For many it’s their first time in St Pete - but certainly not the last.

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 general liability

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

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

Please provide the website address for your event. www.shopapaloozafestival.com
Please provide a phone number that can be advertised to the public. 727-637-5586

What is the estimated attendance for this event? Spectators 15000 Participants 200 Last Year's Total Attendance 15000?
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
<th>Non-City Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td># Bleacher(s) needed. Each bleacher approx. 180 people</td>
<td>Mahaffey Theater</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>Coliseum</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chairs # needed</td>
<td>Sunken Gardens</td>
<td></td>
</tr>
<tr>
<td>60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Address System</td>
<td>Boyd Hill</td>
<td></td>
</tr>
</tbody>
</table>
# of portable risers needed (4 in. x 8 in. x 16 in. sections) |                    |
| 24                         |                           |                    |

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: Ester Venouziou
Co-Sign: [Signature]
Title: founder
Date: 2/11/2019

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>☑ Invitations</td>
<td>☑ Professional ☑ Showmobile ☑ Other</td>
</tr>
<tr>
<td>☑ Posters / Flyers</td>
<td>☑ Performers ☑ Announcement Only</td>
</tr>
<tr>
<td>☑ Newspaper / Internet</td>
<td>☑ Daytime - Private ☑ Overnight - Private ☑ Event Time Frame - SPPD</td>
</tr>
<tr>
<td>☑ Radio</td>
<td>☑ Regular Units 6 ☑ Disabled Units 2 ☑ Hand Washing 3</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.

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

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

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

☐ Other:

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

Power details TBA

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: Ester Venouziou, Local Shoppers1

Phone: 727-637-5586

Address (including zip): PO Box 530144 St Pete FL 33747

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

Top 40, local original music, and holiday music -- DJ and bands

List Vending Products. Name & Provider.

200 local businesses. We can provide list as it gets closer, if needed.

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

Chart 411

We have not yet decided if we will have beer/wine area.

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

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

Setup will take place Friday all day, and Saturday 7-9 am. All vendors will be in place by 9 am Saturday. Breakdown is 5 pm Sunday.
Other Comments: Please describe your fee structure.

Admission is free and open to everyone! Event is family-friendly!

Vendor spaces are available to all local 501c3 nonprofits ($150 total both days) and to LocalShops1 members ($200-$300 total both days, plus $100 annual membership, depending on how much space they need). We have some complimentary spaces reserved, on need-basis for businesses that might be going through rough times.

Other comments:

We are looking forward to working with the City on our 10th annual Shopapalooza Festival, and to make this the biggest Small Business Saturday (and Sunday!) celebration in the country.

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

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

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

Name: Ester Venouziou  Title: LocalShops1 founder  Date: Feb 11, 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>Chart 411</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Howard Johnston</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>president</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>348 11th Ave NE St. Petersburg, FL 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>(813) 505-3061</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:johnston@chart411.com">johnston@chart411.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>45-5338192</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
<th>LocalShops1 (dba for Local Shopper LLC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Ester Venouziou</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>founder/CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>2908 Beach Blvd S, Gulfport FL 33707</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-637-5586</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:ester@localshops1.com">ester@localshops1.com</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number)</td>
<td>26-3082602</td>
</tr>
</tbody>
</table>

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

What method of invoicing would your organization prefer?

- [ ] BY Mail
- [ ] BY EMAIL

Contact Name: Ester Venouziou, LocalShops1
Address: PO Box 530144
City, State, Zip: St Petersburg FL 33747

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

Name of Event: Shopapalooza Festival
Date(s) of Event: Nov 17 and 24, 2023

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

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Vendor and Sponsor Fees</td>
<td>$35,000.00</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
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<td>5.</td>
<td></td>
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<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL GROSS REVENUE</strong></td>
<td><strong>$35,000.00</strong></td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Marketing and Advertising -- Fliers, Ads, Social Media, Website</td>
<td>$15,000.00</td>
</tr>
<tr>
<td>2. Park fees and city expenses</td>
<td>$2,200.00</td>
</tr>
<tr>
<td>3. Entertainment</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>4. Portapotties</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>5. Insurance</td>
<td>$740.00</td>
</tr>
<tr>
<td>6. Staffing and Commissions</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>7. Security</td>
<td>$500.00</td>
</tr>
<tr>
<td>8. Fencing</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>9. Banners, signs, miscellaneous expenses</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td><strong>$34,440.00</strong></td>
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**TOTAL NET INCOME**

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>$560.00</strong></td>
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</tbody>
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III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Chart 411</td>
<td>$560.00</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL ALLOCATION OF NET INCOME</strong></td>
<td><strong>$560.00</strong></td>
</tr>
</tbody>
</table>

Prepared by: Ester Venouziou  Date: 2/11/2019
LOCAL SHOPPER LLC  
ESTER VENOUZIOU  
4913 28TH AVE S  
GULFPORT FL 33707 USA

Purpose of Use: SHOPAPALOOZA FESTIVAL  
Expected: 2,000  
Co-Sponsored Event

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Fri 29 Nov 19 06:00 am  
Ending: Mon 02 Dec 19 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>Vinoy Park</td>
<td>Fri</td>
<td>29 Nov 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>Vinoy Park</td>
<td></td>
<td>02 Dec 19</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Fees:
- Extra Fee - Bookings
  - Co-Sponsored Permit Fee
    - Quantity: 2
      - Charge: $400.00
      - Tax: $0.00
      - Total: $400.00

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>$430.00</td>
<td>$0.00</td>
<td>$430.00</td>
<td>$0.00</td>
<td>$430.00</td>
<td>$0.00</td>
<td>($200.00)</td>
</tr>
</tbody>
</table>

Balance of rental due and payable immediately.

Payments:

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Payment Type</th>
<th>Reference</th>
<th>Receipt Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 Feb 2019</td>
<td>$230.00</td>
<td>Check</td>
<td>Rental</td>
<td>3251840</td>
</tr>
<tr>
<td>19 Feb 2019</td>
<td>$200.00</td>
<td>Check</td>
<td>Rental</td>
<td>3251840</td>
</tr>
</tbody>
</table>

Additional Notes:

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

By (Sign Name)  
ESTER VENOUZIOU  
LOCAL SHOPPER LLC  
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Printed: 18 Mar 2019, 03:31 PM  
User: aklebret
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Detail by Entity Name
Florida Not For Profit Corporation
CHART 411, INC.

Filing Information
Document Number: N12000004982
FEI/EIN Number: 45-5338192
Date Filed: 05/17/2012
Effective Date: 05/20/2012
State: FL
Status: ACTIVE
Last Event: AMENDMENT
Event Date Filed: 07/17/2012
Event Effective Date: NONE

Principal Address
1017 9th Ave N.
St. Petersburg, FL 33705

Changed: 03/31/2016

Mailing Address
1017 9th Ave N
St. Petersburg, FL 33705

Changed: 03/31/2016

Registered Agent Name & Address
JOHNSTON, LUCINDA L
348 11th Ave NE
St. Petersburg, FL 33701

Address Changed: 04/30/2015

Officer/Director Detail
Name & Address

Title C/D

JOHNSTON, HOWARD
348 11th Ave NE
St. Petersburg, FL 33701

http://search.sunbiz.org/Inquiry/corporationsearch/SearchResultDetail?inquirytype=EntityName&directionType=Initial&searchNameOrder=CHART411...
<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
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<tbody>
<tr>
<td>2016</td>
<td>03/31/2016</td>
</tr>
<tr>
<td>2017</td>
<td>04/28/2017</td>
</tr>
<tr>
<td>2018</td>
<td>04/27/2018</td>
</tr>
</tbody>
</table>
Detail by FEI/EIN Number

Florida Limited Liability Company
LOCAL SHOPPER, LLC

Filing Information

Document Number  L08000073379
FEI/EIN Number    26-3082602
Date Filed         07/30/2008
Effective Date     08/01/2008
State              FL
Status             ACTIVE

Principal Address
4913 28TH AVE. SOUTH
GULFPORT, FL 33707

Mailing Address
P.O. BOX 530144
ST. PETERSBURG, FL 33747

Registered Agent Name & Address
VENOUZIOU, ESTER
4913 28TH AVE. SOUTH
GULFPORT, FL 33707

Authorized Person(s) Detail
Name & Address

Title MGR

VENOUZIOU, ESTER
4913 28TH AVE. SOUTH
GULFPORT, FL 33707

Annual Reports

Report Year | Filed Date
-----------|------------
2017       | 01/12/2017
2018       | 01/19/2018
2019       | 02/12/2019

Document Images

02/12/2019 -- ANNUAL REPORT View image in PDF format
### Event Title:
PurpleStride Tampa Bay 2020

### Phone No.:
310-725-0025

### Fax No.:
310-725-0029

### Entity Name:
Pancrastic Cancer Action Network

### Federal I.D. Number:
33-0841281

### Event Date(s):
Feb. 28 (set up) - Feb. 29 (event) 2020

### Location:
Vinoy Park

### Day 1 of Event:
2/28/19

### Time Gates Open:
8:00 AM

### Ending Time:
6:00 PM

### Day 2 of Event:
2/29/19

### Time Gates Open:
4:30 AM

### Ending Time:
3:00 PM

### Day 3 of Event: 

**Application Prepared by:** Addie Vroom

**Title:** Community Relationship Manager

**Cell Phone:** 916-798-4286

**Address:** 1500 Rosecrans Ave. Ste. 200

**City:** Manhattan Beach

**State:** CA

**Zip:** 90266

**Email Address:** avroom@pancan.org

**Additional Contact Person:** Jennifer McMillion

**Day Phone:** 310-725-0025

### What month/year were you incorporated as nonprofit?
1999

### List all 501(c)3 entities that will benefit from this event.
Pancrastic Cancer Action Network

### 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.
Offers members of the community the opportunity to take action in the fight against pancreatic cancer by participating in a 5K awareness run/walk

### Describe what economic benefit and impact this event will bring to St. Petersburg.
The unique course will highlight the beautiful waterfront in St. Petersburg. Many participants travel from across the state to participate and will require accommodations. Many participants also remain downtown after the event and patronize local businesses.

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

### Does your group presently have liability insurance?
YES □ NO 

### How much?
$1M per occurrence/$2M 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:
$30

### Day of:
$40

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

### Please provide a phone number that can be advertised to the public.
310-725-0025

### 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>100</td>
<td>1200</td>
<td>1174</td>
</tr>
</tbody>
</table>
Please check the equipment and/or facilities you are requesting.

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

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

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

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

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

Name: Addie Vroom
Co-Sign: Title: Community Relationship Manager
Date: 3/27/2019

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.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td></td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td></td>
</tr>
<tr>
<td>Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td></td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>How many? 1 - 10 Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>What type? 3-4</td>
<td></td>
</tr>
<tr>
<td>What structure? Race course start/finish line</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 10</td>
<td></td>
</tr>
<tr>
<td>Disabled Units 2</td>
<td></td>
</tr>
<tr>
<td>Hand Washing 2</td>
<td></td>
</tr>
<tr>
<td>Invitations</td>
<td></td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td></td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td></td>
</tr>
<tr>
<td>Radio</td>
<td></td>
</tr>
<tr>
<td>Television</td>
<td></td>
</tr>
<tr>
<td>Remote Broadcast</td>
<td></td>
</tr>
</tbody>
</table>

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

Page 3 of 8
Electrical Requirements:

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

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

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

One RV MAY be parked in the event area to store supplies and provide a secure space for accounting. No additional power other than the 110/20 Amps will be required.

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 are aware of at this time.

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

Name: Pancreatic Cancer Action Network Phone: 310-725-0025
Address (including zip): 1500 Rosecrans Ave. Ste. 200, Manhattan Beach, CA. 90266

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

1 Platform stage (approx. 16'x20')
DJ to make announcements and play music from approximately 6:30 a.m. to 12:00 noon.

List Vending Products. Name & Provider.

Pancreatic Cancer Action Network may be selling branded jewelry, accessories, and apparel. All proceeds benefit the organization.

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

N/A

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

Announcements will be made to address the race and attendees, as well as provide event details and organizational messaging. Opening ceremonies will last approximately 20 minutes, during which an emcee will present awards to top finishers/fundraisers, an inspirational speaker will give a short message, and the race will be started.

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

Set up will take place beginning at 9:00 a.m. (or earlier, if possible) the day prior (Friday) to the event on Saturday. Equipment crews will set up tents, tables, chairs, and portable restrooms on-site and the RV will park to store all event supplies. Staff will need four (4) parking spaces. Overnight security will arrive at 5:00 p.m. and need to park on-site as well. Event day set up will begin on Saturday at approximately 4:30 a.m. All vendors to pick up equipment after 11:00 a.m. Saturday. Portable restrooms to be picked up Monday.
Other Comments: Please describe your fee structure.

<table>
<thead>
<tr>
<th>Registration Type</th>
<th>Fee/Price Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Registration</td>
<td>$30 (Untimed)/$35 (Timed)</td>
</tr>
<tr>
<td>Youth Registration</td>
<td>$15 (Untimed)/$20 (Timed)</td>
</tr>
<tr>
<td>Survivor and volunteer registration is always free.</td>
<td></td>
</tr>
<tr>
<td>Prices will increase as we get closer to event date with all prices increased by $5-$15 on event day.</td>
<td></td>
</tr>
</tbody>
</table>

Other comments:
This will be our 10th annual PurpleStride Tampa Bay. The event has raised over $1.3 million for the fight against pancreatic cancer. Community support has grown over the last several years, including corporate sponsorships. We had a great experience hosting the event on Feb 16th, 2019 in Vinoy park and would love to host it there again. Toma and his team are exceptional. Marketing efforts are done on both a national level and a grassroots level through the help of volunteers.

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: Addie Vroom
Title: Community Relationship Manager
Date: 3/27/2019
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>Pancreatic Cancer Action Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Julie Fleshman</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President &amp; CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1500 Rosecrans Ave. Ste. 200 Manhattan Beach, CA 90266</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>310-725-0025</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:jfleshman@pancan.org">jfleshman@pancan.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>33-0841281</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
**APPENDIX C**

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR'S EVENT**

(Must be completed)

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>PurpleStride Tampa Bay 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) of Event:</td>
<td>Feb 10, 2018 - Feb 10, 2018</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Registration</td>
<td>$28,325.75</td>
</tr>
<tr>
<td>2. Sponsorship</td>
<td>$15,500.00</td>
</tr>
<tr>
<td>3. Donations</td>
<td>$123,178.00</td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE** $167,003.75

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

<table>
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<th>Amount</th>
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</thead>
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<tr>
<td>1. Advertising</td>
<td>$158.83</td>
</tr>
<tr>
<td>2. Decor</td>
<td>$485.00</td>
</tr>
<tr>
<td>3. Entertainment</td>
<td>$454.70</td>
</tr>
<tr>
<td>4. Equipment/Rentals</td>
<td>$5,066.60</td>
</tr>
<tr>
<td>5. Food &amp; Beverage</td>
<td>$0.00</td>
</tr>
<tr>
<td>6. Giveaways</td>
<td>$891.34</td>
</tr>
<tr>
<td>7. Postage</td>
<td>$270.93</td>
</tr>
<tr>
<td>8. Printing &amp; Copying</td>
<td>$0.00</td>
</tr>
<tr>
<td>9. Professional Services</td>
<td>$5,848.00</td>
</tr>
<tr>
<td>10. Supplies</td>
<td>$63.04</td>
</tr>
<tr>
<td>11. T-Shirts</td>
<td>$8,665.74</td>
</tr>
<tr>
<td>12. Venue</td>
<td>$360.00</td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES** $22,264.18

**TOTAL NET INCOME** $144,739.57

### 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. Pancreatic Cancer Action Network</td>
<td>$144,739.57</td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME** $144,739.57

Prepared by: Addie Vroom

Date: Mar 27, 2019
<table>
<thead>
<tr>
<th><strong>Detail by Entity Name</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign Not For Profit Corporation</td>
</tr>
<tr>
<td>PANCREATIC CANCER ACTION NETWORK, INC.</td>
</tr>
</tbody>
</table>

### Filing Information

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<th>FEIN/Number</th>
<th>Date Filed</th>
<th>State</th>
<th>Status</th>
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<tr>
<td>F05000001056</td>
<td>33-0841281</td>
<td>02/14/2005</td>
<td>CA</td>
<td>ACTIVE</td>
</tr>
</tbody>
</table>

### Principal Address

1500 ROSECRANS AVENUE  
SUITE 200  
MANHATTAN BEACH, CA 90266  

Changed: 10/14/2010

### Mailing Address

1500 ROSECRANS AVENUE  
SUITE 200  
MANHATTAN BEACH, CA 90266  

Changed: 10/14/2010

### Registered Agent Name & Address

LEGALINC CORPORATE SERVICES, INC.  
5237 SUMMERLIN COMMONS  
SUITE 400  
FORT MYERS, FL 33907  

Name Changed: 09/07/2016  
Address Changed: 12/04/2017

### Officer/Director Detail

**Name & Address**

Title Secretary  
RICKERSON, STUART E  
P.O. BOX 510  
RANCHO SANTA FE, CA 92067
Title P

FLESHMAN, JULIE
1500 ROSECRANS AVENUE, SUITE 200
MANHATTAN BEACH, CA 90266

Title Chairman
Laurie MacCaskill
10727 Wilshire Boulevard
802
Los Angeles, CA 90024

Title Director
Hilarie Koplow-McAdams
83 De Bell Drive
Atherton, CA 94027

Title Director
Terrence Meek
1201 Broadway
Suite 504
New York, NY 10001

Title Director
Jeannie Ruesch
One Primrose Street
Chevy Chase, MD 20815

Title CFO
Creal, Tom
1500 ROSECRANS AVENUE
SUITE 200
MANHATTAN BEACH, CA 90266

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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<tbody>
<tr>
<td>2017</td>
<td>02/21/2017</td>
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Document Images

02/06/2019 — ANNUAL REPORT
01/09/2018 — ANNUAL REPORT
02/21/2017 — ANNUAL REPORT
05/07/2016 — Reg. Agent Change
05/31/2016 — ANNUAL REPORT
Contract/Permit

PANCREATIC CANCER ACTION NETWORK
ADDIE VROOM
1500 ROSECRANZ AVE STE 200
MANHATTAN BEACH CA 90266 USA

Purpose: PURPLESTRIDES TAMPA BAY 2020

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 28 Feb 20 06:00 am
Ending: Sat 29 Feb 20 09:00 pm

Facility/Equipment

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td>28 Feb 2020</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$300.00</td>
</tr>
<tr>
<td></td>
<td>29 Feb 2020</td>
<td>09:00 PM</td>
<td>$0.00</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$300.00</td>
</tr>
</tbody>
</table>

Additional Fees:
- Extra Fee - Co-Sponsored Application Fee: $30.00
- Extra Fee - Bookings: $300.00

Charges:
- Fees: $0.00
- Extra Fees: $330.00
- Tax: $0.00
- Total: $330.00
- Deposit: $0.00
- Total Applied: $30.00
- Contract Balance: $300.00
- Account Balance: $300.00

Balance of rental due and payable immediately.

