City of St. Petersburg
City Council
Co-Sponsored Events Committee
Thursday, January 30, 2020, 2:00PM
Sunshine Center Auditorium
Committee Members
   Ed Montanari
   Darden Rice
   Deborah Figgs-Sanders
   Lisa Wheeler-Bowman
   Gina Driscoll (Alternate)

Agenda

I.  Call to Order

II. Election of Chair

III. Approval of eight (8) events for FY20
        a. waiving the non-profit requirement for two (2) events

IV. Approval of twenty-three (23) events for FY21
        a. waiving the non-profit requirement for seven (6) events
        b. approval of liquor requests for two (2) events

V.  Public Comment

VI. Adjournment
Event Title: LAOS NEW YEAR FESTIVAL
Entity Name: LAOTIAN-AMERICAN ASSOCIATION OF FL
Event Date(s): April 4-7, 2020
Day 1 of Event: April 4
Time Gates Open: 8:00 AM
Ending Time: 8:00 PM
Day 2 of Event: April 5
Time Gates Open: 8:00 AM
Ending Time: 8:00 PM
Day 3 of Event: April 6
Application Prepared by: OLIVESA SENESOM

Title: PRESIDENT
Address: 3318 38TH ST N
City: ST-PETE
State: FLORIDA
Zip: 33713
Email Address: osenesom@yahoo.com

What month/year were you incorporated as nonprofit? AUGUST 25, 1981

Describe your event with details.

This is a gathering of laotion americans in celebration of the laotion new year.

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

NONE

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

Does your group presently have liability insurance? YES NO

How much?

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

Will there be an admission / registration fee? YES NO

Advanced Fee: Day of:

Please provide the website address for your event.

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

What is the estimated attendance for this event?

Spectators:
Participants:
Last Year's Total Attendance:

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

Recreation Equipment
- Showmobile (Yes/No) [No]
- # Bleacher(s) needed. 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
- 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: ____________________________ Title: ____________________________ Date: ____________
Co-Sign: ____________________________ Title: ____________________________ Date: ____________

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

PLEASE ATTACH THE FOLLOWING

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

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

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
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<tr>
<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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<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
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<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
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<td>Vendors / Exhibitors</td>
<td>Alcohol Permit</td>
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<td>Vending Beer / Wine</td>
<td>Additional insurance Required</td>
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<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
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<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
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<td>Other Structures</td>
<td>Temporary Structure Permit</td>
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<td>Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
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<td>Pyrotechnics</td>
<td>Fireworks Permit</td>
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<td>Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
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<td>Daytime - Private</td>
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<td>Overnight - Private</td>
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<td>Disabled Units</td>
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<td>Hand Washing</td>
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Marketing: Please check all that apply.

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

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

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

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

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

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 YES, ☐ 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.

Laotian Music and dance

List Vending Products. Name & Provider.

Not Applicable

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

Laotian American Association of FL Inc, 717-410-3083
3318 38th St. N St. Petersburg FL 33713

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

Laos New Year Celebration

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

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

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

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

Name: ___________________________ Title: ___________________________ Date: ___________________________
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**

**LAOTIAN AMERICAN ASSOCIATION OF FLORIDA, INC.**

**Filing Information**

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

3318 38TH ST N
ST. PETERSBURG, FL 33713

Changed: 05/27/2009

**Mailing Address**

3318 38TH ST N
ST. PETERSBURG, FL 33713

Changed: 05/27/2009

**Registered Agent Name & Address**

SHIMA, DARA
11811 62ND ST
LARGO, FL 33773

Name Changed: 10/06/2008

Address Changed: 10/06/2008

**Officer/Director Details**

**Name & Address**

Title PD

CUNESA, SENESOM
3318-38TH ST N
SAINT PETERSBURG, FL 33710
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<td>04/29/2008 — ANNUAL REPORT</td>
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Contract/Permit

LAOTIAN AMERICAN ASSOCIATION OF FL, INC.
OUNESA SENESOM
3318 38TH AVE N
ST PETERSBURG FL 33713 USA

Purpose of Use: LAOS NEW YEARS FESTIVAL
Expected: 500
Co-Sponsored Event

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Sat 04 Apr 2020 12:00 am
Ending: Sun 05 Apr 20 01:00 am

Facility/Equipment
Special Programs
Day: Sat
Date: 04 Apr 2020
Time: 12:00 AM
Fee: $0.00
Extra Fee: $60.00
Tax: $0.00
Total: $60.00

Special Event
Day: 05 Apr 2020
Date: 01:00 AM

Additional Fees:
- Extra Fee: $30.00
- Co-Sponsored Application Fee: $30.00
- Application Processing Fee - Parks: $60.00
- Extra Fee - Bookings: $60.00

Charges:
- Fees: $0.00
- Extra Fees: $90.00
- Tax: $0.00
- Total: $90.00

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): OUNESA SENESOM
(Print Name): LAOTIAN AMERICAN ASSOCIATION OF FL, 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.
**St. Petersburg Police Department Outdoor Assembly Permit Application**

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

### Event Information

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>New Year's Eve</th>
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<tbody>
<tr>
<td>Date of Event:</td>
<td>April 4, 2020</td>
</tr>
<tr>
<td>Assembly Time:</td>
<td>Start Time: 9:00 AM</td>
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</table>

### Event Specifics

Specify the purpose of the outdoor assembly and provide a general description of the proposed event, to include the activities that will take place during the event:

There will be music, singing, and dancing.

Proposed Route to include Assembly Area, Start and End Points and Dispersal Area. Attach Route Map.

Specify any Public Facilities, Parks and/or Equipment to be used:

**Acrobats**

Provide a description of all recording equipment, signs, banners, etc. This should include a description of the materials used for any of these items.

NONE

Will alcoholic beverages be SOLD or CONSUMED as part of this event?  
Yes No

Estimated number of people taking part in the event.