Payments:
- Date: 07 May 2019
- Amount: $30.00
- Payment Type: Check
- Reference: Rental
- Receipt Number: 3322470

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): ADDIE VROOM
(Print Name): PANCREATIC CANCER ACTION NETWORK
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent
(Print Name): Parks and Recreation Department
<table>
<thead>
<tr>
<th>Role</th>
<th>Approved or Rejected</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor II / Foreman</td>
<td>[ ]</td>
<td>__________</td>
</tr>
<tr>
<td>Manager</td>
<td>[ ]</td>
<td>__________</td>
</tr>
<tr>
<td>Manager</td>
<td>[ ]</td>
<td>__________</td>
</tr>
</tbody>
</table>

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

PANCREATIC CANCER ACTION NETWORK
JENNIFER PEAR
1500 ROSECRANZ AVE STE 200
MANHATTAN BEACH, CA 90266 USA

Receipt #: 3322470
User: JSBENNIN
Issued: Tue 07 May 19 10:22 am

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$330.00</td>
</tr>
<tr>
<td>Applied To: 27159 - PURPLESTRIDES TAMPA BAY 2020</td>
<td>$30.00</td>
</tr>
<tr>
<td>vinoy Park - Vinoy Park</td>
<td></td>
</tr>
<tr>
<td>February 28, 2020  6:00 am to February 29, 2020  9:00 pm</td>
<td>($30.00)</td>
</tr>
</tbody>
</table>

Payment: Check

Balance: $300.00

APPROVED REFUNDS ARE BY CHECK ONLY
Event Title: 4th Annual Kettle Krush 5K/1 Mile Fun Run

Entity Name: The Salvation Army, a Georgia Corporation for St. Petersburg

Event Date(s): 11/9/19

Location: Albert Whitted Park

Day 1 of Event: 11/9/19
Time Gates Open: 6:30am
Ending Time: 11am

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

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

Date Received: 4/2/19
Check or Cash: 
Application #: 51
Packet: 
Permit #: 27161

Application Prepared by: Randi-lyn Farrell
Title: Director of Development
Cell Phone: 727-639-4258
Address: 340 14th Ave S
City: St. Petersburg
State: FL
Zip: 33701
Email Address: Randi-lyn.Farrell@uss.salvationarmy.org

Additional Contact Person: Lt. Colonel Gary Haupt
Day Phone: 727-550-8080 ext 323

What month/year were you incorporated as nonprofit? 9/1928

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

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 intent of this race is to raise awareness of the men, women and children who struggle with hunger and homelessness in our St. Petersburg community. The Salvation Army with the support of the community continues to impact these individuals offering a pathway of hope.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Any and all profits made from the race will be directly applied to programs that service the needs of those struggling in our community.

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

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

How much? as much as needed 

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: 40 

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

Please provide a phone number that can be advertised to the public. 727-550-8080

What is the estimated attendance for this event? Spectators 100 Participants 350 Last Year’s Total Attendance 200
Please check the equipment and/or facilities you are requesting.

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

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

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

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

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

| Name: Randi-Iyn Farrell | Title: Director of Development | Date: 4/2/19 |
| Co-Sign: Lt. Colonel Gary Haupt | Title: Area Commander | Date: 4/2/19 |

**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>Vending Beer / Wine</td>
<td>Alcohol Permit</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Additional insurance Required</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>VIP Area</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>Staging</td>
<td></td>
</tr>
<tr>
<td>Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td></td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>Professional Performers</td>
<td></td>
</tr>
<tr>
<td>Announcement Only</td>
<td></td>
</tr>
<tr>
<td>Daytime - Private</td>
<td></td>
</tr>
<tr>
<td>Overnight - Private</td>
<td></td>
</tr>
<tr>
<td>Event Time Frame - SPPD</td>
<td></td>
</tr>
<tr>
<td>Regular Units</td>
<td></td>
</tr>
<tr>
<td>Disabled Units</td>
<td></td>
</tr>
<tr>
<td>Hand Washing</td>
<td></td>
</tr>
<tr>
<td>City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.</td>
<td></td>
</tr>
</tbody>
</table>
Electrical Requirements:

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

If YES, check all that apply. ☐ 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: Lt. Colonel Gary Haupt/The Salvation Army Phone: 727-550-8080

Address (including zip): 340 14th Ave S - St. Petersburg, FL 33701

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

n/a

List Vending Products. Name & Provider.

St. Pete Running Company
Kennedy Law Racing
Naked Fit Foods
Luxe Massage

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.

Calling of award winners

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

Load in between 6:30am and 7:30am - load out between 10am and 10:30am
Other Comments: Please describe your fee structure.

Each runner will register online through Active.com - $30 prior to race week and $40 race week and day of race.

Sponsors will be solicited to cover expenses.

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: Gary W. Haupt  Title: Area Commander  Date: 4/2/19
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 <strong>Nonprofit</strong> Corporation:</th>
<th>The Salvation Army</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Lt. Colonel Gary Haupt</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Area Commander</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>340 14th Ave S - St. Petersburg, FL 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-550-8080</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:gary.haupt@uss.salvationarmy.org">gary.haupt@uss.salvationarmy.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>58-0660607</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
## APPENDIX C

### STATEMENT OF REVENUE AND EXPENSES FORM

PRIOR YEAR'S EVENT

(Must be completed)

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>4th Annual Kettle Krush 5K/1Mile Fun Run</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) of Event:</td>
<td>Nov 9, 2019 - Nov 9, 2019</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsorships</td>
<td>$25,000.00</td>
</tr>
<tr>
<td>Registration Fees</td>
<td>$7,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL GROSS REVENUE</td>
<td>$32,000.00</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>City Fees</td>
<td>$6,500.00</td>
</tr>
<tr>
<td>Timing</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Awards</td>
<td>$750.00</td>
</tr>
<tr>
<td>Advertising</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>Photography</td>
<td>$500.00</td>
</tr>
<tr>
<td>Food and beverages</td>
<td>$750.00</td>
</tr>
<tr>
<td>T-shirts</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>Race consultant</td>
<td>$3,500.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td>$18,000.00</td>
</tr>
<tr>
<td>TOTAL NET INCOME</td>
<td>$14,000.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Allocation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salvation army food and shelter programs</td>
<td>$14,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL ALLOCATION OF NET INCOME</td>
<td>$14,000.00</td>
</tr>
</tbody>
</table>

Prepared by: Randi-lyn Farrell
Date: Apr 2, 2019
Kettle Krush 5K

Saturday, November 9, 2019 @ 8AM
Albert Whitted Park
480 Bayshore Dr. SE
St. Petersburg, FL 33701
Parking at Mahaffey $10
Various Street Parking

Albert Whitted Park

START

Mile 1

The Vinoy

Northshore Pool

Mile 2

WATER

Mile 3

Mahaffey/Dali

5K Turnaround

Finish

Bayshore Drive

2nd Avenue North

5th Avenue North

11th Avenue N.E.
State of Florida
Department of State

I certify from the records of this office that THE SALVATION ARMY is a Georgia corporation authorized to transact business in the State of Florida, qualified on September 10, 1928.

The document number of this corporation is 803387.

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 15, 2018, and that its status is active.

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

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fifteenth day of February, 2018

Secretary of State

Tracking Number: CC5679572957

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

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication
Employer Identification Number: 58-0660607  
Person to Contact: Jeff Seibert  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 23, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 1955.

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)(i).

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,

S. A. Martin, Operations Manager  
Accounts Management Operations
Detail by FEI/EIN Number

Foreign Not For Profit Corporation
THE SALVATION ARMY

Filing Information

Document Number: 803387
FEI/EIN Number: 56-0660607
Date Filed: 09/10/1928
State: GA
Status: ACTIVE

Principal Address
1424 N.E. EXPRESSWAY, N.E.
ATLANTA, GA 30329

Changed: 02/23/2011

Mailing Address
1424 N.E. EXPRESSWAY, N.E.
ATLANTA, GA 30329

Changed: 02/23/2011

Registered Agent Name & Address
LUYK, KENNETH O
5631 VAN DYKE RD.
LUTZ, FL 33558

Name Changed: 08/26/2016
Address Changed: 09/29/2004

Officer/Director Detail
Name & Address

Title C
HUDSON, DAVID
615 SLATERS LANE
ALEXANDRIA, VA

Title P
Howell, Willis
1424 N.E. EXPWY.
ATLANTA, GA

Title VP

BUKIEWICZ, RALPH
1424 N.E. EXPRESSWAY, N.E.
ATLANTA, GA 30329

Title AT

FLORES III, AUSRUBERTO
1424 NE EXPRESSWAY
ATLANTA, GA

Title T

SEILER, JAMES K.
1424 N.E. EXPRESSWAY, N.E.
ATLANTA, GA 30329

Title S

POWELL, CHARLES
1424 N.E. EXPRESSWAY
ATLANTA, GA 30329

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>01/09/2017</td>
</tr>
<tr>
<td>2018</td>
<td>02/15/2018</td>
</tr>
<tr>
<td>2019</td>
<td>02/12/2019</td>
</tr>
</tbody>
</table>

Document Images

- 02/12/2019 - ANNUAL REPORT
- 02/15/2018 - ANNUAL REPORT
- 11/06/2017 - AMENDED ANNUAL REPORT
- 01/09/2017 - ANNUAL REPORT
- 06/29/2016 - Reg. Agent Change
- 06/08/2016 - ANNUAL REPORT
- 07/10/2015 - ANNUAL REPORT
- 09/25/2014 - Reg. Agent Change
- 01/24/2014 - ANNUAL REPORT
- 01/03/2013 - ANNUAL REPORT
- 03/28/2012 - ANNUAL REPORT
- 12/01/2011 - ANNUAL REPORT
- 02/23/2011 - ANNUAL REPORT
- 06/29/2010 - ANNUAL REPORT
- 01/28/2010 - ANNUAL REPORT
- 02/15/2009 - ANNUAL REPORT

View image in PDF format
Contract/Permit

Contract #: 27161
Date: 07 May 2019

THE SALVATION ARMY
RANDI-LYN FARRELL
340 14TH AVE S
ST PETERSBURG FL 33701 USA

Purpose of Use: 4TH ANNUAL KETTLE KRUSH 5K/1 MILE FUN RUN
Expected: 500 Co-Sponsored Event

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Fri 08 Nov 19 06:00 am
Ending: Sat 09 Nov 19 09:00 pm

Facility/Equipment | Day | Date | Time | Fee | Extra Fee | Tax | Total
--- | --- | --- | --- | --- | --- | --- | ---
Albert Whitted Park | Fri | 08 Nov 2019 | 06:00 AM | $0.00 | $200.00 | $0.00 | $200.00

Extra Fee - Bookings
Extra Fee - Co-Sponsored Permit Fee
Hours | Quantity | Charge | Tax | Total
--- | --- | --- | --- | ---
39:00 | 1 | $200.00 | $0.00 | $200.00

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

Payments:
Deposit: $0.00
Total Applied: $0.00
Contract Balance: $230.00
Account Balance: $230.00

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

By (Sign Name): RANDI-LYN FARRELL
(Print Name): THE SALVATION ARMY
Name of User Organization, If Applicable:

CITY OF ST. PETERSBURG, FLORIDA

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

Printed: 07 May 2019, 01:19 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:** Dr. MLK Arts and Music Festival  
**Phone No.:** 727-235-4340

**Entity Name:** Advantage Village Academy INC.  
**Federal I.D. Number:** 270500839

**Event Date(s):** 1-18-2020  
**Location:** Albert Whitted Park

**Day 1 of Event:** 1-18-2020  
**Time Gates Open:** 11:00 a.m  
**Ending Time:** 7:00 p.m

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

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

Application Prepared by: Toriano Parker  
**Phone:** 727-235-4340

**Address:** 833 22nd Street South  
**City:** St. Petersburg  
**State:** FL  
**Zip:** 33712

**Email Address:** tparker512@aol.com

**Additional Contact Person:** Anthony Hart  
**Day Phone:** 941-536-6770

**What month/year were you incorporated as nonprofit?** May 2009

**List all 501(c)3 entities that will benefit from this event.** Advantage Village Academy inc.

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

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.  
Education, Arts, Music Celebration for Dr. Martin Luther King and his contributions.

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

Bringing in a diverse group of people that normally wouldn't visit the downtown St. Pete 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?  
\[ \square \text{YES} \quad \square \text{NO} \]

How much?  
\[ \square \text{one million} \]

Are there plans to sell or distribute beer/wine at your event?  
\[ \square \text{YES} \quad \square \text{NO} \]

Will there be an admission / registration fee?  
\[ \square \text{YES} \quad \square \text{NO} \]

Advanced Fee:  
Day of:  

Please provide the website address for your event. Advantage Village Academy

Please provide a phone number that can be advertised to the public. 727-321-7919

What is the estimated attendance for this event? Spectators  
\[ 1000 \quad \text{Participants} \quad 10 \]

Last Year's Total Attendance  
\[ \text{n/a} \]
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) 2
Tables (6 ft) # needed 40
Chairs # needed 100
Public Address System [YES] [NO]

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

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

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

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

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

Name: Toriano Parker
Co-Sign: Anthony Hart
Title: CEO
Title: Manager
Date: 4-15-2019
Date: 4-15-2019

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>☑ 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>☑ How many?</td>
<td></td>
</tr>
<tr>
<td>☑ Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☑ Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☑ Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>☑ Pyrotechnics</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>☑ Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>☑ VIP Area</td>
<td></td>
</tr>
<tr>
<td>☑ Staging</td>
<td></td>
</tr>
<tr>
<td>☑ Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>☑ Security</td>
<td></td>
</tr>
<tr>
<td>☑ Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>☑ Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>☑ Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>☑ Professional ☑ Showmobile ☑ Other</td>
<td></td>
</tr>
<tr>
<td>☑ Performers ☑ Announcement Only</td>
<td></td>
</tr>
<tr>
<td>☑ Daytime - Private ☑ Overnight - Private ☑ Event Time Frame - SPPD</td>
<td></td>
</tr>
<tr>
<td>☑ Regular Units ☑ Disabled Units ☑ Hand Washing</td>
<td></td>
</tr>
<tr>
<td>☑ Radio ☑ Television ☑ Remote Broadcast</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

☑ Invitations  ☑ Radio  ☑ City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

☑ Posters / Flyers  ☑ Newspaper / Internet  ☑ 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.

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: Advantage Village Academy inc
Address (including zip): 833 22nd Street South

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: Advantage Village Academy inc
Address (including zip): 833 22nd Street South

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.

Advantage Village Academy inc
833 22nd Street South St. Petersburg Fl
727-321-7919

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

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

Other comments:

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

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

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

Name: Toriano Parker
Title: CEO
Date: 4-15-2019
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 <strong>Nonprofit</strong> Corporation:</th>
<th>Advantage Village Academy Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Toriano Parker</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>833 22nd Street South St. Petersburg FL 33712</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-321-7919</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:tparker512@aol.com">tparker512@aol.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>270500839</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 current IRS Nonprofit Affidavit / For Profit
### I. REVENUE SOURCES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>VENDOR</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$2,000.00</td>
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</tbody>
</table>

**TOTAL GROSS REVENUE**: $2,000.00

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></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)

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>2000</td>
<td>$2,000.00</td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**: $2,000.00

Prepared by: Toriano Parker
Date: 4-15-2019
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,

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC
# Detail by Entity Name

**Florida Not For Profit Corporation**  
ADVANTAGE VILLAGE ACADEMY, INC

## Filing Information

<table>
<thead>
<tr>
<th>Document Number</th>
<th>N09000003325</th>
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<tbody>
<tr>
<td>FEI/EIN Number</td>
<td>27-0500839</td>
</tr>
<tr>
<td>Date Filed</td>
<td>04/02/2009</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>Status</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>Last Event</td>
<td>AMENDMENT</td>
</tr>
<tr>
<td>Event Date Filed</td>
<td>05/07/2013</td>
</tr>
<tr>
<td>Event Effective Date</td>
<td>NONE</td>
</tr>
</tbody>
</table>

## Principal Address

833A 22ND STREET SOUTH  
ST PETERSBURG, FL 33712

Changed: 04/22/2015

## Mailing Address

833A 22ND STREET SOUTH  
ST PETERSBURG, FL 33712

Changed: 04/22/2015

## Registered Agent Name & Address

ADVANTAGE  
833A 22ND STREET SOUTH  
ST PETERSBURG, FL 33712

Name Changed: 01/31/2012

Address Changed: 04/22/2015

## Officer/Director Detail

### Name & Address

Title President  
Bryant, Jason  
833 22ND STREET SOUTH  
ST. PETERSBURG, FL 33712
Title Treasurer

Parker, Grant
833 22ND STREET
ST. PETERSBURG, FL 33712

Title CEO

PARKER, TORIANO H
833 22ND STREET SOUTH
ST. PETERSBURG, FL 33712

Title BM

LAWSON, PAT
833 22ND STREET SOUTH
ST PETERSBURG, FL 33712

Title BM

JOHNSON, LUCINDA
833 22ND STREET SOUTH
ST PETERSBURG, FL 33712

Title BM

HART, ANTHONY
833 22ND STREET SOUTH
ST PETERSBURG, FL 33712

Title Executive Secretary

Scantling, Tahishia
833 22ND STREET SOUTH
ST PETERSBURG, FL 33712

Title VP

Wright, Kewa
833 22nd St. South
Saint Petersburg, FL 33712

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>03/01/2017</td>
</tr>
<tr>
<td>2018</td>
<td>02/21/2018</td>
</tr>
<tr>
<td>2019</td>
<td>02/12/2019</td>
</tr>
</tbody>
</table>

Document Images

- 02/12/2019 – ANNUAL REPORT
- 10/15/2018 – Q4004e Resignation
ADVANTAGE VILLAGE ACADEMY INC  
TORIANO PARKER  
833 22ND ST S STE A  
ST PETERSBURG FL 33712 2250 USA

Purpose of Use: DR. MLK ARTS AND MUSIC FESTIVAL

Expected: 1,000

Co-Sponsored Event

Contract Balance $200.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Tue 14 Jan 20 06:00 am  
Ending: Sun 19 Jan 20 09:00 pm

Facility/Equipment  
Albert Whitted Park

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tue</td>
<td>14 Jan 2020</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></td>
<td>19 Jan 2020</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Fees:

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

- Extra Fee - Bookings:
  - Hours: 135:00
  - 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>$0.00</td>
<td>$230.00</td>
<td>$0.00</td>
<td>$30.00</td>
<td>$200.00</td>
<td>$200.00</td>
</tr>
</tbody>
</table>

Balance of rental due and payable immediately.

Payments:

- Date: 07 May 2019  
  - Amount: $30.00  
  - Payment Type: Check  
  - Reference: Rental  
  - Receipt Number: 3322519

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

ADVANTAGE VILLAGE ACADEMY INC
JEFF COPELAND
833 22ND ST S STE A
ST PETERSBURG, FL 33712 2250 USA

Receipt #: 3322519
User: JSBENNING
issued: Tue 07 May 19 10:51 am

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$230.00</td>
</tr>
<tr>
<td>Applied To: 27162 - DR. MLK ARTS AND MUSIC FESTIVAL</td>
<td>$30.00</td>
</tr>
<tr>
<td>Albert Whitted Park - Park</td>
<td></td>
</tr>
<tr>
<td>January 14, 2020 6:00 am to January 19, 2020 9:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($30.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$200.00</td>
</tr>
</tbody>
</table>

APPROVED REFUNDS ARE BY CHECK ONLY
Event Title: Boley Centers' Jingle Bell Run  
Phone No.: 727-821-4819  
Fax No.: 727-822-6240  

Event Date(s): 12/13/2019  
Location: Albert Whitted Park  

Day 1 of Event: 12/13/2019  
Time Gates Open: 6:30  
Ending Time: 10:30  

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

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

Application Prepared by: Jenine Thornley  
Phone: 821-4819 ext 5706  
Address:  
City: St. Petersburg  
State: FL  
Zip: 33713  

Email Address: jenine.thornley@boleycenters.org  

Additional Contact Person: Kathryn Juarez  
Day Phone: 821-4819 ext 5724  

What month/year were you incorporated as nonprofit? 1970  

List all 501(c)3 entities that will benefit from this event. Boley Centers, Inc.  

Name of the for-profit entity? NA  

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

This night time holiday fun run provides wholesome family fun, providing a waterfront holiday activity. This is our 37th year of operating this event which has become a holiday tradition for many St. Petersburgers.  

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

Brings big crowds to downtown St. Petersburg  

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

Does your group presently have liability insurance? YES NO  
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: $30  
Day of: $35  

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

Please provide a phone number that can be advertised to the public. 727-821-4819 ext  

What is the estimated attendance for this event? Spectators NA  
Participants 2800  
Last Year's Total Attendance rainout
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>□ Yes  □ No</td>
<td>□ Yes</td>
</tr>
<tr>
<td># Bleacher(s) needed</td>
<td>□ Yes  □ No</td>
<td>□ Yes</td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>□ Yes  □ No</td>
<td>□ Yes</td>
</tr>
<tr>
<td>Public Address System</td>
<td>□ Yes  □ No</td>
<td>□ Yes</td>
</tr>
<tr>
<td># of portable risers needed</td>
<td>□ Yes  □ No</td>
<td>□ Yes</td>
</tr>
</tbody>
</table>

Non-City Locations

Which Location?
- Mahaffey Theater
- Coliseum
- Albert Whitted Park
- 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: Kevin Marrone  Title: COO  Date: 3/18/2019
Co-Sign: Gary MacMath  Title: President/CEO  Date: 3/18/2019

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

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

### Obligation

- Public Invited: General Liability Insurance
- Located in Park: Park Permit
- Vending Product / Merchandise Sales: Occupational License
- Vending Food / Beverage: Health Inspection
- Vendors / Exhibitors: Additional insurance Required
- Vending Beer / Wine: Alcohol Permit
- Erecting Tents - Larger than 10ft x 12ft: Temporary Structure Permit
- Fence Installation: Temporary Structure Permit
- Other Structures: Temporary Structure Permit
- Open Flame Food Preparation: Fire Inspection Permit
- Pyrotechnics: Fireworks Permit
- Require Street Closure: Parade or Street Closure Permit(s)
- Staging: Professional Performers Announcement Only Daytime - Private Overnight - Private Event Time Frame - SPPD
- Amplified Sound: Radio Television Remote Broadcast
- Security: Regular Units Disabled Units Hand Washing
- Sanitary Facilities - Port-O-Lets: City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
- Off-site Parking / Shuttle: Semitruck / Tractor Trailer
- Semitruck / Tractor Trailer: City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

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

If YES, check all that apply. [ ] RV'S [ ] 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.

Need access to electricity along race course for small bands. We will use city hook ups that are available and provide generators where needed

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

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

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

NA

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

Name: Boley Centers, Inc. Phone: 727-821-4819 ext 5704
Address (including zip): 445 31st Street N., St. Petersburg, FL 33713

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

15 bands no stages Christmas music and pop

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.

Boley Centers is a 501 (c) 3

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

NA

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

Set up will begin the morning of. Break down the next morning
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: Kevin Marrone
Title: COO
Date: 3/14/2019
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>Boley Centers, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Gary MacMath</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President/CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>445 31st Street N, St. Petersburg, FL 33713</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-821-4819 ext 5707</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:gary.macmath@boleycenters.org">gary.macmath@boleycenters.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-1290089</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>1. Donations</td>
<td>$3,032.00</td>
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<tr>
<td>2. Sponsorships</td>
<td>$45,550.00</td>
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<tr>
<td>3. Registrations</td>
<td>$33,945.00</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>5.</td>
<td></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** $82,527.00

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

<table>
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<th>Expense</th>
<th>Amount</th>
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<tbody>
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<td>1. Advertising</td>
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<tr>
<td>2. Entertainment</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>3. City of St Petersburg (estimate)</td>
<td>$9,575.00</td>
</tr>
<tr>
<td>4. Food</td>
<td>$2,175.00</td>
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<tr>
<td>5. Shirts</td>
<td>$13,101.00</td>
</tr>
<tr>
<td>6. Event equipment</td>
<td>$1,215.00</td>
</tr>
<tr>
<td>7. Glow necklaces</td>
<td>$750.00</td>
</tr>
<tr>
<td>8. Printing</td>
<td>$1,675.00</td>
</tr>
<tr>
<td>9. Bells/elastic</td>
<td>$1,073.00</td>
</tr>
<tr>
<td>10. Licenses/Permits</td>
<td>$630.00</td>
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<tr>
<td>11.</td>
<td></td>
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<tr>
<td>12.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES** $37,539.00
**TOTAL NET INCOME** $44,988.00

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

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

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: Jeri Flanagan  
Date: 3/18/2019
March 21, 2019

Jade Benningfield
Parks & Recreation Supervisor I, Special Events
City of St. Petersburg
1400 19th St. N
St. Petersburg, FL 33713

Dear Ms. Benningfield:

Per your e-mail request of 3-19-19, please find attached Boley Centers, Inc. application for our 2019/2020 Co-Sponsored Event, Jingle Bell Run.

We are also including a check in the amount of $230.00; $200 to cover the one-day charge for use of Albert Whitted Park plus the $30.00 co-sponsored application fee. All other requirements will be completed per your timeframe guidelines.

Thank you for your assistance with our annual event!

Sincerely,

Jenine Thornley
Executive Assistant
P: 727-821-4819, ext. 5706
F: 727-822-6240
Jenine.Thornley@boleycenters.org
Detail by Entity Name

Florida Not For Profit Corporation
BOLEY CENTERS, INC.

Filing Information

<table>
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<tr>
<th>Document Number</th>
<th>718784</th>
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<tbody>
<tr>
<td>FEI/EIN Number</td>
<td>59-1290089</td>
</tr>
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<td>Date Filed</td>
<td>07/01/1970</td>
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<tr>
<td>State</td>
<td>FL</td>
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<td>ACTIVE</td>
</tr>
<tr>
<td>Last Event</td>
<td>AMENDED AND RESTATED ARTICLES</td>
</tr>
<tr>
<td>Event Date Filed</td>
<td>06/30/2015</td>
</tr>
<tr>
<td>Event Effective Date</td>
<td>NONE</td>
</tr>
</tbody>
</table>

Principal Address

445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Changed: 01/19/2009

Mailing Address

445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Changed: 01/19/2009

Registered Agent Name & Address

MACMATH, GARY
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Name Changed: 01/19/2009

Address Changed: 01/19/2009

Officer/Director Detail

Name & Address

Title President/CEO

MACMATH, GARY
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713
Title COO, Corporate Secretary

MARRONE, KEVIN
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

INCORVIA, SANDRA
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

MISIEWICZ, PAUL
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Chairman

ROSS, LORETTA
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

LOTT, MARTIN
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

POYNTER, SALLY
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

HEBERT, JOHN T
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

BUSSEY, RUTLAND
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

STRINGER, JOSEPH
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title DIRECTOR

SMITH, JOSEPH L
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

COLEY, LEONARD
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

DR. WALLACE, ROBERT
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

HUGHES, MARKUS, LIEUTENANT
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title FIRST VICE CHAIRMAN

McQueen, Maggi
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title SECOND VICE CHAIRMAN

PHARES, GAIL
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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</thead>
<tbody>
<tr>
<td>2018</td>
<td>01/26/2018</td>
</tr>
<tr>
<td>2018</td>
<td>02/07/2018</td>
</tr>
<tr>
<td>2019</td>
<td>01/29/2019</td>
</tr>
</tbody>
</table>

Document Images

- 01/26/2018 - ANNUAL REPORT
- 02/07/2018 - AMENDED ANNUAL REPORT
- 01/29/2018 - ANNUAL REPORT
- 01/29/2019 - ANNUAL REPORT
- 02/07/2018 - AMENDED ANNUAL REPORT
- 12/02/2016 - AMENDED ANNUAL REPORT

**Purpose of Use:** Boley Centers' Jingle Bell Run  
**Expected:** 2,800  
**Co-Sponsored Event:**  

**Conditions of Use:** Insurance Required

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

**Date(s) and Time(s) of Use:**
- **Starting:** Fri 13 Dec 19 06:00 am  
- **Ending:** Fri 13 Dec 19 11:00 pm

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

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

- **Co-Sponsored Permit Fee**  
  - **Hours:** 17:00  
  - **Quantity:** 1  
  - **Charge:** $200.00  
  - **Tax:** $0.00  
  - **Total:** $200.00

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

**Total Deposit:** $0.00  
**Total Applied:** $230.00  
**Contract Balance:** $0.00  
**Account Balance:** $0.00

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

**Payments:**
- **Date:** 21 Mar 2019  
  - **Amount:** $230.00  
  - **Payment Type:** Check

**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) JENINE THORNLEY  
BOLEY CENTERS FOR BEHAVIORAL HEALTH CARE  
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

BOLEY CENTERS FOR BEHAVIORAL HEALTH CARE
MICHELE KNIGGE
445 31ST ST N
ST PETERSBURG, FL 33713 7605 USA

Receipt #: 3282241
User: TCStubbs
Issued: Thu 21 Mar 19 02:24 pm

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$0.00</td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($230.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>($230.00)</td>
</tr>
</tbody>
</table>

APPROVED REFUNDS ARE BY CHECK ONLY
Event Title: James Weldon Johnson Literary Festival

Event Date(s):
- Day 1 of Event: March 21, 2020
- Day 2 of Event: March 22, 2020
- Day 3 of Event: March 23, 2020

Application Prepared by: Kevin W. Johnson

Title: Vice President of Friends of Johnson Library
Address: P.O. Box 1061
Email Address: kevinjohnson53706@yahoo.com

What month/year were you incorporated as nonprofit? September 1, 1990

Describe your event with details.

The James Weldon Johnson Literary Festival will promote literacy, encourage people to use the James Weldon Johnson Community Library, and stress the importance of reading to residents of the community.

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

Exposes the community to business and non-profit organizations. The Festival will also help promote the businesses and organizations.

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.fojbl.com

Please provide a phone number that can be advertised to the public: 727-342-2235

What is the estimated attendance for this event? Spectators 1000 Participants 100 Last Year's Total Attendance 380
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) [Yes]
# Bleacher(s) needed. Each bleacher approx. 180 people) [No]
Tables (6 ft) # needed 20  Chairs # needed 50
Public Address System
# of portable risers needed (4 in. x 8 in. x 16 in. sections) 2

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: [Signature] Title: President Date: 4-20-19
* Co-Sign: [Signature] Title: Vice-President Date: 4-20-19

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.

<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>
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<tr>
<td>Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
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<td>Pyrotechnics</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td></td>
</tr>
<tr>
<td>VIP Area</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>Staging</td>
<td></td>
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<tr>
<td>Amplified Sound</td>
<td></td>
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<tr>
<td>Security</td>
<td></td>
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<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td></td>
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<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
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<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>Marketing: Please check all that apply.</td>
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</tr>
<tr>
<td>Invitations</td>
<td>Professional</td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td>Showmobile</td>
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<td>Newspaper / Internet</td>
<td>Other</td>
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<td></td>
<td>Performers</td>
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<td>Announcement Only</td>
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<tr>
<td></td>
<td>Daytime - Private</td>
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<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>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

Will you supply your own generators? □ YES □ NO

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

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

No

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

Name: ___________________________ Phone: ___________________________

Address (Including zip): ___________________________

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

List Vending Products, Name & Provider.

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: [Signature] Title: [President] Date: 4-20-19
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.

### Nonprofit Corporation
- **Name of the Nonprofit Corporation:** Friends of Johnson Branch Library, Inc.
- **Name of Responsible Party (President or CEO ONLY):** Ernie L. Coney
- **Title of Responsible Party:** President
- **Physical Address of Responsible Party:** 2526 - 67th Ave, So, St. Petersburg FL 33712
- **Phone Number of Responsible Party:** 727-459-9500
- **Email Address of Responsible Party:** Allrise1777@hotmail.com
- **Nonprofit (Employee Identification Number):** 59-3035195

### For-profit Corporation
- **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:**

**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:**
**APPENDIX C**

**STATEMENT OF REVENUE AND EXPENSES FORM**

PRIOR YEAR’S EVENT

(Must be completed)

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

See attached page

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

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

TOTAL GROSS REVENUE

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

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

TOTAL OPERATING EXPENSES

TOTAL NET INCOME

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

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

TOTAL ALLOCATION OF NET INCOME

Prepared by: ___________________________ Date: ________________
James Weldon Johnson Literacy Festival  
Proposed Budget for 2020  
April 12, 2019

Proposed Expenses

<table>
<thead>
<tr>
<th>Category</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of St. Petersburg</td>
<td></td>
</tr>
<tr>
<td>Co-sponsorship application</td>
<td>$30.00</td>
</tr>
<tr>
<td>Parade Permit</td>
<td>$30.00</td>
</tr>
<tr>
<td>Park Permit</td>
<td>$30.00</td>
</tr>
<tr>
<td>Enoch Davis Center Rental</td>
<td>$100.00</td>
</tr>
<tr>
<td>Equipment Rental</td>
<td>$2,800.00</td>
</tr>
<tr>
<td>Bounce House</td>
<td>$950.00</td>
</tr>
<tr>
<td>Tent</td>
<td>$200.00</td>
</tr>
<tr>
<td>T-shirts</td>
<td>$900.00</td>
</tr>
<tr>
<td>Bracelets and arm bands</td>
<td>$130.00</td>
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<tr>
<td>Insurance</td>
<td>$500.00</td>
</tr>
<tr>
<td>Balloons</td>
<td>$210.00</td>
</tr>
<tr>
<td>Character (Elmo)</td>
<td>$150.00</td>
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<tr>
<td>Food Supplies</td>
<td>$400.00</td>
</tr>
<tr>
<td>Gift Cards</td>
<td>$400.00</td>
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<tr>
<td>For Profit Vendor Gift Certificates</td>
<td>$100.00</td>
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<tr>
<td>General Supplies</td>
<td>$150.00</td>
</tr>
<tr>
<td>Printing</td>
<td>$200.00</td>
</tr>
<tr>
<td>Face Painter</td>
<td>$100.00</td>
</tr>
<tr>
<td>Book Bags</td>
<td>$450.00</td>
</tr>
<tr>
<td>Entertainment</td>
<td>$1000.00</td>
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<tr>
<td>Publicity</td>
<td>$500.00</td>
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<tr>
<td>Children’s Section</td>
<td>$100.00</td>
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</table>

**TOTAL**                                        **$8,330.00**
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>
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<tr>
<td>85-8016593224C-5</td>
<td>12/06/2014</td>
<td>12/31/2019</td>
<td>501(C)(3) ORGANIZATION</td>
</tr>
</tbody>
</table>

This certifies that

FRIENDS OF JOHNSON BRANCH LIBRARY INC
1059 18TH ST S
ST PETERSBURG FL 33712-2326

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
FRIENDS OF JOHNSON BRANCH LIBRARY, INC.