300-500

Estimated number and type of animals taking part in the event.

NONE

Will this event take place in the roadway?  
Yes No

If Yes, will the entire event be in the roadway or just a portion of the event?

Will this event take place on the sidewalks?  
Yes No

If Yes, will the entire event be on the sidewalks or just a portion of the event?

Estimated number of volunteers or Parade Marshals that will be assisting with this event.

20

Parades, Sporting Events and other similar types of events typically disrupt the normal flow of traffic and inconvenience area businesses and/or residents. The City will endeavor to assist the event organizers and promoters in notifying the community about the event; however the responsibility for informing the public and affected commerce rests with the applicant.

What steps will the applicant(s) take to ensure the community is properly notified?

We will need 2 off duty police officers to direct traffic in and out of event area.
### Event Fees, Costs and Insurance Requirements

A non-refundable application fee of **Thirty Dollars ($30.00)** is required by Section 25-75 of the City Code. It is to be paid at the time of filing the application. The costs of all City services for the event shall be paid by the applicant (or person responsible). A certificate of insurance is required by Section 25-76 of the City Code and should also be included with the application at the time of filing. The City of St. Petersburg shall be named as an additional insured party on all insurance certificates.

### Waiver Request for Fees, Costs and Insurance Requirements

If the applicant is indigent and is engaged in public issue speech or conduct, as defined in Section 25-37 of the City Code, the application fee, City services costs and insurance requirements may be waived. The applicant shall apply to the City, and the City Administrator or the designee thereof, the City Attorney or the designee thereof, and the Administrator of Parks or the designee thereof shall determine if the applicant fulfills the public issue and indigency requirement, in order to receive a waiver of costs of the processing fee and City services. This application process will require a financial disclosure. The City Administrator shall make a recommendation to City Council who shall approve or deny the waiver. The applicant shall be notified of the council action.

**Do you wish to apply to the City for a claim of indigence and request a waiver of fees, costs and insurance requirements?**

- **Yes**
- **No**

### Organization Sponsoring Event Information

**Applicant**

- **Name:**
- **Address:**
- **Email:**
- **Phone:**
- **Cell:**
- **Home:**
- **Work:**

**Organization**

- **Name:**
- **Address:**
- **Email:**
- **Phone:**
- **Cell:**
- **Home:**
- **Work:**

**President or Head of Organization**

- **Name:**
- **Address:**
- **Email:**
- **Phone:**
- **Cell:**
- **Home:**
- **Work:**

**Person or Entity Responsible for Payment of City Services**

- **Name:**
- **Address:**
- **Email:**
- **Phone:**
- **Cell:**
- **Home:**
- **Work:**

**Person Responsible for Event Conduct**

- **Name:**
- **Address:**
- **Email:**
- **Phone:**
- **Cell:**
- **Home:**
- **Work:**
St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

### Signature and Notary

I, _______________, for himself/herself and for the other persons, organizations, firms and corporations listed in the Organization Sponsoring Event Information section of this application, do hereby contract and agree that they will jointly and severally indemnify and hold the City of St. Petersburg, Florida harmless against liability for any and all claims for damage or injury to or death of persons arising out of or resulting from the issuance of this permit, or the conduct of the event or its participants.

The event and expected conduct of the participants will conform to all requirements of law, including all ordinances of the City of St. Petersburg.

__________________________
Applicant Signature (Authorized Representative) Date

The foregoing instrument was acknowledged before me this _________ day of ____________________, 20__, by _________________, who is personally known to me or who has produced _____________________ as proper identification.

Notary Public: ____________________________

### Permit Approval

The application for this Outdoor Assembly Permit is hereby granted subject to the applicant’s acknowledgement that they will abide by all laws of the State of Florida and all ordinances of the City of St. Petersburg and Pinellas County. Further the applicant acknowledges they are responsible for the conduct of ALL participants of the event they have sponsored.

__________________________
Authorized Signature (Police Department) Date of Approval
APPLICATION FOR STREET CLOSURE PERMIT

In accordance with the provisions set forth by the Mayor of the City of St. Petersburg, the undersigned hereby applies for a Street Closure Permit, and provides the following information and represents that it is true and correct, and accepts that the City may at any time, amend or revoke this application:

1. NAME OF PERSON OR ORGANIZATION SPONSORING STREET CLOSURE
   a). Name: Laotian American Association of FL
      Address: 3318 38th St. N
      City/State: St. Petersburg Zip: 33713
      Phone No.: Work: 727-412-8093 Home: 
   b). Name of Person Applying For This Permit [if same as above, indicate "SAME"]
      Name: SAME
      Address:
      City/State: Zip: 
      Phone No.: Work: Home: 

2. EVENT INFORMATION
   a. Date of Event: April 18, 2020
   b. Time Event Begins: 8:00 AM Ends: 8:00 PM
   c. Street to Be Closed: None
   d. Purpose of Event: Laos New Year
   e. Estimated Attendance: 200 to 500
   f. Will beer, wine or any alcoholic beverages be served or sold as part of this event? If yes, proof of Liquor Liability Insurance must be included with application.

3. The applicant, for himself, and for other persons, organizations, firms and corporation, if any listed in Section 1(a) of this application does hereby contract and agree that he (and they) will, jointly and severally, indemnify and hold the City of St. Petersburg, Florida, harmless against liability for any and all claims for damage to property, or injury to, or death of persons, arising out of, or resulting from the issuance of this permit, or the conduct of the event or its participants.