Filing Information
Document Number: N40185
FEI/EIN Number: 59-3035195
Date Filed: 09/07/1990
State: FL
Status: ACTIVE
Last Event: REINSTATEMENT
Event Date Filed: 03/28/2005

Principal Address
1059 18 AVE SOUTH
SAINT PETERSBURG, FL 33701

Changed: 05/05/2003

Mailing Address
PO BOX 1061
ST. PETERSBURG, FL 33731

Changed: 04/24/2012

Registered Agent Name & Address
CONEY, ERNIE
2526 67TH AVE SOUTH
SAINT PETERSBURG, FL 33712

Name Changed: 05/01/2002
Address Changed: 05/01/2002

Officer/Director Detail
Name & Address

Title P
CONEY, ERNIE L
2526 67 TH AVENUE SOUTH
SAINT PETERSBURG, FL 33712

Title S
JONES, CLAUDENIA B  
1501 26 AVENUE SOUTH  
SAINT PETERSBURG, FL 33705  
Title T  

SMITH, JANIS  
2159 DESOTO WAY SOUTH  
SAINT PETERSBURG, FL 33712  
Title VP  

JOHNSON, KEVIN  
2861 4TH AVE SOUTH  
SAINT PETERSBURG, FL 33712  

### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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<tbody>
<tr>
<td>2017</td>
<td>04/25/2017</td>
</tr>
<tr>
<td>2018</td>
<td>04/29/2018</td>
</tr>
<tr>
<td>2019</td>
<td>02/25/2019</td>
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</tbody>
</table>

### Document Images

- 02/25/2019 - ANNUAL REPORT [View image in PDF format]
- 04/26/2018 - ANNUAL REPORT [View image in PDF format]
- 04/25/2017 - ANNUAL REPORT [View image in PDF format]
- 03/08/2016 - ANNUAL REPORT [View image in PDF format]
- 03/17/2015 - ANNUAL REPORT [View image in PDF format]
- 01/03/2014 - ANNUAL REPORT [View image in PDF format]
- 05/20/2013 - ANNUAL REPORT [View image in PDF format]
- 04/24/2012 - ANNUAL REPORT [View image in PDF format]
- 04/23/2011 - ANNUAL REPORT [View image in PDF format]
- 05/05/2010 - ANNUAL REPORT [View image in PDF format]
- 04/28/2009 - ANNUAL REPORT [View image in PDF format]
- 04/03/2008 - ANNUAL REPORT [View image in PDF format]
- 04/03/2007 - ANNUAL REPORT [View image in PDF format]
- 09/02/2006 - ANNUAL REPORT [View image in PDF format]
- 04/28/2005 - REINSTATEMENT [View image in PDF format]
- 05/05/2003 - ANNUAL REPORT [View image in PDF format]
- 05/01/2002 - ANNUAL REPORT [View image in PDF format]
- 07/25/2001 - ANNUAL REPORT [View image in PDF format]
- 05/03/2000 - ANNUAL REPORT [View image in PDF format]
- 05/01/1999 - ANNUAL REPORT [View image in PDF format]
- 05/19/1998 - ANNUAL REPORT [View image in PDF format]
- 05/15/1997 - ANNUAL REPORT [View image in PDF format]
- 07/31/1996 - ANNUAL REPORT [View image in PDF format]
- 02/05/1996 - ANNUAL REPORT [View image in PDF format]
contract/permit

FRIENDS OF JOHNSON BRANCH LIBRARY INC
KEVIN JOHNSON
P.O. BOX 1061
ST PETERSBURG FL 33733 USA

Purpose of Use: JAMES WELDON JOHNSON LITERACY FESTIVAL

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Sat 21 Mar 20 06:00 am
Ending: Sat 21 Mar 20 09:00 pm

Facility/Equipment
<table>
<thead>
<tr>
<th>Name</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>Enoch Davis Park</td>
<td>Sat</td>
<td>21 Mar 2020</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
</tr>
<tr>
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</tr>
</tbody>
</table>

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

- 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: $30.00
- Contract Balance: $30.00
- Account Balance: $30.00

Balance of rental due and payable immediately.

Payments:
- Date: 07 May 2019
- Amount: $30.00
- Payment Type: Check
- Reference: Rental
- Receipt Number: 3322553

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: KEVIN JOHNSON

Friends of Johnson Branch Library Inc
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: Parks and Recreation Superintendent

(Please PRINT)

(Please PRINT)

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

FRIENDS OF JOHNSON BRANCH LIBRARY INC
KEVIN JOHNSON
2801 4th ave S
ST PETERSBURG, FL 33712 USA

Receipt #: 3322553
User: JSBENNIN
Issued: Tue 07 May 19 11:14 am

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<tr>
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<tbody>
<tr>
<td>Previous Balance</td>
<td>$60.00</td>
</tr>
<tr>
<td>Applied To: 27164 - JAMES WELDON JOHNSON LITERACY FESTIVAL</td>
<td>$30.00</td>
</tr>
<tr>
<td>Enoch Davis Park - Park</td>
<td></td>
</tr>
<tr>
<td>March 21, 2020 6:00 am to March 21, 2020 9:00 pm</td>
<td></td>
</tr>
<tr>
<td>Payment: Check</td>
<td>($30.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$30.00</td>
</tr>
</tbody>
</table>

APPROVED REFUNDS ARE BY CHECK ONLY
Event Title: LOCALTOPIA ("A Community Celebration of All Things Local")

Entity Name: Keep Saint Petersburg Local

Event Date(s): 02/22/2020 (Rain Date: 02/29/2020)

Location: Williams Park

Day 1 of Event: 02/22/2020
Time Gates Open: 10:00 AM
Ending Time: 5:00 PM

Day 2 of Event: 02/22/2020
Time Gates Open: 
Ending Time: 

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

Application Prepared by: Olga Bof

Title: Founder/Executive Director

Address: P. O. Box 7704

City: St. Petersburg

State: FL

Zip: 33734

Email Address: keepsaintpetersburglocal@gmail.com

Additional Contact Person: James Ryan

Day Phone: 269-601-2117

What month/year were you incorporated as nonprofit? January/2012

List all 501(c)3 entities that will benefit from this event. Keep Saint Petersburg Local is a Florida registered non-profit

Name of the for-profit entity?

Describe your event with details.

LOCALTOPIA is our city's largest "Community Celebration of All Things Local" showcasing "over" 200 of St. Pete's favorite independent businesses and community organizations.

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

IMPACT: LOCALTOPIA has become one of St. Pete's most beloved and eagerly-anticipated annual events. It showcases the best of our city (shopping, eating & drinking, arts & culture, and more) all in one place. The attendees' fierce city pride displayed on the day of the festival is what distinguishes the event from any other that takes place in St. Pete. ECONOMIC BENEFIT: Participating vendors experience their highest sales days ever/record-breaking sales and engagement, and continue to have residual sales and engagement even months after the event. Many businesses that have debuted at the festival have gone on to experience incredible growth, including opening their own brick-and-mortar locations. As the most visual manifestation of our mission to "Keep Saint Petersburg Local," it helps keep more money circulating in our local economy.

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 obtain event insurance

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. KeepSaintPetersburgLocal.org/Localtopia

Please provide a phone number that can be advertised to the public. 813-500-7708

What is the estimated attendance for this event? Spectators 20,000+ Participants 200+ 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: Each bleacher approx. 180 people
- Tables (6 ft) # needed: 20
- Chairs # needed: 100
- Public Address System

**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:** Olga Bof  
**Co-Sign:**  
**Title:** Founder/Executive Director  
**Date:** 4/25/2019

**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.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>☑ Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>☑ Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>☑ Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>☑ Vendors / Exhibitors</td>
<td>Alcohol Permit Additional Insurance Required</td>
</tr>
<tr>
<td>☑ Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☑ Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☑ Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☑ Other Structures</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>☑ Open Flame Food Preparation</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>☑ Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>☑ VIP Area</td>
<td></td>
</tr>
<tr>
<td>☑ Staging</td>
<td></td>
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<tr>
<td>☑ Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>☑ Security</td>
<td></td>
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<tr>
<td>☑ Sanitary Facilities - Port-O-Lets</td>
<td></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>☑ How many? Over 30 Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>☑ What type? Vending Products / Vending Food / Beverage</td>
<td></td>
</tr>
<tr>
<td>☑ What structure? Tents - Larger than 10ft x 12ft</td>
<td></td>
</tr>
<tr>
<td>☑ Professional Performers / Showmobile / Other</td>
<td></td>
</tr>
<tr>
<td>☑ Daytime - Private / Overnight - Private</td>
<td></td>
</tr>
<tr>
<td>☑ Event Time Frame - SPPD</td>
<td></td>
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<tr>
<td>☑ Regular Units 20</td>
<td></td>
</tr>
<tr>
<td>☑ Disabled Units 2</td>
<td></td>
</tr>
<tr>
<td>☑ Hand Washing 8</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.

Should any additional power be required, we rent our own generators and/or vendors bring/rent their own.

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: Keep Saint Petersburg Local
Phone: 813-500-7708

Address (including zip): P.O. Box 7704, St. Petersburg, FL 33734

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

Varied music
Bandstand + additional stage on 3rd Street
12-15 bands

List Vending Products. Name & Provider.

Over 200 vendors

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

Keep Saint Petersburg Local is a Florida registered non-profit

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

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

Same as for 2019 festival
Other Comments: Please describe your fee structure.

**FREE** Community Event

Other comments:

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

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

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

Name: Olga Bof  
Title: Founder/Executive Director  
Date: 4/25/2019
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Keep Saint Petersburg Local

Name of Responsible Party (President or CEO ONLY): Olga Bof

Title of Responsible Party: Founder/Executive Director

Physical Address of Responsible Party: 1441 28 Avenue North, St. Petersburg, FL 33704

Phone Number of Responsible Party: 813-500-7708

Email Address of Responsible Party: keepsaintpetersburglocal@gmail.com

Nonprofit (Employee Identification Number): 453585302

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: keepsaintpetersburglocal@gmail.com
Florida Not For Profit Corporation
KEEP SAINT PETERSBURG LOCAL CORPORATION

Filing Information
- Document Number: N11000011440
- FEI/EIN Number: 45-3585302
- Date Filed: 12/13/2011
- Effective Date: 01/01/2012
- State: FL
- Status: ACTIVE
- Last Event: REINSTATEMENT
- Event Date Filed: 01/14/2014

Principal Address
- C/O Registered Agent, James Ryan
- 449 Central Ave
- Suite 100
- SAINT PETERSBURG, FL 33701
- Changed: 02/09/2017

Mailing Address
- PO BOX 7704
- SAINT PETERSBURG, FL 33734
- Changed: 02/09/2017

Registered Agent Name & Address
- RYAN, JAMES C
- 449 Central Ave
- Suite 100
- SAINT PETERSBURG, FL 33701
- Name Changed: 02/09/2017
- Address Changed: 02/09/2017

Officer/Director Detail
- Name & Address
- Title: CEO
- BOF, OLGA M
**PO BOX 7704**  
SAINT PETERSBURG, FL 33734

**Title SECY**

VIDAL, JORGE  
PO BOX 7704  
SAINT PETERSBURG, FL 33734

**Title Treasurer**

RYAN, JAMES C  
PO BOX 7704  
St. Petersburg, FL 33734

**Title Director**

Grinaker, Jim  
PO BOX 7704  
St. Petersburg, FL 33734

<table>
<thead>
<tr>
<th>Annual Reports</th>
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<tr>
<td><strong>Report Year</strong></td>
<td><strong>Filed Date</strong></td>
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<tr>
<td>2017</td>
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<tr>
<td>2019</td>
<td>02/27/2019</td>
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**Document Images**

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<th>Report Type</th>
<th>View in PDF format</th>
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<td>ANNUAL REPORT</td>
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<tr>
<td>12/13/2011</td>
<td>Domestic Non-Profit</td>
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Florida Department of State, Division of Corporations
**Purpose of Use:** LOCALTOPIA  
**Expected:** 0  
**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:**

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<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
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<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
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<td></td>
<td>22 Feb 2020</td>
<td>09:00 PM</td>
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<td></td>
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<td>Williams Park</td>
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<td>29 Feb 2020</td>
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<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>Bandshell &amp; Park</td>
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<td></td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td>$0.00</td>
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</table>

**Additional Fees:**

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<tr>
<th>Extra Fee</th>
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<th>Tax</th>
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</thead>
<tbody>
<tr>
<td>Co-Sponsored Application Fee</td>
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<td>$30.00</td>
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<td>$30.00</td>
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<td>Co-Sponsored Permit Fee</td>
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**Charges:**

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<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
<th>Deposit</th>
<th>Total Applied</th>
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<th>Account Balance</th>
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<tbody>
<tr>
<td>$ 0.00</td>
<td>$230.00</td>
<td>$0.00</td>
<td>$230.00</td>
<td>$0.00</td>
<td>$230.00</td>
<td>$0.00</td>
<td>($370.00)</td>
</tr>
</tbody>
</table>

Balance of rental due and payable immediately.

**Payments:**

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<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Payment Type</th>
<th>Reference</th>
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</thead>
<tbody>
<tr>
<td>30 Mar 2017</td>
<td>$140.00</td>
<td>Check</td>
<td>Rental</td>
<td>2762891</td>
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<tr>
<td>09 Apr 2018</td>
<td>$90.00</td>
<td>Check</td>
<td>Rental</td>
<td>3027558</td>
</tr>
</tbody>
</table>

**Additional Notes:**

2/29 IS A RAIN DATE
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) OLGA BOF

KEEP SAINT PETERSBURG LOCAL CORPORATION

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent

(Print Name) Parks and Recreation Department

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

Event Title: Greater Tampa Bay Area Walk to Defeat ALS
Phone No.: 813-637-9000
Fax No.: 813-637-9010
Entity Name: The ALS Association Florida Chapter
Federal I.D. Number: 943124732

Date Received: 4.25.19
Check or Cash: 
Application #: B
Packet: 
Permit #: 27166

Event Date(s): First Choice 3/7/20
Location: Elva Rouse Park

Day 1 of Event: 3/6
Time Gates Open: 12 noon
Ending Time: 5:00 pm

Day 2 of Event: 3/7
Time Gates Open: 7:00 am
Ending Time: 1:00 pm

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

Application Prepared by: Patti Palmer
Phone: 813-205-5566

Title: Manager Chapter Awareness
Cell Phone: 813-205-5566
Address: 3242 Parkside Center Circle
City: Tampa
State: FL
Zip: 33619
Email Address: ppalmer@alsfl.org

Additional Contact Person: Kate Sanstrom
Day Phone: 813-597-6233

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

List all 501(c)3 entities that will benefit from this event. The ALS Association Florida Chapter

Name of the for-profit entity?

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
The ALS Association Florida Chapter is primarily funded by funds raised from its statewide walk program. We host nine walks around the State of Florida. 90% of every dollar raised goes directly to patients living with ALS or their family member who is caring for them. All services are free of charge and provide support for a better quality of life to those living with this fatal disease, commonly known as Lou Gehrig's Disease. There is no cure for ALS. Most people diagnosed live between 2 and 5 years, becoming paralyzed, unable to speak or move and eventually unable to breathe. While the mind stays intact.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Positive feelings for the sitting as a supporter of this not for profit organization, the ALS Association; Introduces new people to the City of St. Pete and its beautiful parks and neighborhoods. Hotels, restaurants and other businesses benefit as people attend the walk from all of the surrounding counties. Provides an opportunity for community involvement and volunteerism.

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? over 1,000,000.00

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

Will there be an admission / registration fee? YES NO
Advanced Fee: None

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

Please provide a phone number that can be advertised to the public. 813-637-9000 Ext 125

What is the estimated attendance for this event? Spectators 50 Participants 900 Last Year's Total Attendance 900
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes/No</th>
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</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td>NO</td>
</tr>
<tr>
<td># Bleachers needed</td>
<td>NO</td>
</tr>
<tr>
<td># Chairs needed</td>
<td>NO</td>
</tr>
<tr>
<td># of portable risers</td>
<td>NO</td>
</tr>
</tbody>
</table>

Special Events Facilities

<table>
<thead>
<tr>
<th>Facility</th>
<th>Selected</th>
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</thead>
<tbody>
<tr>
<td>Mahaffey Theater</td>
<td></td>
</tr>
<tr>
<td>Coliseum</td>
<td></td>
</tr>
<tr>
<td>Sunken Gardens</td>
<td></td>
</tr>
<tr>
<td>Boyd Hill</td>
<td></td>
</tr>
</tbody>
</table>

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: Mgr, Chapter Awareness Date: 4/24/19
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>
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</thead>
<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>
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<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</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>
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<td>Announcement Only</td>
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<td>Daytime - Private</td>
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<td>Overnight - Private</td>
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<tr>
<td>Hand Washing</td>
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<td>Marketing: Please check all that apply.</td>
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<td>Invitations</td>
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<td>Posters / Flyers</td>
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<td>Newspaper / Internet</td>
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<td>Radio</td>
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<td>Television</td>
<td></td>
</tr>
<tr>
<td>Remote Broadcast</td>
<td></td>
</tr>
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</table>

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

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

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

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: The ALS Association Phone:
Address (including zip): same as above

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

List Vending Products. Name & Provider.

Sponsors like Mobility Works, Ability, and other patient related services

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.

Get people pumped up about walking and raising funds for ALS

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

Friday (3/6) 12noon - set up to 5pm - we will have security overnight on Friday night
Need the parking lot just north of Elva Rouse Park for walkers and handicap parking (about 20 spaces for handicap marked off) - also street parking in front of park for Saturday event.
Saturday (3/7) 7am finish set up = registration opens at 8:30 am, Walk is at 10 am and everything is over by 12noon.
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: [Patti Palmer] Title: Mgr Chapter Awareness Date: 4/24/19
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 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.

Name of the Nonprofit Corporation: The ALS Association Florida Chapter

Name of Responsible Party (President or CEO ONLY): Ray Carson

Title of Responsible Party: President

Physical Address of Responsible Party: 3242 Parkside Center Circle Tampa FL 33619

Phone Number of Responsible Party: 813-637-9000 Ext. 105

Email Address of Responsible Party: rcarson@alsafl.org

Nonprofit (Employee Identification Number): tax id # 94-3124732

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

Page 7 of 8
**APPENDIX C**

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR’S EVENT**

(Must be completed)

| Name of Event: Greater Tampa Bay Area Walk to Defeat ALS | Date(s) of Event: Mar 8, 2019 - Mar 9, 2019 |

**I. REVENUE SOURCES**

<table>
<thead>
<tr>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>$165,648.00</td>
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1. Greater Tampa Bay Area Walk Funds Raised

<table>
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<tr>
<th>2.</th>
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<th>3.</th>
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<th>7.</th>
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<table>
<thead>
<tr>
<th>8.</th>
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**TOTAL GROSS REVENUE**

| $165,648.00 |

**II. EXPENSES**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>$11,928.00</td>
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<table>
<thead>
<tr>
<th>1. Tents/ Sound/Staging/Tables/Chairs</th>
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<table>
<thead>
<tr>
<th>2. City Fees</th>
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<table>
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<tr>
<th>3. Private Security</th>
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<table>
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<tr>
<th>4. T Shirts</th>
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<table>
<thead>
<tr>
<th>5. Kick Off Event</th>
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<th>6. Walk Prizes</th>
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<table>
<thead>
<tr>
<th>7. Printing &amp; Postage</th>
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<table>
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<th>8. Signage</th>
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<table>
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<tr>
<th>9. Supplies</th>
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<th>10. Food &amp; Beverages</th>
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</table>

**TOTAL OPERATING EXPENSES**

| $11,928.00 |

**TOTAL NET INCOME**

| $153,720.00 |

**III. ALLOCATION OF NET INCOME**

<table>
<thead>
<tr>
<th>Amount</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>1. All funds used to provide services to patients with Lou Gehrig's Disease.</th>
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<table>
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<tr>
<th>2. Respite Care Grants for caregivers</th>
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<table>
<thead>
<tr>
<th>3. Durable Medical Equipment for patients</th>
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<table>
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<tr>
<th>4. Clinic Support</th>
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</table>

<table>
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<tr>
<th>5. Electronic Speech Devices, Power Wheel Chairs and Hoya Lifts</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>6. Home Modifications</th>
</tr>
</thead>
</table>

**TOTAL ALLOCATION OF NET INCOME**

| $153,720.00 |

Prepared by: Patti Palmer

Date: Apr 24, 2019
**Detail by Entity Name**

Florida Not For Profit Corporation
THE ALS ASSOCIATION FLORIDA CHAPTER, INC.