   ____________________________
   Date of Signature
   ____________________________
   Signature of Applicant

Sworn before me and subscribed in my presence this ___ day of ________, 20__

______________________________
Notary Public

______________________________  Date Approved
Chief of Police or Designee

Page 1 of 3

Police Special Events Unit  Revised 10-01-2007
Property Owner Approval Sheet

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

STREET(S) TO BE CLOSED: __________________________ BETWEEN ________ & ________

DATE OF REQUESTED CLOSURE: _____________ TIME SPAN: From ________ to ________

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SPPD Special Events Unit

Site Map

Please complete a map indicating the area you wish to have closed. Be sure to label the streets to be closed and include surrounding streets, alleys and any other vehicular accesses to the area. Please also provide any other details which need to be considered in approving this application.

Drawn by: ___________________________ Date: __________

Page 3 of 3
**CITY OF ST. PETERSBURG**  
**PARKS & RECREATION DEPARTMENT**  
**CO-SPONSORED EVENT APPLICATION**

<table>
<thead>
<tr>
<th>Event Title:</th>
<th>Swim Across America Tampa Bay</th>
<th>Phone No.:</th>
<th>727.656.8413</th>
<th>Fax No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entity Name:</td>
<td>Swim Across America Tampa Bay</td>
<td>Federal I.D. Number:</td>
<td>223248256</td>
<td></td>
</tr>
<tr>
<td>Event Date(s):</td>
<td>May 9, 2020</td>
<td>Location:</td>
<td>Elva Rouxe Park and beach @ North Shore</td>
<td></td>
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<tr>
<td>Day 1 of Event:</td>
<td>Time Gates Open:</td>
<td>Ending Time:</td>
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<tr>
<td>Day 2 of Event:</td>
<td>Time Gates Open:</td>
<td>Ending Time:</td>
<td></td>
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<tr>
<td>Day 3 of Event:</td>
<td>Time Gates Open:</td>
<td>Ending Time:</td>
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</table>

Application Prepared by: Amy Maguire  
Title: Event Director  
Phone: 727.656.8413  
Address: 5920 Printery St.  
City: Tampa  
State: FL  
Zip: 33619  
Email Address: amymaguire@shumakeradvisors.com  
Additional Contact Person: Julia Lamb  
Day Phone: 813.240.9428

What month/year were you incorporated as nonprofit? 1987

List all 501(c)3 entities that will benefit from this event. Swim Across America, Johns Hopkins All Children’s, Moffit Cancer Center

Name of the for-profit entity?

**Describe your event with details.**

Swim Across America unites communities by hosting open water swims and swimming events to raise funds for cancer research, trials and care. Nationally, SAA has raised over $80 million for cancer hospitals in 18 cities. SAA provides grants for physicians to conduct clinical trials and breakthrough research. SAATB is committed to raising the sponsor dollars to support the event so that every dollar raised can be donated to the beneficaries, Johns Hopkins All Children’s and Moffit Cancer Center. This will be the 9th year for SAATB and over $1 million has been raised to fight cancer locally. The SAATB swim was previously in Clearwater and relocated to St. Petersburg in 2018. It was a huge success and the City staff were amazing.

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

Hotel and restaurants- approximately 30 - 50 people will stay in rooms  
Local vendors, retailers participated in event-5

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.

<table>
<thead>
<tr>
<th>Does your group presently have liability insurance?</th>
<th>YES</th>
<th>NO</th>
<th>How much?</th>
<th>3 million</th>
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<tr>
<th>Are there plans to sell or distribute beer/wine at your event?</th>
<th>YES</th>
<th>NO</th>
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<tr>
<th>Will there be an admission / registration fee?</th>
<th>YES</th>
<th>NO</th>
<th>Advanced Fee:</th>
<th>25.00</th>
<th>Day of:</th>
<th>500.00</th>
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Please provide the website address for your event. www.swimacrossamerica.org/tampabay

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

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

Recreation Equipment
Showmobile (Yes/No) [No]
# of bleacher(s) needed. Each bleacher approx. 180 people [No]
Tables (6 ft) # needed [10] Chairs # needed [20]
Public Address System [No]
# of portable risers needed (4 in. x 8 in. x 16 in. sections) [2]

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

Which Location?

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

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

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

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

Name: Amy Maguire
Co-Sign: [signature]

Title: Event Director
Title: CEO

Date: 11/1/19
Date: 12/2/19

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

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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<tr>
<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>
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<tr>
<td>□ Vendors / Exhibitors</td>
<td>Alcohol Permit Additional insurance Required</td>
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<td>How many? 1 - 10 Vendors / Exhibitors</td>
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<td>□ Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
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<tr>
<td>□ Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
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<tr>
<td>□ Fence Installation</td>
<td>Temporary Structure Permit</td>
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<tr>
<td>□ Other Structures</td>
<td>Fire Inspection Permit</td>
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<td>□ Open Flame Food Preparation</td>
<td>Parade or Street Closure Permit(s)</td>
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<td>□ Pyrotechnics</td>
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<td>□ Require Street Closure</td>
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<td>□ VIP Area</td>
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<td>□ Staging</td>
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<td>□ Amplified Sound</td>
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<td>□ Security</td>
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<td>□ Sanitary Facilities - Port-O-Lets</td>
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<td>□ Off-site Parking / Shuttle</td>
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<td>□ Semitruck / Tractor Trailer</td>
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Marketing: Please check all that apply.

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

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

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

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

☐ Other:

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Will you supply your own generators? ☐ YES ☒ NO

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

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

Name: __________________________________________ Phone: __________________________
Address (including zip): __________________________

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

List Vending Products. Name & Provider.

Swim Zone- local
Jolyn- local
Coffee truck- local

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

Dr and patient testimonials, safety announcements

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

Volunteers arrive, park in North Shore Parking lot- 5am,
Kayak volunteers arrive @ 6:30am,
Ambulance will arrive at 7:30am.