**Filing Information**

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

3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Changed: 02/26/2007

**Mailing Address**

3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Changed: 02/26/2007

**Registered Agent Name & Address**

Carson, II, Raymond J.
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Name Changed: 04/08/2016

Address Changed: 09/24/2012

**Officer/Director Detail**

**Name & Address**

Title President and CEO

Carson, II, Raymond J.
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619
Title Treasurer
STAMBAUGH, GLENN
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Title Chairman
Cannistra, John
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Title Secretary
Maybrook, Sharon
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Title Vice Chair
Graham, Hampton
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Title Board of Directors
Bitner Rodin, Wendy
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Title Board of Directors
Clynch, Jo-Ann
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Title Board of Directors
Bailey, Alecia
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Title Board of Directors
Collins, John
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Title Board of Directors
Conn, Kevin
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Title Board of Directors

Cummings, Tim
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Title Board of Directors

Fields, Troy
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Title Board of Directors

Spring, Melissa
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Annual Reports

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<td>2019</td>
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Document Images

- [View Image in PDF format] 04/08/2019 - ANNUAL REPORT
- [View Image in PDF format] 02/23/2017 - Reg. Agent Change
- [View Image in PDF format] 02/23/2017 - ANNUAL REPORT
- [View Image in PDF format] 02/01/2018 - ANNUAL REPORT
- [View Image in PDF format] 03/31/2015 - ANNUAL REPORT
- [View Image in PDF format] 04/29/2014 - ANNUAL REPORT
- [View Image in PDF format] 01/29/2014 - Reg. Agent Change
- [View Image in PDF format] 09/24/2012 - ANNUAL REPORT
- [View Image in PDF format] 01/05/2012 - Reg. Agent Change
- [View Image in PDF format] 03/18/2011 - ANNUAL REPORT
- [View Image in PDF format] 03/03/2011 - ANNUAL REPORT
- [View Image in PDF format] 09/19/2010 - ANNUAL REPORT
- [View Image in PDF format] 04/30/2009 - ANNUAL REPORT
- [View Image in PDF format] 02/20/2008 - ANNUAL REPORT
- [View Image in PDF format] 02/28/2007 - ANNUAL REPORT
- [View Image in PDF format] 10/14/2006 - ANNUAL REPORT
- [View Image in PDF format] 04/18/2005 - ANNUAL REPORT
- [View Image in PDF format] 07/07/2004 - ANNUAL REPORT
- [View Image in PDF format] 04/21/2003 - ANNUAL REPORT
- [View Image in PDF format] 04/22/2002 - ANNUAL REPORT
- [View Image in PDF format] 04/18/2001 - ANNUAL REPORT

THE ALS ASSOCIATION FLORIDA CHAPTER, INC
PATTIE PALMER
3242 PARKSIDE CENTER CIR
TAMPA FL 33619 USA

Purpose of Use: GREATER TAMPA BAY AREA WALK TO DEFEAT ALS
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 06 Mar 2020 06:00 am
Ending: Sat 07 Mar 2020 09:00 pm

Facility/Equipment Day Date Time Fee Extra Fee Tax Total
Elva Rouse Park Fri 06 Mar 2020 06:00 AM $0.00 $200.00 $0.00 $200.00
Park
07 Mar 2020 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 39:00 Quantity 1 Charge $200.00 Tax $0.00 Total $200.00

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

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By (Sign Name) PATTIE PALMER
(Print Name) THE ALS ASSOCIATION FLORIDA CHAPTER, 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: St. Petersburg Fine Art Festival
Entity Name: Paragon Fine Art Festivals

Date Received: 4-3-19
Check or Cash: 2
Application #: 8
Packet #: 27167

Event Date(s):
Day 1 of Event: February 22-23, 2020
Location: South Straub Park

Day 2 of Event:
Time Gates Open: 7:00 am
Ending Time: 7:00 pm

Day 3 of Event:
Time Gates Open: 10:00 am
Ending Time: 5:00 pm

Application Prepared by: Adrian Johannes
Title: Event Director
Phone: 941-320-9192
Address: 12326 Thornhill Court
City: Sarasota
State: FL
Zip: 34202
Email Address: christinebaer@voicedowntown.com

Additional Contact Person: Christine Baer
Day Phone: 727-542-3000

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

List all 501(c)3 entities that will benefit from this event.
St. Petersburg Arts Alliance

Name of the for-profit entity?
Paragon Fine Art Festivals

Describe your event with details.

There is immense aesthetic and cultural contribution to the community through the encounter of residents and art patrons with original, handmade fine art brought to the event by artisans from across Florida and around the country. Art enriches our lives and our responses to art are priceless. This experience introduces the residents of and visitors to St. Petersburg a tapestry of extraordinary work they would otherwise not experience. It is in the heart of St. Petersburg, thus bringing event attendees to downtown St. Petersburg, Straub Park and the businesses (e.g., restaurants, galleries and shops) of the local downtown area. For many, as the event is held in the “high season”, this will be their experience in downtown St. Petersburg. Thus, the event affords the opportunity for more people to experience St. Petersburg and concurrently growing the patron base of local businesses, experience and ambiance.

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

In 2014 we conducted a post-show survey of downtown businesses near the event site of Straub Park to assess how the event impacted local businesses. From our event in February 2014, businesses in the vicinity of Straub Park reported a 15-300% increase in revenue, stemming from the art festival. In addition, we project the artists in attendance at the event alone will contribute about 380 room nights in hotels and 1700 meals in local restaurants. We also do not compete with local food merchants in that we do not have food vendors on site. We encourage local art galleries to have a presence at the event if they choose. They may find artisans from outside of St. Petersburg and wish to carry their work in their galleries.

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:
paragonartevents.com

How much? $1M / $2M
Advanced Fee: Day of:

Please provide a phone number that can be advertised to the public.
941-487-8081

What is the estimated attendance for this event? Spectators 3000
Participants 120
Last Year’s Total Attendance 3000

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
Bleacher(s) needed. Each bleacher approx. 180 people] 0
Tables (6 ft) # needed 0
Chairs # needed 0
Public Address System
# of portable risers needed (4 in. x 8 in. x 16 in. sections) 0

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

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

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

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

Name: Adrian Johannes
Co-Sign: John Collins (St. Petersburg Arts Alliance)
Title: Event Director
Title: Executive Director
Date: 4.3.19
Date: 4.3.19

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.

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

no

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

Name: Paragon Fine Art Festivals
Phone: 941-487-8081

Address (including zip): 12326 Thornhill Court, Lakewood Ranch, FL 34202

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

n/a No musical performances

List Vending Products. Name & Provider.

n/a None provided / sold — only original artwork by the artists in attendance at the event.

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.

Load in beginning at 7am on Friday, February 22, 2020. Artists will park at curb and dolly booths, displays and artwork into South Straub Park for setup. Will consider a Looper Trolley to shuttle artists from site to parking (e.g., Vinoy Park)
n/a No admission charged – the show is about artists selling their original handmade artwork to the public; pricing is determined solely by the artists.

OtherComments:

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 Collins  Title: Executive Director  Date: 4.3.19
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.

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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.

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* 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 Alliance
Name of Responsible Party (President or CEO ONLY): John Collins
Title of Responsible Party: Executive Director
Physical Address of Responsible Party: 100 Second Avenue N., Suite 150, St. Petersburg, FL 33701
Phone Number of Responsible Party: 727-518-5142
Email Address of Responsible Party: john@stpeteartsalliance.org
Nonprofit (Employee Identification Number): 46-1335413

Name of the For-profit Corporation: Paragon Fine Art Festivals Inc.
Name of Responsible Party (President or CEO ONLY): Adrian Johannes
Title of Responsible Party: Event Director
Physical Address of Responsible Party: 12326 Thornhill Court, Lakewood Ranch, FL 34202
Phone Number of Responsible Party: 941-320-9192
Email Address of Responsible Party: christinebaer@voicedowntown.com
For-profit (Employee Identification Number): 45-2779488

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: christinebaer@voicedowntown.com

Page 7 of 8
**APPENDIX C**

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR’S EVENT**

*(Must be completed)*

<table>
<thead>
<tr>
<th>I.</th>
<th>REVENUE SOURCES (attach sheet if more space is needed)</th>
<th>Amount</th>
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</table>

**TOTAL GROSS REVENUE**

<table>
<thead>
<tr>
<th>II.</th>
<th>EXPENSES (attach sheet if more space is needed)</th>
<th>Amount</th>
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<tbody>
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</table>

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

<table>
<thead>
<tr>
<th>III.</th>
<th>ALLOCATION OF NET INCOME (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: ___________________________ Date: ____________________
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,

Holly G. Faz
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-FC
Detail by Entity Name
Foreign Profit Corporation
PARAGON FINE ARTS FESTIVALS, INC.

Filing Information
Document Number F14000002914
FEI/EIN Number 45-2779488
Date Filed 07/08/2014
State NY
Status ACTIVE

Principal Address
1625 Keely lane
SARASOTA, FL 34242

Changed: 04/28/2017

Mailing Address
1625 Keely lane
SARASOTA, FL 34242

Changed: 04/28/2017

Registered Agent Name & Address
MAGUIRE, DENISE
8258 MIDNIGHT PASS RD
SARASOTA, FL 34242

Officer/Director Detail
Name & Address
Title P

MAGUIRE, DENISE
1625 Keely lane
SARASOTA, FL 34242

Annual Reports
Report Year Filed Date
2017 04/28/2017
2018 04/30/2018
2019 02/09/2019

Document Images
02/09/2019 - ANNUAL REPORT [View image in PDF format]
04/30/2018 - ANNUAL REPORT [View image in PDF format]
04/28/2017 - ANNUAL REPORT [View image in PDF format]
04/10/2016 - ANNUAL REPORT [View image in PDF format]
04/23/2015 - ANNUAL REPORT [View image in PDF format]
07/08/2014 - Foreign Profit [View image in PDF format]
Detail by FEI/EIN Number

Florida Not For Profit Corporation
ST. PETERSBURG ARTS ALLIANCE, INC.

Filing Information

- Document Number: N12000009944
- FEI/EIN Number: 46-1335413
- Date Filed: 10/18/2012
- State: FL
- Status: ACTIVE
- Last Event: REINSTATEMENT
- Event Date Filed: 08/12/2014

Principal Address
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Mailing Address
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33701

Changed: 08/12/2014

Registered Agent Name & Address
COLLINS, JOHN
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33701

Address Changed: 08/12/2014

Officer/Director Detail

Name & Address

Title Officer

Murphy, Mary Anna
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title Officer
Baker, Jeff  
100 SECOND AVE. NORTH, #150  
ST. PETERSBURG, FL 33701  

Title 0  

Bond Markus, Angela  
100 SECOND AVE. NORTH, #150  
ST. PETERSBURG, FL 33701  

Title Director  

Woodfield, Jim  
100 SECOND AVE. NORTH  
SUITE 150  
ST. PETERSBURG, FL 33704  

Title Director  

Baker, Jeff  
100 2nd Ave N, #150  
St. Petersburg, FL 33601  

Title Director  

Bond Markus, Angela  
100 2nd Ave NE, #150  
Sr. Petersburg, FL 33701  

Title Director  

Messa, Zachary  
100 2nd Ave N, #150  
St. Petersburg, FL 33701  

Title Director  

Behar, Kara  
100 2nd Ave N, #150  
St. Petersburg, FL 33701  

Title Director  

Canfield, Brooke  
100 2nd Ave N. #150  
St. Petersburg, FL 33701  

Title Officer  

French, Helen  
100 2nd Ave N. #150  
St. Petersburg, FL 33701
Title Director
McFrederick, Kelly Lee
100 2nd Ave N, #150
St. Petersburg, FL 33701

Title Director
Biddle, Larry
100 2nd Ave N, #150
St. Petersburg, FL 33701

Title Director
Ramsey, David
100 2nd Ave N., #150
St. Petersburg, FL 33701

Title Director
Carder, Paul
100 2nd Ave. N, #150
St. Petersburg, FL 33701

Title Director
Walker, David
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Title Director
Rutherford, Howard
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Title Director
Tannu, Michele
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Title Director
Melissa, Finley-Williams
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704
Title Director

Letizia, Lisa
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

### Annual Reports

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<th>Report Year</th>
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<tr>
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<tr>
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### Document Images

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<td>10/16/2012</td>
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Florida Department of State, Division of Corporations
### Contract/Permit

**Contract #:** 27167  
**Date:** 07 May 2019  
**User:** JSBENNIN  
**Status:** Firm

**PARAGON FINE ARTS FESTIVALS INC**  
**ADRIAN JOHANNES**  
**12326 THORNHILL COURT**  
**SARASOTA FL 34202 USA**

**Purpose of Use:** ST. PETERSBURG FINE ARTS FESTIVAL  
**Expected:** 3,000  
**Co-Sponsored Event:**

| Contract Balance | $0.00 |

**Conditions of Use:** Insurance Required

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

**Date(s) and Time(s) of Use:**
- **Starting:** Fri 21 Feb 20 06:00 am  
- **Ending:** Sun 23 Feb 20 09:00 pm

<table>
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<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
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<tbody>
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<td>06:00 AM</td>
<td>$0.00</td>
<td>$400.00</td>
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**Additional Fees:**

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<td>Co-Sponsored Permit Fee</td>
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<tr>
<td><strong>Extra Fee - Bookings</strong></td>
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<td>Co-Sponsored Permit Fee</td>
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<td>Quantity</td>
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<th>Deposit</th>
<th>Total Applied</th>
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**Balance of rental due and payable immediately.**

**Payments:**

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<tr>
<th>Date</th>
<th>Amount</th>
<th>Payment Type</th>
<th>Reference</th>
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<tr>
<td>03 Apr 2018</td>
<td>$400.00</td>
<td>Check</td>
<td>Rental</td>
<td>3022929</td>
</tr>
<tr>
<td>11 Feb 2019</td>
<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>3245390</td>
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**Additional Notes:**

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

By: (Sign Name)  
ADRIAN JOHANNES  
PARAGON FINE ARTS FESTIVALS 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
Contract #: 27167
Date: 07 May 2019
User: JSEBENIN
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.
Event Title: 2020 St Pete Beer & Bacon

Entity Name: Sideline Apparel, Inc. DBA Brewed Life

Date: 1/18/20

Location: Vinoy Park

Time Gates Open: 12pm
Ending Time: 7:30pm

Application Prepared by: Patrick Green
Title: President
Address: 6314 98th St E
City: Bradenton
State: FL
Zip: 34202

Email Address: brewedlife44@gmail.com

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

The St Pete Beer and Bacon Festival will feature beer and food from local brewers and restaurant/catering vendors. The event allows attendees to sample new beers and to try new foods from local vendors.

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

Local restaurants, breweries, and other vendors will benefit from new revenue streams as well as advertising & networking.

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

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

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

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

Advanced Fee: $15
Day of: 20

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

Please provide a phone number that can be advertised to the public. 941-812-7400

What is the estimated attendance for this event?
Spectators: 3200
Participants:
Last Year's Total Attendance: 3000
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No)

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

Tables (6 ft) # needed

Chairs # needed

Public Address System

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

Special Events Facilities

Mahaffey Theater

Coliseum

Sunken Gardens

Boyd Hill

Non-City Locations

Which Location?

Vinoy Park

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: Patrick Green

Co-Sign: 

Title: President

Date: 4/26/19

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.

<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>
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<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
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<tr>
<td>Vendors / Exhibitors</td>
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<tr>
<td>Vending Beer / Wine</td>
<td>Alcohol Permit Additional insurance Required</td>
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<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Temporary Structure Permit</td>
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<tr>
<td>Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
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<tr>
<td>Pyrotechnics</td>
<td>Fireworks Permit</td>
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<td>Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
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<td>VIP Area</td>
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<td>Staging</td>
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<td>Amplified Sound</td>
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<td>Security</td>
<td>Announcement Only</td>
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<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td>Daytime - Private</td>
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<tr>
<td>Require Parking / Shuttle</td>
<td>Overnight - Private</td>
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<tr>
<td>Semituck / Tractor Trailer</td>
<td>Event Time Frame - SPPD</td>
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<td>Marketing: Please check all that apply.</td>
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<tr>
<td>Invitations</td>
<td>Radio</td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td>Television</td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td>Remote Broadcast</td>
</tr>
</tbody>
</table>

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

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

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

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

Additional power will be needed for Bands. Available power at Vinoy is sufficient

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

Will your event have a licensed electrician on-site during the event? [X] 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: Brewed Life Phone: 941-812-7400
Address (including zip): 6314 98th St E Bradenton, FL 34202

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

Rock/Pop Music. One Stage. 3-4 bands

List Vending Products. Name & Provider.

Various food, beer, wine and other items from a large amount of vendors.