Page 4 of 8
I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

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

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

Name: [Signature]  Title: [CEO/SAA]  Date: [12/2/19]
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 Nonprofit Corporation:</th>
<th>Swim Across America</th>
</tr>
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<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Rob Butcher</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>11600 N. Community House Road, Suite 100 Charlotte NC 28277</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>980.237.9127</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:rob@swimacrossamerica.org">rob@swimacrossamerica.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>22-324-8256</td>
</tr>
</tbody>
</table>

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

Please include a copy of the 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: amymaguire@shumakeradvisors.com
**APPENDIX C**
**STATEMENT OF REVENUE AND EXPENSES FORM**
**PRIOR YEAR’S EVENT**
(Must be completed)

<table>
<thead>
<tr>
<th>I. REVENUE SOURCES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Donations and registration fees- all benefit JHACH and Moffit</td>
<td>$225,000.00</td>
</tr>
<tr>
<td>2. Sponsorships</td>
<td>$80,000.00</td>
</tr>
<tr>
<td>3.</td>
<td></td>
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<td>4.</td>
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<td>7.</td>
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<tr>
<td>8.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**: $305,000.00

<table>
<thead>
<tr>
<th>II. EXPENSES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Event rental and services</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>2. Hotels</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>3. Food</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>4. T-shirt, towels, participant giveaways, volunteer giveaways</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>5.</td>
<td></td>
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<tr>
<td>6.</td>
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<td>10.</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**: $26,500.00
**TOTAL NET INCOME**: $278,500.00

<table>
<thead>
<tr>
<th>III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Johns Hopkins All Children’s Hospital</td>
<td>$125,000.00</td>
</tr>
<tr>
<td>2. Moffit Cancer Center</td>
<td>$125,000.00</td>
</tr>
<tr>
<td>3.</td>
<td></td>
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<tr>
<td>4.</td>
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<td>5.</td>
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<tr>
<td>6.</td>
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</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**: $250,000.00

Prepared by: Amy Maguire
Date: Nov 1, 2019
## Detail by Entity Name

**Foreign Not For Profit Corporation**  
**SWIM ACROSS AMERICA, INC.**

### Filing Information

<table>
<thead>
<tr>
<th>Description</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td>Document Number</td>
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<tr>
<td>FEI/EIN Number</td>
<td>22-3248256</td>
</tr>
<tr>
<td>Date Filed</td>
<td>12/26/2018</td>
</tr>
<tr>
<td>State</td>
<td>CT</td>
</tr>
<tr>
<td>Status</td>
<td>ACTIVE</td>
</tr>
</tbody>
</table>

### Principal Address

11600 N. COMMUNITY HOUSE ROAD, SUITE 100  
CHARLOTTE, NC 28277

### Mailing Address

11600 N. COMMUNITY HOUSE ROAD, SUITE 100  
CHARLOTTE, NC 28277

### Registered Agent Name & Address

COAKLEY, ROBERT  
550 OCEAN CAY  
KEY LARGO, FL 33037

### Officer/Director Detail

#### Name & Address

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>BUTCHER, ROBERT</td>
<td>11600 N. COMMUNITY HOUSE ROAD, SUITE 100 CHARLOTTE, NC 28277</td>
</tr>
<tr>
<td>C</td>
<td>RYAN, PAM</td>
<td>11600 N. COMMUNITY HOUSE ROAD, SUITE 100 CHARLOTTE, NC 28277</td>
</tr>
<tr>
<td>VC</td>
<td>CURRAN, HUGH</td>
<td>11600 N. COMMUNITY HOUSE ROAD, SUITE 100 CHARLOTTE, NC 28277</td>
</tr>
</tbody>
</table>
| Title DT                  | COAKLEY, ROBERT  
11600 N. COMMUNITY HOUSE ROAD, SUITE 100  
CHARLOTTE, NC 28277 |
|-------------------------|-----------------------------------------------|
| Title S                 | MCARDLE, JANEL  
11600 N. COMMUNITY HOUSE ROAD, SUITE 100  
CHARLOTTE, NC 28277 |
| **Annual Reports**      |                                                |
| **Report Year**         | **Filed Date**                               |
| 2019                    | 02/14/2019                                   |
| **Document Images**     |                                                |
| 02/14/2019 — ANNUAL REPORT | View image in PDF format               |
| 12/26/2018 — Foreign Non-Profit | View image in PDF format             |
**Contract/Permit**

**Contract #:** 29143  
**Date:** 09 Jan 2020  
**User:** JSBENNIN  
**Status:** Firm

---

**SWIM ACROSS AMERICA INC**  
**AMY MAGUIRE**  
**PO BOX 65**  
**LUTZ FL 33548 USA**

---

**Purpose of Use:** SWIM ACROSS AMERICA TAMPA BAY  
**Expected:** 400  
**Co-Sponsored Event**

**Conditions of Use:** Insurance Required

**Other Information:**

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

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

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
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<tbody>
<tr>
<td>Elva Rouse Park</td>
<td>Fri</td>
<td>08 May 2020</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
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<tr>
<td></td>
<td></td>
<td>09 May 2020</td>
<td>09:00 PM</td>
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**Additional Fees:**

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

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

**Charges:**

<table>
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<tr>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
<th>Deposit</th>
<th>Total Applied</th>
<th>Contract Balance</th>
<th>Account Balance</th>
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<tbody>
<tr>
<td>$0.00</td>
<td>$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): AMY MAGUIRE

(Print Name): AMY MAGUIRE

SWIM ACROSS AMERICA INC

Name of User Organization, If Applicable

---

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent

(Print Name): Parks and Recreation Department

---

Printed: 09 Jan 2020, 02:26 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: The Downtown 20K Relay Race

Entity Name: Community EFX, Inc.

Federal I.D. Number: 32-0275760

Date: June 20, 2020

Location: Poynter Park

Day 1 of Event: Saturday

Time Gates Open: 6am

Ending Time: 11am

Day 2 of Event: Time Gates Open:

Ending Time:

Day 3 of Event: Time Gates Open:

Ending Time:

Application Prepared by: LaShante Keys

Title: Board Member

Address: P.O. Box 16843

City: St. Petersburg

State: FL

Zip: 33618

Email Address: CommunityEFX@Gmail.com

Additional Contact Person: Megan Ross

Day Phone: 727-692-2001

What month/year were you incorporated as nonprofit? December 2016

List all 501(c)3 entities that will benefit from this event. Community EFX Scholarship Fund

Name of the for-profit entity? Kappa League

Describe your event with details.

We want the City of St. Petersburg residents to grab a group of friends and race in The Downtown 20K Relay Race in the Spring of 2019. Conceived as a relay for teams, each member takes a loop on the 5K course before handing the race off to a teammate. For runners looking forward to an individual challenge, the 20K and 10K can be run without any teammates. This will be a fun event for all ages and athletic types.

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

The event will bring in residents along with other runners from around the country. The event will bring people to the waterfront as well as shopping at eateries in Downtown St. Petersburg. In addition, this event will also allow vendors who focus on a healthy St. Petersburg to provide and/or sell products to the runners.

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

Does your group presently have liability insurance? YES NO

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

Will there be an admission / registration fee? YES NO

Advanced Fee: Day of: N/A

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

Please provide a phone number that can be advertised to the public. 1727-459-1302

What is the estimated attendance for this event? Spectators 300 Participants 500 Last Year's Total Attendance 500
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
- Showmobile (Yes/No) [No]
- # Bleacher(s) needed. Each bleacher approx. 180 people: [No]
- Tables (6 ft) # needed: [10]
- Chairs # needed: [20]
- Public Address System: [Yes]
- # of portable risers needed (4 in. x 8 in. x 16 in. sections)

Special Events Facilities
- 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: LaShante Keys
Co-Sign: Terrance Cole
Title: Board Member
Title: Fiscal Agent
Date: 12/10/2019
Date: 12/10/2019

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

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

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

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

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

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

We would like to have a DJ in the area to entertain the spectators and play music.

Will you supply your own generators?  ☐ YES  ☒ NO

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

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

N/A

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

Name: Community EFX, INC.  Phone: 727-459-1302

Address (including zip): P.O. Box 16843; St. Petersburg, FL 33733

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

A variety of family friendly music

List Vending Products. Name & Provider.

We are working with individuals that focus on running which will include but not limited to Running shoe stores, protein shakes and health food options.

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

N/A

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

The event will focus on announcing the winners of the events within the categories as well as giving our thanks for those who have made this such a great event

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

The Downtown 20K Relay Race will have an early bird special for runners starting at $30 per runner. The regular registration will be $35 per runner. The late registration will be $45 per runner. Due to the nature of the this event and the time it will take to coordinate the teams there will not be an on-site registration.

Other comments:

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

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

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

Name: LaShante Keys  Title: Board Member  Date: 12/10/2019
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation: Kappa Alpha Psi Guide Right Foundation
Name of Responsible Party (President or CEO ONLY): LaShante Keys
Title of Responsible Party: Board Member
Physical Address of Responsible Party: P.O. Box 16843, St. Petersburg, FL 33733
Phone Number of Responsible Party: 7274591302
Email Address of Responsible Party: MrLKeys75@Gmail.com
Nonprofit (Employee Identification Number): 56-2473863

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

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

What method of invoicing would your organization prefer?

☐ BY Mail

Contact Name 
Address 
City, State, Zip 

☐ BY EMAIL

Email Address: CommunityEFX@Gmail.com

Page 7 of 8
**APPENDIX C**
**STATEMENT OF REVENUE AND EXPENSES FORM**
**PRIOR YEAR’S EVENT**
(Must be completed)

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

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>Date(s) of Event:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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**TOTAL GROSS REVENUE**

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

<table>
<thead>
<tr>
<th>Amount</th>
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<tbody>
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**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

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

<table>
<thead>
<tr>
<th>Amount</th>
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<tbody>
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**TOTAL ALLOCATION OF NET INCOME**

Prepared by: ____________________________  Date: __________

Submit Application by Email
<table>
<thead>
<tr>
<th><strong>Detail by Entity Name</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida Not For Profit Corporation</td>
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<tr>
<td>COMMUNITY EFX, INC.</td>
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</table>

<table>
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<tr>
<th><strong>Filing Information</strong></th>
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</thead>
<tbody>
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<td><strong>Document Number</strong></td>
</tr>
<tr>
<td><strong>FEI/EIN Number</strong></td>
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<tr>
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<tbody>
<tr>
<td>15826 Hampton Village Drivev</td>
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<td>St. Petersburg, FL 33618</td>
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Changed: 08/29/2019

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<th><strong>Mailing Address</strong></th>
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<tr>
<td>P.O. Box 16843</td>
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Changed: 08/29/2019

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<tr>
<td>KEYS, LASHANTE</td>
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<tr>
<td>15826 HAMPTON VILLAGE DRIVE</td>
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Name Changed: 11/06/2015

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Title D

KEYS, LASHANTE  
15826 HAMPTON VILLAGE DRIVE  
TAMPA, FL 33618 

Title D

SHIVERS, NIKITA
# Annual Reports

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## Document Images

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COMMUNITY EFX INC
LASHANTE KEYS
15826 HAMPTON VILLAGE DR
TAMPA FL 33618 USA

Purpose of Use: THE DOWNTOWN 20K RELAY
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 19 Jun 20 06:00 am
Ending: Sat 20 Jun 20 06:00 pm

Facility/Equipment
Day   Date    Time   Fee   Extra Fee   Tax   Total
Poynter Park   Fri 19 Jun 2020 06:00 AM   $0.00   $200.00   $0.00   $200.00
Park          20 Jun 2020 06:00 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: 36:00
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) LASHANTE KEYS
(Print Name) COMMUNITY EFX 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: 09 Jan 2020, 02:09 PM
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: Extreme Mud Wars
Entity Name: Active Endeavors Inc dba Tampa Bay Club Sport
Phone No.: 8778202582
Fax No.: 18778202582 ext2
Location: Lake Vista Park
Date Received: 12/4/19
Check orCash: 
Application #: 83
Packet: D
Permit #: 29140