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

Pet Pal Animal Shelter -
405 22nd St S
St. Petersburg, FL 33712

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

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

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

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

Name: Patrick Green  Title: President  Date: 4/26/19
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><strong>Name of the Nonprofit Corporation:</strong></th>
<th>Pet Pal Animal Shelter</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Responsible Party (President or CEO ONLY):</strong></td>
<td>June Liggins</td>
</tr>
<tr>
<td><strong>Title of Responsible Party:</strong></td>
<td>President</td>
</tr>
<tr>
<td><strong>Physical Address of Responsible Party:</strong></td>
<td>405 22nd Street South St. Pete FL 33712</td>
</tr>
<tr>
<td><strong>Phone Number of Responsible Party:</strong></td>
<td>727-328-7738 or 813-505-6148</td>
</tr>
<tr>
<td><strong>Email Address of Responsible Party:</strong></td>
<td><a href="mailto:Gracle@petpalanimalshelter.com">Gracle@petpalanimalshelter.com</a></td>
</tr>
<tr>
<td><strong>Nonprofit (Employee Identification Number):</strong></td>
<td>59-2967819</td>
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<table>
<thead>
<tr>
<th><strong>Name of the For-profit Corporation:</strong></th>
<th>Sideline Apparel Inc. DBA Brewed Life</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Responsible Party (President or CEO ONLY):</strong></td>
<td>Patrick Green</td>
</tr>
<tr>
<td><strong>Title of Responsible Party:</strong></td>
<td>President</td>
</tr>
<tr>
<td><strong>Physical Address of Responsible Party:</strong></td>
<td>6314 98th St E, Bradenton, FL 34202</td>
</tr>
<tr>
<td><strong>Phone Number of Responsible Party:</strong></td>
<td>941-812-7400</td>
</tr>
<tr>
<td><strong>Email Address of Responsible Party:</strong></td>
<td><a href="mailto:brewedlife44@gmail.com">brewedlife44@gmail.com</a></td>
</tr>
<tr>
<td><strong>For-profit (Employee Identification Number):</strong></td>
<td>20-3018546</td>
</tr>
</tbody>
</table>

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

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR’S EVENT**

(Must be completed)

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

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

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

**TOTAL GROSS REVENUE**

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

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

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

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

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

**TOTAL ALLOCATION OF NET INCOME**

Prepared by:  
Date:
<table>
<thead>
<tr>
<th>Revenue</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ticket Sales</td>
<td></td>
</tr>
<tr>
<td>Presale - Online</td>
<td>53,520.00</td>
</tr>
<tr>
<td>Day of - Cash</td>
<td>7,000.00</td>
</tr>
<tr>
<td>Beer/Cocktail Sales</td>
<td>12,000.00</td>
</tr>
<tr>
<td>Food Vendors</td>
<td>2,500.00</td>
</tr>
<tr>
<td>Sponsors &amp; Vendors</td>
<td>5,000.00</td>
</tr>
<tr>
<td>Groupon</td>
<td>1,800.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>81,820.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Park Rental Costs</td>
<td>14,000.00</td>
</tr>
<tr>
<td>US Tent Rentals</td>
<td>9,065.44</td>
</tr>
<tr>
<td>Fence</td>
<td>$2,569</td>
</tr>
<tr>
<td>Security</td>
<td>1,000.00</td>
</tr>
<tr>
<td>Restrooms</td>
<td>$1,755</td>
</tr>
<tr>
<td><strong>Entry Staff</strong></td>
<td></td>
</tr>
<tr>
<td>Support Staff - Once Upon</td>
<td>900.00</td>
</tr>
<tr>
<td>Event &amp; Beer Pouring Staff</td>
<td>2,100.00</td>
</tr>
<tr>
<td>Internal Staff</td>
<td>2,200.00</td>
</tr>
<tr>
<td>Sample Cups - 500 - Totally Promotional</td>
<td>230.00</td>
</tr>
<tr>
<td>Shirts</td>
<td>921.62</td>
</tr>
<tr>
<td>Insurance</td>
<td>484.02</td>
</tr>
<tr>
<td>Band 1 - Guerilla Panic</td>
<td>500.00</td>
</tr>
<tr>
<td>Band 2 - Cloud 9 Vibes</td>
<td>800.00</td>
</tr>
<tr>
<td>Band 3 - Oceanstone</td>
<td>600.00</td>
</tr>
<tr>
<td>Band 4 - SOWFLO</td>
<td>2,000.00</td>
</tr>
<tr>
<td>Hotel - Cloud 9</td>
<td>84.97</td>
</tr>
<tr>
<td>Hotel - SOWFLO</td>
<td>84.97</td>
</tr>
<tr>
<td>Hotel - VIP</td>
<td>145.76</td>
</tr>
<tr>
<td>Stage/Cover</td>
<td>1,500.00</td>
</tr>
<tr>
<td>Item</td>
<td>Cost</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Sound</td>
<td>2,250.00</td>
</tr>
<tr>
<td>Golf Cart</td>
<td>189.75</td>
</tr>
<tr>
<td>Golf Cart Trailer</td>
<td>137.87</td>
</tr>
<tr>
<td>Generator</td>
<td>179.38</td>
</tr>
<tr>
<td>Wristbands</td>
<td>204.92</td>
</tr>
<tr>
<td>Games</td>
<td>121.56</td>
</tr>
<tr>
<td>Beer</td>
<td>16,000.00</td>
</tr>
<tr>
<td>Ice</td>
<td>$1,213</td>
</tr>
<tr>
<td>Liquor</td>
<td>639.00</td>
</tr>
<tr>
<td>Map Print - AllStateBanners.com</td>
<td>77.89</td>
</tr>
<tr>
<td>VIP Bar</td>
<td>1,300.00</td>
</tr>
<tr>
<td>VIP Bags</td>
<td>510.00</td>
</tr>
<tr>
<td>Photographer (352 Foto)</td>
<td>312.00</td>
</tr>
<tr>
<td>Radios</td>
<td>180.45</td>
</tr>
<tr>
<td>Voting Cards</td>
<td>37.97</td>
</tr>
<tr>
<td>Supplies - Ink/Paper/Etc</td>
<td>150.00</td>
</tr>
<tr>
<td>Accessories</td>
<td>131.33</td>
</tr>
<tr>
<td>Water - 25 cases</td>
<td>80.47</td>
</tr>
<tr>
<td>Volunteer Food</td>
<td>500.00</td>
</tr>
<tr>
<td>myareanetwork</td>
<td>350.00</td>
</tr>
<tr>
<td>Facebook Advertising</td>
<td>1,400.00</td>
</tr>
<tr>
<td>Radio</td>
<td>2,000.00</td>
</tr>
<tr>
<td>Instagram Adver</td>
<td>71.00</td>
</tr>
<tr>
<td>RKC.me Ticket Promo Tradeout</td>
<td>1,560.00</td>
</tr>
<tr>
<td>MailChimp</td>
<td>50.00</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>70,536.88</strong></td>
</tr>
<tr>
<td><strong>Net Profit</strong></td>
<td><strong>11,233.00</strong></td>
</tr>
<tr>
<td><strong>Total Donation to PetPal</strong></td>
<td><strong>3,000.00</strong></td>
</tr>
</tbody>
</table>
Detail by Entity Name

Florida Not For Profit Corporation
PET PAL RESCUE, INC.

Filing Information

- Document Number: N28933
- FEI/EIN Number: 59-2967819
- Date Filed: 10/19/1988
- State: FL
- Status: ACTIVE
- Last Event: AMENDMENT
- Event Date Filed: 07/13/2017
- Event Effective Date: NONE

Principal Address

405 22ND STREET SOUTH
ST. PETERSBURG, FL 33712

Changed: 04/27/2006

Mailing Address

405 22ND STREET SOUTH
ST. PETERSBURG, FL 33712

Changed: 04/27/2006

Registered Agent Name & Address

Daly, Scott
405 22ND ST S.
ST. PETE, FL 33712

Name Changed: 10/25/2013

Address Changed: 10/25/2013

Officer/Director Detail

Name & Address

Title President

Liggins, June
405 22ND STREET SOUTH
ST. PETERSBURG, FL 33712
Title Director, Treasurer

DALY, SCOTT
405 22ND STREET SOUTH
ST. PETERSBURG, FL 33712

Title Director

MEAD, JOHN, DVM
405 22nd St S
ST PETERSBURG, FL 33712

Title Secretary

GERSON, SHARON
405 22ND STREET SOUTH
ST. PETERSBURG, FL 33712

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>02/01/2017</td>
</tr>
<tr>
<td>2018</td>
<td>02/08/2018</td>
</tr>
<tr>
<td>2019</td>
<td>02/13/2019</td>
</tr>
</tbody>
</table>

Document Images

View image in PDF format
02/13/2019 - ANNUAL REPORT
02/08/2018 - ANNUAL REPORT
07/13/2017 - Amendment
02/01/2017 - ANNUAL REPORT
02/12/2016 - OFF Dir Resignation
03/02/2016 - ANNUAL REPORT
04/28/2015 - ANNUAL REPORT
07/11/2014 - AMENDED ANNUAL REPORT
09/26/2014 - OFF Dir Resignation
03/21/2014 - ANNUAL REPORT
10/25/2013 - Amended
02/04/2013 - ANNUAL REPORT
09/20/2012 - ANNUAL REPORT
08/15/2012 - ANNUAL REPORT
10/09/2011 - ANNUAL REPORT
03/03/2011 - ANNUAL REPORT
09/28/2010 - ANNUAL REPORT
04/09/2010 - ANNUAL REPORT
02/24/2009 - ANNUAL REPORT
01/15/2009 - ANNUAL REPORT
01/09/2007 - ANNUAL REPORT
04/24/2007 - ANNUAL REPORT
10/07/2005 - REINSTATEMENT
Florida Profit Corporation
SIDELINE APPAREL, INC.

Filing Information

- Document Number: P05000086188
- FEI/EIN Number: 20-3018546
- Date Filed: 06/15/2005
- Effective Date: 06/15/2005
- State: FL
- Status: ACTIVE

Principal Address
6314 98TH STREET EAST
BRADENTON, FL 34202

Mailing Address
6314 98TH STREET EAST
BRADENTON, FL 34202

Registered Agent Name & Address
GREEN, PATRICK J
6314 98TH STREET EAST
BRADENTON, FL 34202

Name Changed: 12/01/2017

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>12/01/2017</td>
</tr>
<tr>
<td>2018</td>
<td>02/10/2018</td>
</tr>
<tr>
<td>2019</td>
<td>02/08/2019</td>
</tr>
</tbody>
</table>
**Contract/Permit**

**Contract #:** 27169  
**Date:** 07 May 2019  
**User:** JSBENIN  
**Status:** Firm

**BREWED LIFE**  
PATRICK GREEN  
6314 98TH ST E  
BRADENTON FL 34202 USA

**Purpose of Use:** 2020 ST. PETE BEER & BACON  
**Expected:** 3,500  
**Co-Sponsored Event**  
**Contract Balance:** $100.00

**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:** Wed 15 Jan 20 06:00 am
- **Ending:** Sun 19 Jan 20 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>Vinoy Park</td>
<td>Wed</td>
<td>15 Jan 2020</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>Vinoy Park</td>
<td>19 Jan 2020</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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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>
<tr>
<td>Co-Sponsored Permit Fee (Vinoy)</td>
<td>1</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$300.00</td>
</tr>
</tbody>
</table>

**Hours:** 11:00  
**Quantity:** 1  
**Charge:** $300.00  
**Tax:** $0.00  
**Total:** $300.00

**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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</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$330.00</td>
<td>$0.00</td>
<td>$330.00</td>
<td>$0.00</td>
<td>$230.00</td>
<td>$100.00</td>
<td>$100.00</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>04 Jan 2019</td>
<td>$230.00</td>
<td>Check</td>
<td>Rental</td>
<td>3219992</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) PATRICK GREEN  
BREWED LIFE  
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name)  
Parks and Recreation Superintendent

(Print Name)  
Parks and Recreation Department

Printed: 07 May 2019, 11:55 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: Awakening Into the Sun, health, arts spring festival

Entity Name: Awakening Into The Sun, Inc.

Event Date(s): Saturday, May 7 & Sunday, May 8 2020

Location: North Straub Park

Day 1 of Event: May 7 Time Gates Open: 9am Ending Time: 6pm

Day 2 of Event: May 8 Time Gates Open: 10am Ending Time: 6pm

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

Application Prepared by: Maria T. Carranza

Title: President

Address: 2126 1st Ave. South

City: St. Petersburg State: FL

Email Address: carranzamaite@hotmail.com

Additional Contact Person: John A. DeRugeris

What month/year were you incorporated as nonprofit? Oct. 2013

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

Name of the for-profit entity? Awakening Wellness Center

Describe your event with details.

There is an increasing recognition of the benefits that everyone gets when they are exposed to active lifestyles. During this event our foundation invites the community to experiment different types of exercises; Learn how to use their vocal chords (to sing), play instruments, meditate... Awakening Into the Sun, INC. brings this and much and much more. It brings small business groups that talk about natural ways to better take care of their health. This activity is also FREE and more and more people look for it every year.

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

This event aim to help innovators and the small business community. Vendors interact with each other; it also bring curious people who spend a bid of money (helping the economy as well). Best of all... Its Spring Break (it brings out of state visitors) and lastly, this event is usually the week prior to the Grand Pnx where most of the guys who come look for healthy activities to go to.

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

Does your group presently have liability insurance? YES NO

How much? 

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

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

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

Please provide a phone number that can be advertised to the public. 727-565-2214

What is the estimated attendance for this event? Spectators 7,500 Participants Over 10 Last Year's Total Attendance 8,000
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 [20]
Chairs # needed [100]
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

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: Maria T. Carranza
Co-Sign: John A. DeRugeris
Title: President
Title: Associate President
Date: 5.3.2019
Date: 5.3.2019

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.

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

| Marketing Options | |
|-------------------| |
| 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. No

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

Name: Maria T. Carranza

Address (including zip): 2126 1st Ave. North Saint Petersburg, FL

Phone: 727-688-1921

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. N/A

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

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

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

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

Name: Maria T. Carranza
Title: President
Date: 5/3/2019
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

| Name of the **Nonprofit** Corporation: | Awakening Into The Sun, Inc. |
| Name of Responsible Party (President or CEO ONLY): | Maria T. Carranza |
| Title of Responsible Party: | President |
| Physical Address of Responsible Party: | 720 White Sand Dr. Saint Petersburg, FL 33703 |
| Phone Number of Responsible Party: | 727-688-1921 |
| Email Address of Responsible Party: | carranzamaite@hotmail.com |
| Nonprofit (Employee Identification Number): | 45-4064670 |

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

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

What method of invoicing would your organization prefer?

- [ ] BY Mail
  - Contact Name: Awakening Into The Sun, Inc
  - Address: 2128 1st Ave. South
  - City, State, Zip: Saint Petersburg, FL
- [x] BY EMAIL
  - Email Address: carranzamaite@hotmail.com

Page 7 of 8
<table>
<thead>
<tr>
<th>Revenue Sources</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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<tr>
<td>7</td>
<td></td>
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<tr>
<td>8</td>
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<tr>
<td><strong>Total Gross Revenue</strong></td>
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<table>
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<th>Expenses</th>
<th>Amount</th>
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<tr>
<td>1. Stage</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>2. Music equipment</td>
<td>$700.00</td>
</tr>
<tr>
<td>3. Park and staff</td>
<td>$2,300.00</td>
</tr>
<tr>
<td>4. Advertising</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>5.</td>
<td></td>
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<tr>
<td>6.</td>
<td></td>
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<tr>
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<td>11.</td>
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<td><strong>Total Operating Expenses</strong></td>
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<td><strong>Total Net Income</strong></td>
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<table>
<thead>
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</tr>
<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td><strong>Total Allocation of Net Income</strong></td>
<td></td>
</tr>
</tbody>
</table>

Prepared by: Maria T. Carranza
Date: 5.3.2019
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.
### Detail by Entity Name

**Florida Not For Profit Corporation**

AWAKENING INTO THE SUN, INC.

#### Filing Information

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<th>Field</th>
<th>Value</th>
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<tr>
<td>FEI/EIN Number</td>
<td>46-4064670</td>
</tr>
<tr>
<td>Date Filed</td>
<td>10/31/2013</td>
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<td>State</td>
<td>FL</td>
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<tr>
<td>Status</td>
<td>ACTIVE</td>
</tr>
</tbody>
</table>

#### Principal Address

6161 9th St N
Suite 100
SAINT PETERSBURG, FL 33703

Changed: 02/16/2018

#### Mailing Address

7853 Gunn Hwy #135
Tampa, FL 33626

Changed: 01/28/2019

#### Registered Agent Name & Address

Carranza, Maria
5918 Jefferson Park Dr
Tampa, FL 33625

Name Changed: 01/24/2017

Address Changed: 01/28/2019

#### Officer/Director Detail

**Name & Address**

Title PSD

CARRANZA, MARIA T
5918 Jefferson Park Dr
Tampa, FL 33625

Title Director
DERUGERIS, JOHN  
5918 Jefferson Park Dr  
Tampa, FL 33625

**Annual Reports**

<table>
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<tr>
<th>Report Year</th>
<th>Filed Date</th>
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<td>02/16/2018</td>
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<tr>
<td>2018</td>
<td>04/19/2018</td>
</tr>
<tr>
<td>2019</td>
<td>01/28/2019</td>
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**Document Images**

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<tr>
<td>01/28/2019</td>
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<tr>
<td>02/16/2018</td>
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<tr>
<td>02/11/2018</td>
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<tr>
<td>01/24/2017</td>
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<td>04/14/2016</td>
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<tr>
<td>07/31/2015</td>
<td>View image in PDF format</td>
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<td>04/30/2014</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>10/31/2013</td>
<td>View image in PDF format</td>
</tr>
</tbody>
</table>
## Contract/Permit

**Contract #:** 27170  
**Date:** 07 May 2019  
**User:** JSBENNIN  
**Status:** Firm

### Purpose of Use: AWARENING INTO THE SUN HEALTH & ARTS FESTIVAL

- **Expected:** 8,000  
- **Co-Sponsored Event Contract Balance:** $400.00

### Conditions of Use:
- Insurance Required

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

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

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Straub Park</td>
<td>Fri</td>
<td>06 Mar 2020</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$400.00</td>
<td>$0.00</td>
<td>$400.00</td>
</tr>
<tr>
<td>Park</td>
<td>08 Mar 2020</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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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>
<tr>
<td>Co-Sponsored Permit Fee</td>
<td></td>
<td>$400.00</td>
<td>$0.00</td>
<td>$400.00</td>
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### Charges:

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<thead>
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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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<tbody>
<tr>
<td>$0.00</td>
<td>$430.00</td>
<td>$0.00</td>
<td>$430.00</td>
<td>$0.00</td>
<td>$30.00</td>
<td>$400.00</td>
<td>$400.00</td>
</tr>
</tbody>
</table>

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

### Payments:

- **Date:** 07 May 2019  
- **Amount:** $30.00  
- **Payment Type:** Check  
- **Reference:** Rental  
- **Receipt Number:** 3322632

### Additional Notes:

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

---

By:(Sign Name)  
(Print Name) MARIA CARRANZA  
(AWAKENING INTO THE SUN INC)  
Name of User Organization, if Applicable

---

by:(Sign Name)  
Parks and Recreation Superintendent

(Print Name)  
Parks and Recreation Department

---

CITY OF ST. PETERSBURG, FLORIDA

---

Printed: 07 May 2019, 12:14 PM  
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
City of St. Petersburg

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$430.00</td>
</tr>
<tr>
<td>Applied To: 27170 - AWAKENING INTO THE SUN HEALTH &amp; ARTS FESTIVAL</td>
<td>$30.00</td>
</tr>
<tr>
<td>North Straub Park - Park</td>
<td></td>
</tr>
<tr>
<td>March 6, 2020  6:00 am to March 8, 2020  9:00 pm</td>
<td></td>
</tr>
</tbody>
</table>

Payment: Check ($30.00)

Balance $400.00
Event Title: Reggae Rise Up Music Festival  
Phone No.: 801-419-0855  
Fax No.: 

Entity Name: Live Nite Events  
Federal I.D. Number: 45-5502551  

Event Date(s): March 20, 21, 22  
Location: 

Day 1 of Event: Friday  
Time Gates Open: Noon  
Ending Time: 10:00 PM  
Day 2 of Event: Saturday  
Time Gates Open: Noon  
Ending Time: 10:00 PM  
Day 3 of Event: Sunday  
Time Gates Open: 1pm  
Ending Time: 10:00 PM  

Application Prepared by: Vaughn Carrick  
Phone: 801.419.0858  

Title: Owner  
Cell Phone: 801.652.7955  

Address: 331 S. Rio Grand St.  
City: SLC  
State: Utah  
Zip: 84101  

Email Address: vaughn@liveniteevents.com  
Additional Contact Person: Joey Traum  
Day Phone: 385-319-9946  

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

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

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

Describe your event with details.  
The sixth series of Reggae Rise Up Florida will be a continue to be an impact to one of the largest reggae markets in the country. More than just a reggae festival, Reggae Rise Up is also a celebration of the diverse and dynamic culture of each community we visit. Featuring cuisiness from local eateries, local, brews, and local showcasing artists to round out the experience.  