Event Date(s): 7/18/20
Day 1 of Event: 7/18/20
Time Gates Open: 8:30 AM
Ending Time: 4pm
Day 2 of Event: Time Gates Open:
Ending Time:
Day 3 of Event: Time Gates Open:
Ending Time:

Application Prepared by: Chris Giebner
Phone: 877-820-2582, ext 2
Title: owner
Cell Phone: 727-420-6868
Address: 380 105th Terrace NE
City: St Pete
State: FL
Zip: 33716
Email Address: chris@tampabayclubsport.com
Additional Contact Person: Ian Elston
Day Phone: 727-804-0648

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

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

Describe what economic benefit and impact this event will bring to St. Petersburg.
Bring 1000+ young professionals downtown with spending money. 2019 economic impact is estimated at $15-20K on top of team fees.

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

Does your group presently have liability insurance? □ YES □ NO
How much? $2000000

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

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

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

What is the estimated attendance for this event? Spectators 150
Participants 400
Last Year's Total Attendance 550

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

Recreation Equipment

Showmobile (Yes/No) yes

# Bleacher(s) needed. Each bleacher approx. 180 people 1-2

Tables (6 ft) # needed per tarso Chairs # needed per tarso

Public Address System

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

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: Chris Giebner
Co-Sign: (Tasco)
Title: owner
Date: 11/25/19

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

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

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

Please attach the following:

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

For further information, please call John Armbruster, Parks & Recreation Manager, 727-893-7766 or email: StPeteEvents@stpete.org
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
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<tbody>
<tr>
<td>✓ Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>✓ Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>□ Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>✓ Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>✓ Vendors / Exhibitors</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>How many? 1 - 10 Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>✓ Vending Beer / Wine</td>
<td></td>
</tr>
<tr>
<td>How many? 1asco</td>
<td></td>
</tr>
<tr>
<td>What type?</td>
<td></td>
</tr>
<tr>
<td>What structure?</td>
<td></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>
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<tr>
<td>What type?</td>
<td>Temporary Structure Permit</td>
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<tr>
<td>Other Structures</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td></td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>✓ Staging</td>
<td>Professional</td>
</tr>
<tr>
<td>✓ Amplified Sound</td>
<td>Showmobile</td>
</tr>
<tr>
<td>□ Security</td>
<td>Announcement Only</td>
</tr>
<tr>
<td>Professional</td>
<td></td>
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<tr>
<td>Performers</td>
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</tr>
<tr>
<td>Annunciation Only</td>
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</tr>
<tr>
<td>□ Daytime - Private</td>
<td></td>
</tr>
<tr>
<td>□ Overnight - Private</td>
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</tr>
<tr>
<td>Event Time Frame - SPPD</td>
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</tr>
<tr>
<td>Regular Units 3</td>
<td></td>
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<tr>
<td>Disabled Units 1</td>
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<tr>
<td>Hand Washing 1</td>
<td></td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
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<tr>
<td>Semitruck / Tractor Trailer</td>
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<tr>
<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>
Electrical Requirements:
Does your event require any power needs using more than the standard 110/20amp located in the parks? [ ] YES [ ] NO
If YES, check all that apply. [ ] RV'S [ ] Coffee Vendors [ ] Ice Bins [ ] Freezers [ ] Ice Cream Vendors [ ] Catering Trucks [ ] Other:
Please explain the details of the above items checked. Tell us how much and what type of power they would require.

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

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

[ ] YES [ ] NO If YES, who?

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

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

Name: Tampa Bay Club Sport or TASCO Phone: 877-820-2582, ext 2
Address (including zip): 380 105th Terrace NE ST. Petersburg, FL 33716

Type of music, # of stages, and # of bands.
Showmobile with MC

List Vending Products. Name & Provider.

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

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

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

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

Other comments:

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

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

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

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

Name: Tracey Giebner    Title: President    Date: 11/25/19
Co-sponsored event park fee structure.

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation: Tasco

Name of Responsible Party (President or CEO ONLY): Shawn Drouin

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

Nonprofit (Employee Identification Number):

Name of the For-profit Corporation: Active Endeavors, INC d/b/a Tampa Bay Club Sport

Name of Responsible Party (President or CEO ONLY): Tracey Giebner

Title of Responsible Party: President

Physical Address of Responsible Party: 10901 Roosevelt Blvd 100D, St. Pete, FL 33716

Phone Number of Responsible Party: 877-820-2582 x2

Email Address of Responsible Party: chris@tampabayclubsport.com

For-profit (Employee Identification Number) 26-0016418

Please include a copy of the 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>Extreme Mud Wars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) of Event:</td>
<td>Jul 13, 2019 - Jul 13, 2019</td>
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## I. REVENUE SOURCES (attach sheet if more space is needed)

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<th>Source</th>
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<td>Team fees</td>
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<td>2</td>
<td>Sponsors</td>
<td>$5,000.00</td>
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**TOTAL GROSS REVENUE**: $31,469.00

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

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<td>3</td>
<td></td>
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<tr>
<td>4</td>
<td>Club Sport expense (staff/signage/shirts/trophies/cc fees/advertising)</td>
<td>$5,528.00</td>
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<tr>
<td>12</td>
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**TOTAL OPERATING EXPENSES**: $24,257.00

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

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

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<th>#</th>
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<th>Amount</th>
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<tbody>
<tr>
<td>1</td>
<td>Club Sport</td>
<td>$3,606.00</td>
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<tr>
<td>2</td>
<td>TASCO donation</td>
<td>$3,606.00</td>
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<td>3</td>
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<tr>
<td>6</td>
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<td></td>
</tr>
</tbody>
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**TOTAL ALLOCATION OF NET INCOME**: $7,212.00

Prepared by: Ian Elston
Date: Nov 6, 2018
Detail by Entity Name

Florida Profit Corporation
ACTIVE ENDEAVORS, INC.

Filing Information

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

Principal Address
380 105TH TERRACE NE
ST. PETERSBURG, FL 33716

Changed: 12/18/2017

Mailing Address
380 105TH TERRACE NE
ST. PETERSBURG, FL 33716

Changed: 12/18/2017

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

Address Changed: 01/12/2015

Officer/Director Detail

Name & Address

Title P

GIEBNER, TRACEY L
791 Suwannee Ct NE
ST. PETERSBURG, FL 33702

Title TS

GIEBNER, CHRISTOPHER S
791 Suwannee Ct NE
ST. PETERSBURG, FL 33702
<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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<tbody>
<tr>
<td>2017</td>
<td>01/09/2017</td>
</tr>
<tr>
<td>2018</td>
<td>01/10/2018</td>
</tr>
<tr>
<td>2019</td>
<td>02/12/2019</td>
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</tbody>
</table>

<table>
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<tr>
<th>Document Images</th>
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<tbody>
<tr>
<td>02/12/2019 — ANNUAL REPORT</td>
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<tr>
<td>01/10/2018 — ANNUAL REPORT</td>
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<tr>
<td>01/09/2017 — ANNUAL REPORT</td>
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Detail by Entity Name
Florida Not For Profit Corporation
PIER AQUARIUM, INC.

Filing Information
Document Number: N26771
FEI/EIN Number: 59-2899571
Date Filed: 06/03/1988
State: FL
Status: ACTIVE
Last Event: NAME CHANGE AMENDMENT
Event Date Filed: 06/21/1988
Event Effective Date: 06/21/1988

Principal Address
244 Second Ave N
Suite 203
ST. PETERSBURG, FL 33701

Changed: 02/25/2015
Mailing Address
244 Second Ave N
Suite 203
ST. PETERSBURG, FL 33701

Changed: 01/20/2014
Registered Agent Name & Address
LUTHER, MARK, PhD
2180 GRAND BAYOU GRANDE BLVD. NE
ST PETERSBURG, FL 33704

Name Changed: 02/22/2016
Address Changed: 02/22/2016
Officer/Director Detail
Name & Address
Title: D
JOHNSON, LARI
Annual Reports

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Document Images

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- 03/11/2018 - ANNUAL REPORT
- 01/12/2017 - ANNUAL REPORT
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- 02/02/2005 - ANNUAL REPORT
- 02/17/2004 - ANNUAL REPORT
- 02/18/2003 - ANNUAL REPORT
- 01/16/2002 - ANNUAL REPORT
- 04/03/2001 - ANNUAL REPORT
- 03/20/2000 - ANNUAL REPORT
- 04/21/1999 - ANNUAL REPORT
- 04/28/1998 - ANNUAL REPORT
TAMPA BAY CLUB SPORT  
CHRIS GIEBNER  
380 105TH TERR NE  
ST PETERSBURG FL 33716 USA  

Purpose of Use: EXTREME MUD WARS  
Expected: 600  
Co-Sponsored Event:  

Contract/Permit  

Contract #: 29140  
Date: 09 Jan 2020  
User: JSBENNIN  
Status: Firm  

Primary #: (877) 820-2582  
Secondary #: ()  
Other #: ()  

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

Date(s) and Time(s) of Use:  
Starting: Mon 29 Jun 20 06:00 am  
Ending: Fri 24 Jul 20 09:00 pm  

Facility/Equipment  
Day  
Date  
Time  
Fee  
Extra Fee  
Tax  
Total  
Lake Vista Park  
Park  
Mon 29 Jun 2020 06:00 AM  
$0.00  
$30.00  
$0.00  
$30.00  
24 Jul 2020 09:00 PM  
$0.00  
$30.00  
$0.00  
$30.00  

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

Extra Fee - Bookings  
Application Processing Fee - Parks  
Hours 615:00  
Quantity 1  
Charge $30.00  
Tax $0.00  
Total $30.00  
1 $30.00  
$0.00  
$30.00  

Charges:  
Fees $0.00  
Extra Fees $60.00  
Tax $0.00  
Total $60.00  
Deposit $0.00  
Total Applied $0.00  
Contract Balance $60.00  
Account Balance $19,268.41  

Balance of rental due and payable immediately.  

Payments:  

Additional Notes:  

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

By:(Sign Name)  
CHRIS GIEBNER  
TAMPA BAY CLUB SPORT  
Name of User Organization, If Applicable  

CITY OF ST. PETERSBURG, FLORIDA  

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

Printed: 09 Jan 2020, 02:10 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: One Step Closer to the Cure 2020

Entity Name: Celma Mastry Ovarian Cancer Foundation

Event Date(s): 9/18/20-9/19/20

Location: Albert Whitted Park 480 Bayshore Dr. S.E. St. Pete. FL

Day 1 of Event: 9/18/20 set up
Time Gates Open: 12:00 p.m.
Ending Time: 5:30 p.m.

Day 2 of Event: 9/19/20
Time Gates Open: 5:00 a.m.
Ending Time: 11:30 a.m.

Application Prepared by: Claudette M. Carlan

Title: Chairman

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

Email Address: ccarlan@cmocf.org

Additional Contact Person: Kevin Carlan

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

List all 501(c)3 entities that will benefit from this event. Celma Mastry Ovarian Cancer Foundation

Name of the for-profit entity? None

Describe your event with details.