Describe what economic benefit and impact this event will bring to St. Petersburg.  
The event will be attended by thousands of people, many of whom will visit local businesses ranging from gas stations to restaurants. We also plan to work out a "festival rate" with local hotels to encourage people to spend the night in St. Petersburg. The event itself will employ 200+ people who live in the St. Petersburg 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: www.reggaeriseupflorida.com  

Please provide a phone number that can be advertised to the public: 801.419.0858  

What is the estimated attendance for this event? Spectators 40000  
Participants 300  
Last Year's Total Attendance 40000
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>No</td>
<td>Mahaffey Theater</td>
<td></td>
</tr>
<tr>
<td># Bleacher(s) needed. Each bleacher approx. 180 people</td>
<td>Coliseum</td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>Sunken Gardens</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Chairs # needed</td>
<td>Boyd Hill</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Public Address System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of portable risers needed (4 in. x 8 in. x 16 in. sections)</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

**Name:** Vaughn Carrick

**Co-Sign:** Joey Traum

**Title:** Owner

**Title:** Partner

**Date:** May 3rd, 2019

**Date:** May 3rd, 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>
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<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>Alcohol Permit</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Additional Insurance Required</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
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<tr>
<td>Other Structures</td>
<td>Temporary Structure Permit</td>
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<tr>
<td>Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
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<tr>
<td>Pyrotechnics</td>
<td>Fireworks Permit</td>
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<td>Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
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<td>Sanitary Facilities - Port-O-Lets</td>
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<td>Semitruck / Tractor Trailer</td>
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<tr>
<td>Professional</td>
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<tr>
<td>Performers</td>
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</tr>
<tr>
<td>Daytime - Private</td>
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</tr>
<tr>
<td>Overnight - Private</td>
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<tr>
<td>Event Time Frame - SPPD</td>
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<tr>
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<td>Disabled Units</td>
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<td>Posters / Flyers</td>
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<td>Newspaper / Internet</td>
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</tr>
<tr>
<td>Television</td>
<td></td>
</tr>
<tr>
<td>Remote Broadcast</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

☐ Other:

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

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

Will you supply your own generators? ☒ YES ☐ NO

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

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

N/A

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

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

Address (including zip): 331 S. Rio Grande Street #108 / SLC, Utah / 84101

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

30 Reggae music artists will be performing on two stages

List Vending Products. Name & Provider.

TBD

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

The Teal Recovery Project

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

N/A

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

We would like to begin load in 5 days before event and load out will take place up to 3 days after the event. Parking needs are undetermined at this time.
Other Comments: Please describe your fee structure.

The tickets will vary pending artist confirmations. $40 - $200 depending on GA or VIP and time purchased prior to event. They will go up in price as the event gets closer.

Other comments:

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

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

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

Name: Vaughn Carrick
Title: Owner
Date: May 3rd, 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>The Teal Recovery Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Rena Cardalo</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>13235 State RD 52 110 Hudson, FL34669</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>954-850-0443</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:rena@thetealrecoveryproject.org">rena@thetealrecoveryproject.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>80-0891587</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
<th>Live Nite Events, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Vaughn Carrick</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Owner</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>331 S Rio Grande Street #108 / SLC, Utah 84101</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>801-419-0858</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:vaughn@liveniteevents.com">vaughn@liveniteevents.com</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td>45-5502551</td>
</tr>
</tbody>
</table>

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

What method of invoicing would your organization prefer?

☐ BY Mail

- Contact Name: Vaughn Carrick
- Address: 331 S Rio Grande Street #108
- City, State, Zip: SLC, Utah 84101

☐ BY EMAIL

- Email Address: 
## APPENDIX C

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR'S EVENT**

(Must be completed)

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

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>7</td>
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<td>8</td>
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</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**

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

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
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<tbody>
<tr>
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<td>11</td>
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<tr>
<td>12</td>
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</tbody>
</table>

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

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

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
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<tbody>
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<td>5</td>
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<td>6</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: **Vaughn Carrick**

Date: **May 3rd, 2019**
Detail by Entity Name

Florida Not For Profit Corporation
TEAL RECOVERY PROJECT INC

Filing Information

<table>
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<tr>
<th>Document Number</th>
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<tr>
<td>FEI/EIN Number</td>
<td>80-0891587</td>
</tr>
<tr>
<td>Date Filed</td>
<td>02/06/2013</td>
</tr>
<tr>
<td>Effective Date</td>
<td>02/01/2013</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>Status</td>
<td>ACTIVE</td>
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</tbody>
</table>

Principal Address

13235 STATE RD 52
110
HUDSON, FL 34669

Mailing Address

13235 STATE RD 52
110
HUDSON, FL 34669

Registered Agent Name & Address

JACKSON, ANDREW BILL
13235 STATE RD 52
110
HUDSON, FL 34669

Officer/Director Detail

Name & Address

Title President

JACKSON, ANDREW BILL
13235 STATE RD 52
HUDSON, FL 34669

Title Secretary

REUSTLE, JESSICA
1755 BELLEMEADE DR.
CLEARWATER, FL 33755

Title VP
Carideo, Rena S  
5508 S. MACDILL AVE  
TAMPA, FL 33611

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<th>Annual Reports</th>
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<td><strong>Report Year</strong></td>
<td><strong>Filed Date</strong></td>
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<td>2018</td>
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<table>
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<tr>
<td>04/15/2016 - ANNUAL REPORT</td>
<td>View image in PDF format</td>
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<tr>
<td>09/14/2016 - AMENDED ANNUAL REPORT</td>
<td>View image in PDF format</td>
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<tr>
<td>01/15/2016 - ANNUAL REPORT</td>
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<td>01/18/2016 - ANNUAL REPORT</td>
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<td>04/05/2015 - ANNUAL REPORT</td>
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<tr>
<td>09/15/2014 - ANNUAL REPORT</td>
<td>View image in PDF format</td>
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<tr>
<td>02/08/2013 - Domestic Non-Profit</td>
<td>View image in PDF format</td>
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</tbody>
</table>
LIVE NITE EVENTS, LLC

Entity Number: 8357503-0160
Company Type: LLC - Domestic
Address: 331 S RIO GRANDE ST STE 108 SLC, UT 84101
State of Origin:
Registered Agent: VAUGHN CARRICK
Registered Agent Address:
331 SOUTH RIO GRANDE STE 108
SALT LAKE CITY, UT 84101
Status: Active

Status: Active as of 09/09/2015
Renew By: 06/30/2019
Status Description: Current
The "Current" status represents that a renewal has been filed, within the most recent renewal period, with the Division of Corporations and Commercial Code.
Employment Verification: Not Registered with Verify Utah

Registration Date: 06/25/2012
Last Renewed: 07/05/2018

Additional Information

NAICS Code: 7113 NAICS Title: 7113-Promoters of Performing Arts, Sport

<< Back to Search Results

Search by: Business Name Number Executive Name Search Hints

Business Name:
**Contract/Permit**

**Contract #:** 27171  
**Date:** 07 May 2019  
**User:** JSBENNIN  
**Status:** Firm

**LIVE NITE EVENTS LLC**  
**VAUGHN CARRICK**  
324 SOUTH 400 W STE 275  
SALT LAKE CITY FL 84101 USA

**Purpose of Use:** REGGAE RISE UP MUSIC FESTIVAL  
**Expected:** 40,000

**Conditions of Use:** Insurance Required

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

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

<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>Vinoy Park</td>
<td>Tue</td>
<td>17 Mar 2020</td>
<td>06:00 AM</td>
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<td>$0.00</td>
<td>$900.00</td>
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<td>23 Mar 2020</td>
<td>09:00 PM</td>
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**Additional Fees:**

<table>
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<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>
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<td>$30.00</td>
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<tr>
<td>Co-Sponsored Permit Fee (Vinoy)</td>
<td>3</td>
<td>$900.00</td>
<td>$0.00</td>
<td>$900.00</td>
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</table>

**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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</thead>
<tbody>
<tr>
<td>$ 0.00</td>
<td>$930.00</td>
<td>$0.00</td>
<td>$930.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$930.00</td>
<td>$930.00</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): VAUGHN CARRICK  
(Print Name) LIVE NITE EVENTS LLC  
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Printed: 07 May 2019, 12:21 PM  
User: jsbennin  
Page: 1
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: North American ACAT Championship
Entity Name: St. Petersburg Yacht Club
Event Date(s): October 27 - November 1, 2019
Location: Northshore
Day 1 of Event: 10/27/2019
Day 2 of Event: 
Day 3 of Event: 
Application Prepared by: Emmanuel Cerf
Title: Chair
Address: 7987 Causeway Blvd N, St. Petersburg, Florida, 33707
Email Address: ecerf@acat2020.com
Additional Contact Person: Corey Hall
What month/year were you incorporated as nonprofit?
List all 501(c)3 entities that will benefit from this event. St. Petersburg Sailing Center
Name of the for-profit entity?

Describe your event with details.
North American Sailing Championships. Bringing 60 boats and 100 participants to St. Petersburg.

Describe what economic benefit and impact this event will bring to St. Petersburg.
400 Hotel Room Nights

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

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

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

What is the estimated attendance for this event? Spectators 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) [ ]

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

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

Public Address System [ ]

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

Special Events Facilities

[ ] Mahaffey Theater

[ ] Coliseum

[ ] Sunken Gardens

[ ] Boyd Hill

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: Emmanuel Cerf

Co-Sign: [ ]

Title: Chair

Date: 4/8/2019

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.

<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>
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<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>
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<tr>
<td>Staging</td>
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<td>Amplified Sound</td>
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<td>Security</td>
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<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>
</tbody>
</table>

Marketing: Please check all that apply.

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

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

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

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

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

Will you supply your own generators?  
☐ YES  ☐ NO

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

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

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

Name:  Emmanuel Cerf  
Phone:  727-251-6085

Address (including zip):  7987 Causeway Blvd N, St. Petersburg, FL 33707

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

List Vending Products. Name & Provider.

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

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

Discuss your load in/load out parking needs, include times and dates.
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: Emmanuel Cerf  
Title: Chair  
Date: 4/8/2019
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President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

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Name of Responsible Party (President or CEO ONLY): 
Title of Responsible Party: 
Physical Address of Responsible Party: 
Phone Number of Responsible Party: 
Email Address of Responsible Party: 
Nonprofit (Employee Identification Number): 

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

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

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)

Name of Event: 
Date(s) of Event: 

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

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

TOTAL GROSS REVENUE

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

<p>| | | |</p>
<table>
<thead>
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<tbody>
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<td>11</td>
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<tr>
<td>12</td>
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</tr>
</tbody>
</table>

TOTAL OPERATING EXPENSES

TOTAL NET INCOME

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1</td>
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<td>5</td>
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<tr>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL ALLOCATION OF NET INCOME

Prepared by: __________________________ Date: __________
Pay to the Order of City of St. Petersburg $30.00

PNC Bank, M.A. 001

For: 267084196 2163975151 1069

Apr 9 2019
Detail by Entity Name

Florida Not For Profit Corporation
ST. PETERSBURG YACHT CLUB

Filing Information

- Document Number: 700166
- FEIN/EIN Number: 59-0433240
- Date Filed: 11/19/1959
- State: FL
- Status: ACTIVE
- Last Event: AMENDMENT
- Event Date Filed: 12/04/2014
- Event Effective Date: NONE

Principal Address

11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Changed: 01/19/2011

Mailing Address

11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Changed: 01/19/2011

Registered Agent Name & Address

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

Name Changed: 02/04/2016

Address Changed: 02/04/2016

Officer/Director Detail

Name & Address

Title Secretary

Reuss, Wendy
11 Central Avenue
ST. PETERSBURG, FL 33701
Title General Manager

REYDAMS, MARC
11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Title Director

Mendelblatt, David
11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Title Director

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

Title Director

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

Title Treasurer

Waters, Bill
11 Central Avenue
St. Petersburg, FL 33701

Annual Reports

Report Year  Filed Date
2017  01/10/2017
2018  01/15/2018
2019  01/15/2019

Document Images

01/15/2019 – ANNUAL REPORT
View image in PDF format
01/15/2018 – ANNUAL REPORT
View image in PDF format
10/29/2017 – AMENDED ANNUAL REPORT
View image in PDF format
01/19/2017 – ANNUAL REPORT
View image in PDF format
10/13/2016 – AMENDED ANNUAL REPORT
View image in PDF format
02/04/2016 – Reg. Agent Change
View image in PDF format
04/21/2016 – ANNUAL REPORT
View image in PDF format
01/12/2016 – ANNUAL REPORT
View image in PDF format
12/04/2014 – Amendment
View image in PDF format
03/31/2014 – ANNUAL REPORT
View image in PDF format
01/29/2013 – ANNUAL REPORT
View image in PDF format
01/19/2012 – ANNUAL REPORT
View image in PDF format
01/19/2011 – ANNUAL REPORT
View image in PDF format
**ST PETERSBURG DOWNTOWN PARTNERSHIP INC**  
EMMANUEL CERF  
7987 CAUSEWAY BLVD N  
ST PETERSBURG FL 33707 USA

---

**Purpose of Use:** NORTH AMERICAN ACAT CHAMPIONSHIP  
**Expected:** 100  
**Co-Sponsored Event**

**Conditions of Use:** Insurance Required

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

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

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elva Rouse Park</td>
<td>Sat</td>
<td>26 Oct 2019</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>01 Nov 2019</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Fees:**

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

<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>159:00</td>
<td>3</td>
<td>$600.00</td>
<td>$0.00</td>
<td>$600.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>$600.00</td>
<td>$0.00</td>
<td>$600.00</td>
</tr>
</tbody>
</table>

**Charges:**

<table>
<thead>
<tr>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
<th>Deposit</th>
<th>Total Applied</th>
<th>Contract Balance</th>
<th>Account Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 0.00</td>
<td>$600.00</td>
<td>$0.00</td>
<td>$600.00</td>
<td>$0.00</td>
<td>$30.00</td>
<td>$600.00</td>
<td>$500.00</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>07 May 2019</td>
<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>3322773</td>
</tr>
</tbody>
</table>

---

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)  
EMMANUEL CERF  
ST PETERSBURG DOWNTOWN PARTNERSHIP INC

---

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.
City of St. Petersburg

ST PETERSBURG DOWNTOWN PARTNERSHIP INC
EMMANUEL CERF
7987 CAUSEWAY BLVD N
ST PETERSBURG, FL 33707 USA

Receipt #: 3322773
User: JSBENNIN
Issued: Tue 07 May 19 01:46 pm

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$630.00</td>
</tr>
</tbody>
</table>

Applied To: 27175 - NORTH AMERICAN ACAT CHAMPIONSHIP
Elva Rouse Park - Park
October 26, 2019  6:00 am to November 1, 2019  9:00 pm

Payment: Check ($30.00)

Balance $600.00

APPROVED REFUNDS ARE BY CHECK ONLY
Event Title: Come Out St. Pete
Entity Name: Come Out St. Pete, Inc.
Event Date(s): October 5th, 2019
Location: Grand Central District

Day 1 of Event: Festival
Time Gates Open: 11:00
Ending Time: 5:00

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

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

Application Prepared by: Chris Jones
Title: Co-Chair
Address: 1101 Ave, North
City: St. Pete
State: FL
Zip: 33702
Email Address: chrisjones@comeoutstpete.org

Additional Contact Person: Brian Longstreth
Day Phone: 727-365-0544

What month/year were you incorporated as nonprofit? March 21, 2018
List all 501(c)3 entities that will benefit from this event.
Name of the for-profit entity?

Describe your event with details.
Inspire the LGBTQ+ community to live genuinely, raise awareness of LGBTQ+ issues and encourage public to be openly supportive as LGBTQ+ allies.

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

Bring LGBTQ+ travelers from surrounding areas Support LGBTQ+ businesses located in the Grand Central District.

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

Does your group presently have liability insurance? YES 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, comeoutstpete.org

Please provide a phone number that can be advertised to the public: 727-656-1563

What is the estimated attendance for this event? Spectators 10,000 Participants 500 Last Year's Total Attendance 8,000
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) No

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

Tables (6 ft) # needed N

Chairs # needed N

Public Address System N

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

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: Chris Jones

Co-Sign: Brian Longstretched

Date: 05/07/2019

Co-Sign: Board member

Date: 05/07/2019

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>
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<tr>
<td>VIP Area</td>
<td></td>
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<tr>
<td>Staging</td>
<td>Professional</td>
</tr>
<tr>
<td>Amplified Sound</td>
<td>Showmobile</td>
</tr>
<tr>
<td>Performance</td>
<td>Other</td>
</tr>
<tr>
<td>Security</td>
<td>Announce only</td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td>Daytime - Private</td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td>Overnight - Private</td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td>Event Time Frame - SPPD</td>
</tr>
<tr>
<td>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. □ 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.

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: Come Out St. Pete, Inc. Phone: 727-656-1563

Address (including zip):

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

N/A

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.

N/A

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

Side streets
Other Comments: Please describe your fee structure.

- $100 Food vendors
- $75 For profit vendors
- $50 non profit vendors/artists

Other comments:
Looking for suggestions on cutting cost of city services. Over 50% of our budget

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: Chris Jones  
Title: Co-Chair  
Date: 05/07/2019
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 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>Come Out St. Pete, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Chris Jones</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Co-chair</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>101 69th Ave. N. St. Petersburg, Fl. 33702</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-656-1563</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:cjones@comeoutstpete.org">cjones@comeoutstpete.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>82-488-4921</td>
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</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:  

Page 7 of 8
APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Ingredient to be completed)

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>Come Out St. Pete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) of Event:</td>
<td>October 5th</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Vendor fees</td>
<td>$2,675</td>
</tr>
<tr>
<td>2. Merchandise</td>
<td>$500</td>
</tr>
<tr>
<td>3. Personal donations</td>
<td>$1,500</td>
</tr>
<tr>
<td>4. Sponsorships</td>
<td>$30,000</td>
</tr>
<tr>
<td>5.</td>
<td></td>
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<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8. Total</td>
<td>Total gross revenue $34,675</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>1. Marketing/Guide</td>
<td>$13,916</td>
</tr>
<tr>
<td>2. Rentals</td>
<td>$525</td>
</tr>
<tr>
<td>3. Insurance</td>
<td>$897</td>
</tr>
<tr>
<td>4. T-Shirts</td>
<td>$1,185</td>
</tr>
<tr>
<td>5. City Fees</td>
<td>$25,015</td>
</tr>
<tr>
<td>6. Pay RAC</td>
<td>$558</td>
</tr>
<tr>
<td>7. Legal incorporation/Non-profit App</td>
<td>$1,600</td>
</tr>
<tr>
<td>8. Taxes</td>
<td>$37</td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11. Total</td>
<td>Total expenses $43,733</td>
</tr>
<tr>
<td>12.</td>
<td>Total net income (-$9,058)</td>
</tr>
</tbody>
</table>

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

<table>
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<tbody>
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<td>3.</td>
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<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
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</table>

TOTAL ALLOCATION OF NET INCOME

Prepared by: Brian Longstreth
Date: 03/31/2019
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.
COME OUT ST PETE INC

We sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

[Signature]

Director, Exempt Organizations
Rulings and Agreements
Florida Department of State

Detail by Entity Name
Florida Not For Profit Corporation
COME OUT ST. PETE, INC.

Filing Information
Document Number N18000003398
FEI/EIN Number 82-4884921
Date Filed 03/26/2018
Effective Date 03/20/2018
State FL
Status ACTIVE
Last Event AMENDMENT
Event Date Filed 05/11/2018
Event Effective Date NONE

Principal Address
2529 CENTRAL AVE
SAINT PETERSBURG, FL 33713

Mailing Address
P.O. BOX 12553
ST PETERSBURG, FL 33733

Changed: 05/11/2018

Registered Agent Name & Address
WALLACE, JOSHUA
2529 CENTRAL AVE
SAINT PETERSBURG, FL 33713

Officer/Director Detail
Name & Address
Title CC
Jones, CHRIS
101 69th Ave. N.
SAINT PETERSBURG, FL 33702
Title CC
Keyes, Mandy
182 22nd Ave N
SAINT PETERSBURG, FL 33704
COMÉ OUT ST. PETE, INC.
CHRIS JONES
101 69TH AVE N
ST PETERSBURG FL 33702 USA

Purpose of Use: COMÉ OUT ST. PETE

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 12:00 am
Ending: Sat 05 Oct 19 10:00 pm

Facility/Equipment

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
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<td>10:00 PM</td>
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Special Programs

Seminole Park

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<th>Fee</th>
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<td>09:00 PM</td>
<td></td>
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Additional Fees:
- Extra Fee
  - Application Processing Fee - Parks: 1 $30.00 $0.00 $30.00
  - Co-Sponsored Application Fee: 1 $30.00 $0.00 $30.00
  - Total: $60.00

Charges:
- Fees: $0.00
- Extra Fees: $60.00
- Tax: $0.00
- Total: $60.00

Balance of rental due and payable immediately.

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 JONES
COMÉ OUT ST. PETE, INC.

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent

(City Name): Parks and Recreation Department

Printed: 08 May 2019, 08:44 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: Getaway 5K/10K/15K Phone No.: 240-674-1855 Fax No.: 410-605-9381
Entity Name: Coregen Sports Enterprises
Federal I.D. Number:
Event Date(s):
11-3-19
Location: Albert Whitted Park
Day 1 of Event:
11-3-19
Time Gates Open: 0600
Ending Time: 1600
Day 2 of Event:
Time Gates Open: Ending Time:
Day 3 of Event:
Time Gates Open: Ending Time:
Application Prepared by: Mark Clem
Title: Director of Operations
Cell Phone: 240-674-1855
Address: 6725 S.W. Bahama Ct
City: Ellenton
State: FL
Zip: 34243
Email Address: Mclen & CoregenSports.com
Additional Contact Person: Chris Tomlinson
Day Phone: 410-605-9381
What month/year were you incorporated as nonprofit? N/A
List all 501(c)3 entities that will benefit from this event.
Name of the for-profit entity?
Coregen Sports Enterprises

Describe your event with details.
5K/10K/15K Running Race

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

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

Does your group presently have liability insurance? [ ] YES [ ] NO How much? 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: $45
Please provide the website address for your event:
www.getaway5k.com
Please provide a phone number that can be advertised to the public: 410-605-9381
What is the estimated attendance for this event? Spectators 200 Participants 1500 Last Year's Total Attendance 1000
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Showmobile (Yes/No)</th>
<th>Special Events Facilities</th>
<th>Non-City Locations</th>
<th>Special Events Facilities</th>
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<tr>
<td>☐</td>
<td>☐ Mahaffey Theater</td>
<td>☐</td>
<td>☐ Coliseum</td>
</tr>
<tr>
<td>☐</td>
<td>☐ Sunken Gardens</td>
<td>☐</td>
<td>☐ Boyd Hill</td>
</tr>
<tr>
<td>☐</td>
<td></td>
<td>Which Location?</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 necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: ___________________________ Title: ___________________________ Date: 5-7-19
Co-Sign: ________________________ Title: ___________________________ Date: 5-7-19

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

**Obligation**

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

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

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

- [ ] Radio
- [ ] Television
- [ ] Remote Broadcast

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

Will you bring in gencords?

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

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

Yes - Road closures - Police
Cones on Roads - DoT

If City permits, licenses, or services are required for event, who will pay for them?
Name: Carson Sports
Phone: 410-605-9381
Address (including zip): 6725 Santa Barbara Ct Suite 114, Ellicott City, MD 21043

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

1 Stage
1 Rock
1 Top 40

List Vending Products. Name & Provider.

Event Merchandise
Food Not Yet Finalized

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

Not Yet Finalized

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

Race Announcement - Calling out Finishers / Winners

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

Load in on Friday
Parking Needs Attached
## 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>Registration</td>
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</table>

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

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<th>Amount</th>
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</thead>
<tbody>
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<tr>
<td>EMS</td>
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<tr>
<td>Permits</td>
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<td>1,089.00</td>
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<tr>
<td>Event Labor</td>
<td>2,500.00</td>
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<tr>
<td>Marketing</td>
<td>10,000.00</td>
</tr>
<tr>
<td>Security</td>
<td>400.00</td>
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</tbody>
</table>

**TOTAL OPERATING EXPENSES:** 68,400.00

**TOTAL NET INCOME (LOSS):** (-48,400)

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

1. **To Pay Expenses From the Event**

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: ___________________________  Date: 5-7-19
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 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: Mark Clem
Title: Director of Operations
Date: 5-7-19
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.

Name of the Nonprofit Corporation: 

Name of Responsible Party (President or CEO ONLY): 

Title of Responsible Party: 

Physical Address of Responsible Party: 

Phone Number of Responsible Party: 

Email Address of Responsible Party: 

Nonprofit (Employee Identification Number): 

Name of the For-profit Corporation: 

Name of Responsible Party (President or CEO ONLY): 

Title of Responsible Party: 

Physical Address of Responsible Party: 

Phone Number of Responsible Party: 

Email Address of Responsible Party: 

For-profit (Employee Identification Number): 

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

What method of invoicing would your organization prefer?

☑️ BY Mail

Contact Name: 

Address: 6728 Sola Bwabwazi, Suite 114, Elkridge, MD 21075

City, State, Zip: 

☑️ BY EMAIL

Email Address: 

Page 7 of 8
Detail by Entity Name

Foreign Profit Corporation
CORRIGAN SPORTS ENTERPRISES, INC.

Filing Information

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

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

Changed: 11/01/2017

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

Changed: 11/01/2017

Registered Agent Name & Address
Corrigan, Richard Lee, Jr.
6725 Santa Barbara Ct
Suite 114
Elkridge, FL 21075

Name Changed: 11/01/2017
Address Changed: 01/10/2018

Officer/Director Detail
Name & Address
Title CP
CORRIGAN, RICHARD L

6725 Santa Barbara Ct
Elkridge, MD 21075

**Annual Reports**

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Florida Department of State, Division of Corporations
Detail by Entity Name
Foreign Not For Profit Corporation
AARP INC.

Filing Information
Document Number: P15666
FEI/EIN Number: 95-1985500
Date Filed: 08/21/1987
State: DC
Status: ACTIVE
Last Event: NAME CHANGE
AMENDMENT
Event Date Filed: 05/01/2000
Event Effective Date: NONE

Principal Address
601 E Street, NW
Washington, DC 20049
Changed: 03/30/2019

Mailing Address
601 E Street, NW
Washington, DC 20049
Changed: 03/30/2019

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

Address Changed: 03/12/1993

Officer/Director Details
Name & Address
Title Director
Blancato, Robert
601 E Street, NW
Washington, DC 20049

Title Director
Dahlen, Gretchen
601 E Street, NW
Washington, DC 20049

Title Director
Daly, Ronald
601 E Street, NW
Washington, DC 20049

Title Director
Ellard, Elizabeth
601 E Street, NW
Washington, DC 20049

Title President
English, Jeannie
601 E Street, NW
Washington, DC 20049
Frisch, Scott
601 E Street, NW
Washington, DC 20049

Hoover, Jewel
601 E Street, NW
Washington, DC 20049

Johnson, Lloyd E
601 E Street, NW
Washington, DC 20049

Kelly, Timothy
601 E Street, NW
Washington, DC 20049

Lane, Neal
601 E Street, NW
Washington, DC 20049

Lorado, Jacob
601 E Street, NW
Washington, DC 20049

O'Connor, Barbara
601 E Street, NW
Washington, DC 20049

Penn, John
601 E Street, NW
Washington, DC 20049

Porter, Janet E
601 E Street, NW
Washington, DC 20049

Pratt, Diane
601 E Street, NW
Washington, DC 20049

Raphael, Carol
601 E Street, NW
Washington, DC 20049

Ruff, Joan
601 E Street, NW
Washington, DC 20049
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**Document Images**

- 04/12/2017 - ANNUAL REPORT [View Image in PDF format]
- 04/13/2018 - ANNUAL REPORT [View Image in PDF format]
- 03/30/2019 - ANNUAL REPORT [View Image in PDF format]
CORRIGAN SPORTS ENTERPRISES
MARK CLEM
6725 SANTA BARBARA CT
ELK RIDGE MD 21705 USA

Purpose of Use: GETAWAY 5K/10K/15K

Expected: 1,500

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Sun 03 Nov 19 06:00 am
Ending: Sun 03 Nov 19 09:00 pm

Facility/Equipment
Albert Whitted Park
Park

Additional Fees:
- Extra Fee
  Co-Sponsored Application Fee

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
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Extra Fee - Bookings
Co-Sponsored Permit Fee

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| | | | | |
|---|---|---|---|
| 1 | $200.00 | $0.00 | $200.00 |

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:

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) MARK CLEM

CORRIGAN SPORTS ENTERPRISES
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent

By (Sign Name): Parks and Recreation Department
### The Americans with Disabilities Act (A.D.A.)

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

Event Title: SPVC VINTAGE MOTOR CLASSIC
Phone No.: 727-458-9297

Entity Name: St. Petersburg Yacht Club
Federal I.D. Number:

Event Date(s): 11/10/2019
Location: S. St. Johns Bluff

Day 1 of Event: 11/10/19
Time Gates Open: 07:00
Ending Time: 16:00 hrs

Day 2 of Event: 11/11/19
Time Gates Open: 08
Ending Time: 16

Day 3 of Event: 11/12/19
Time Gates Open: 08
Ending Time: 16

Application Prepared by: Rick Brock
Phone: 727-458-9297

Title: Chairman
Cell Phone: 727-458-9297

Address: 124 Estero Drive NE
City: St. Pete
State: FL
Zip: 33704

Email Address: RFBRX@AOL.COM

What month/year were you incorporated as nonprofit? 11/18/1959

List all 501(c)3 entities that will benefit from this event.
Sun Coast Can Enforcement Agency

Name of the for-profit entity? CA Sun Coast Can Enforcement Charters, Inc.

Describe your event with details.
VINTAGE MOTOR CLASSIC CAR SHOW

Describe what economic benefit and impact this event will bring to St. Petersburg. FANTASTIC FREE TO THE PUBLIC 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

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.
SPVC.Org/VMC

Please provide a phone number that can be advertised to the public.
727-458-9297

What is the estimated attendance for this event? Spectators 5000
Participants 200
Last Year's Total Attendance 5800

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

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

Special Events Facilities
[ ] 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: [ ]
Co-Sign: [ ]

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.

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

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

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

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

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

Will you supply your own generators? □ YES ☒ NO

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

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

N/A

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

Name:                           Phone:

Address (including zip):

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

D A N S P Y C U S E R A N D 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.

SPYC

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

N/A

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

07:00 - 16:00 **See Load In/Out Schematic** Same as last January 2019
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: Chairman  Date: 05/08/19
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 (15) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

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

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the <strong>Nonprofit</strong> Corporation:</th>
<th>SPYC - VINTAGE MOTOR CLASSIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Rick Brooks</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Chairman</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>124 ESTARDO WAY N.E. St. Pete, FL 33704</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727.458-9297</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:XFBRX@AOL.COM">XFBRX@AOL.COM</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer?

☑️ BY Mail

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Rick Brooks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>124 ESTARDO WAY N.E.</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>ST. PETERSBURG, FL 33704</td>
</tr>
</tbody>
</table>

☐ BY EMAIL

Email Address:
**Detail by Entity Name**

**Florida Not For Profit Corporation**

SUN COAST LAW ENFORCEMENT CHARITIES, INC.

**File/Information**

- **Document Number**: N90000002680
- **FEI/EIN Number**: 59-3581555
- **Date Filed**: 04/30/1999
- **State**: FL
- **Status**: ACTIVE

**Last Event**: CANCEL ADM DISS/REV
**Event Date Filed**: 01/27/2010
**Event Effective Date**: NONE

**Principal Address**

14141 46TH ST. N.
SUITE 1205
CLEARWATER, FL 33762

**Changed**: 10/28/2008

**Mailing Address**

14141 46TH ST. N.
SUITE 1205
CLEARWATER, FL 33762

**Changed**: 10/28/2008

**Registered Agent Name & Address**

Lofton, George D
14141 46TH ST N STE 1205
CLEARWATER, FL 33762

**Name Changed**: 02/23/2016

**Address Changed**: 10/28/2008

**Officer/Director Details**

**Title**: SVP

Cox, LENARD E
14141 46TH ST. N.
SUITE 1205
CLEARWATER, FL 33762

**Title**: EVP

HUGHES, MARKUS J
14141 46TH ST. N., SUITE 1205
CLEARWATER, FL 33762

**Title**: ED

KROHN, MICHAEL, Esq.
14141 46TH ST. N., SUITE 1205
CLEARWATER, FL 33762

**Title**: Secretary

BLICKENDORF, MICHAEL
14141 46TH ST. N.
SUITE 1205
CLEARWATER, FL 33762
Title Treasurer

VAN HOUTEN, JONATHAN
14141 46TH ST N STE 1205
CLEARWATER, FL 33762

Title President

Lofton, George
14141 46TH ST, N. SUITE 1205
CLEARWATER, FL 33762

Annual Reports

Report Year      Filed Date
2017            02/14/2017
2018            02/23/2018
2019            03/31/2019
Florida Not For Profit Corporation
ST. PETERSBURG YACHT CLUB

Filing Information

- **Document Number**: 70016
- **FEIN/EIN Number**: 59-0433240
- **Date Filed**: 11/18/1959
- **State**: FL
- **Status**: ACTIVE
- **Last Event**: AMENDMENT
- **Event Date Filed**: 12/04/2014
- **Event Effective Date**: NONE

Principal Address
11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Changed: 01/19/2011

Mailing Address
11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Changed: 01/19/2011

Registered Agent Name & Address
FINNEY, COLLEEN
11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Name Changed: 02/04/2016

Address Changed: 02/04/2016

Officer/Director Detail

Name & Address

- **Title**: Secretary
  - Reuss, Wendy
  - 11 Central Avenue
  - ST. PETERSBURG, FL 33701

- **Title**: General Manager
  - REYDAMS, MARC
  - 11 CENTRAL AVE
  - ST. PETERSBURG, FL 33701

- **Title**: Director
  - Mendelblatt, David
  - 11 CENTRAL AVE
  - ST. PETERSBURG, FL 33701

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

- **Title**: Director
  - Blachar, Michael
  - 11 CENTRAL AVE
  - ST. PETERSBURG, FL 33701
ST. PETERSBURG, FL 33701

Title: Treasurer

Waters, Bill
11 Central Avenue
St. Petersburg, FL 33701

### Annual Reports

<table>
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<td>2018</td>
<td>01/15/2018</td>
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<td>2019</td>
<td>01/15/2019</td>
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### Document Images

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</table>
**ST PETERSBURG YACHT CLUB**
RICHARD F BROOKS
124 ESTADO WAY NE
ST PETERSBURG FL 33704 3620 USA

**Purpose of Use:** SPYC VINTAGE MOTOR CLASSIC

**Conditions of Use:** Insurance Required

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

**Date(s) and Time(s) of Use:**
- Starting: Sun 10 Nov 19 06:00 am
- Ending: Sun 10 Nov 19 09:00 pm

**Facility/Equipment**

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
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<tbody>
<tr>
<td>South Straub Park</td>
<td>Sun</td>
<td>10 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></td>
<td></td>
<td>09:00 PM</td>
<td></td>
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**Additional Fees:**

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<th>Charge</th>
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<tr>
<td>Co-Sponsored Application Fee</td>
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<td>$30.00</td>
<td>$0.00</td>
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<td>Co-Sponsored Permit Fee</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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Balance of rental due and payable immediately.

**Payments:**

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<tr>
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<tr>
<td>08 May 2019</td>
<td>$230.00</td>
<td>Check</td>
<td>Rental</td>
<td>3323831</td>
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</tbody>
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**Additional Notes:**

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

By: (Sign Name)
(Print Name) RICHARD F BROOKS
ST PETERSBURG YACHT CLUB
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name)
Parks and Recreation Superintendent

(Print Name)
Parks and Recreation Department

Printed: 08 May 2019, 02:09 PM
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
### City of St. Petersburg

**ST PETERSBURG YACHT CLUB**  
**RICHARD F BROOKS**  
**124 ESTADO WAY NE**  
**ST PETERSBURG, FL 33704 3620 USA**

---

**Receipt #: 3323831**  
**User: JSBENNIN**  
**Issued: Wed 08 May 19 02:09 pm**

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

Applied To: 27192 - SPYC VINTAGE MOTOR CLASSIC  
South Straub Park - Park  
November 10, 2019 6:00 am to November 10, 2019 9:00 pm  

Payment: Check  
($230.00)

Balance  
$0.00

---

**APPROVED REFUNDS ARE BY CHECK ONLY**