One Step Closer to the Cure 2020 is a 8K/5K/1M run/walk with serious runners, causal runners and walkers supporting women in treatment of ovarian cancer. There are many teams formed in honor/memory of someone who is in treatment or has passed from ovarian cancer. It is a great event bringing awareness to a disease that is not well known of or has a screening test. It helps educate women and men about the disease and gives support to those with the disease by raising funds for their support during treatment.

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

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

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? $1000,000.00

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: 40-45 Day of: 50-55

Please provide the website address for your event. cmocf.org/onestep

Please provide a phone number that can be advertised to the public. 863/381-2034

What is the estimated attendance for this event? Spectators 12-300 Participants 1100 Last Year's Total Attendance 1930
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No)   

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

Table(s) (6 ft) # needed

Chairs # needed

Public Address System

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

Special Events Facilities

☐ Mahaffey Theater

☐ Coliseum

☐ Sunken Gardens

☐ Boyd Hill

Non-City Locations

Which Location?

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: Claudette M. Carlan    Title: Chairman    Date: 11/11/2019

Co-Sign:    Title:    Date:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
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<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Fire Inspection Permit</td>
</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 Disabled Units Hand Washing</td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

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

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

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

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

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

Will you supply your own generators? ☑ YES ☐ NO

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

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

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

Name: Celma Mastry Ovarian Cancer Foundation Phone: 863 381-2034

Address (including zip): P.O. Box 48787 St. Pete. Fl 33743-877

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

DJ or Radio

List Vending Products. Name & Provider.

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

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

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

Friday Set up 9/18/20 starting at 11:30 a.m. Tents unloaded at Albert Whitted Park Rental Port o Lets, Tables, Chairs unloaded at this time on Friday 9/18/20
Registration (late) and packet pickup at 3:30 p.m.-5:00 p.m. 9/18/20
Registration prices are set in March or April and discounts offered for early registration with increases in the months closer to the event. $40.00 would be a starting price for 8K/5K and discounts offered and increases to $50.00 Youth prices start at $25.00. $25-30 would be a starting price for 1 mile. Ovarian Cancer survivors are free for all races.

All monies raised are given back to the community through CMOCF’s Hope Fund. Women in treatment make application through our Hope fund for rent, mortgage payments, food, power etc. We have funded over $700,000. to women in treatment of ovarian cancer.

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

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

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

Name: Claudette M. Carlan
Title: Chairman
Date: 11/11/2019
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 months prior to the event.

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

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

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

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

**President or CEO**

**Responsible Party Information**

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the <strong>Nonprofit</strong> Corporation:</th>
<th>Celma Mastry Ovarian Cancer Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Claudette M. Carlan</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Chairman</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>2801 Anvil Street No. St. Petersburg, FL 33710</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>863 381-2034</td>
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<tr>
<td>Email Address of Responsible Party:</td>
<td>ccarlan@c mocf.org</td>
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<tr>
<td>Nonprofit (Employee Identification Number):</td>
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<td>Title of Responsible Party:</td>
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<td>Physical Address of Responsible Party:</td>
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<td>Email Address of Responsible Party:</td>
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<tr>
<td>For-profit (Employee Identification Number):</td>
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**Please include a copy of the current IRS Nonprofit Affidavit / For Profit**

What method of invoicing would your organization prefer?

- [ ] BY Mail
- [ ] BY EMAIL

**Contact Name** Claudette M. Carlan - Celma Mastry Ovarian Cancer Foundation  

**Address**  

P.O. Box 48787  

**City, State, Zip**  

St. Pete. FL 33743-8787  

**Email Address:**
APPENDIX C

STATEMENT OF REVENUE AND EXPENSES FORM

PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: One Step Closer to the Cure
Date(s) of Event: 9/21/2019

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

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<td>Donations</td>
<td>$26,088.68</td>
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<td>Race Fees</td>
<td>$29,280.00</td>
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<td>TOTAL GROSS REVENUE</td>
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II. EXPENSES (attach sheet if more space is needed)

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<td>Race shirts, rentals, printing, park fees, permits but no final bill from City of St. Pete.</td>
<td>$38,257.38</td>
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<tr>
<td>TOTAL OPERATING EXPENSES</td>
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<td>TOTAL NET INCOME</td>
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III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

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<tr>
<td>TOTAL ALLOCATION OF NET INCOME</td>
<td>$41,111.30</td>
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Prepared by: Claudette M. Carlan
Date: 11/11/2019
## Detail by Entity Name

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

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<td>Event Date Filed</td>
<td>11/01/2017</td>
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### Principal Address

2801 ANVIL STREET NORTH  
SAINT PETERSBURG, FL 33710  

Changed: 02/16/2010

### Mailing Address

2801 ANVIL STREET NORTH  
SAINT PETERSBURG, FL 33710  

Changed: 02/16/2010

### Registered Agent Name & Address

MASTRY, CONSTANTINE E  
8360 73RD COURT  
PINELLAS PARK, FL 33761  

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

### Officer/Director Detail

#### Name & Address

**Title VPSD**  

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

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

Title VD

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

Title TRD

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

Annual Reports

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<thead>
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<th>Filed Date</th>
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<td>01/12/2018</td>
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<td>2019</td>
<td>04/16/2019</td>
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Document Images

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<th>View in PDF format</th>
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<tr>
<td>01/12/2018 - ANNUAL REPORT</td>
<td>View Image in PDF format</td>
</tr>
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<td>11/01/2017 - REINSTATEMENT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>01/23/2019 - ANNUAL REPORT</td>
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<tr>
<td>11/30/2015 - Merger</td>
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<td>01/08/2015 - ANNUAL REPORT</td>
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<tr>
<td>01/09/2014 - ANNUAL REPORT</td>
<td>View Image in PDF format</td>
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<td>04/12/2013 - ANNUAL REPORT</td>
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<td>01/05/2012 - ANNUAL REPORT</td>
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<td>01/05/2011 - ANNUAL REPORT</td>
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<td>02/16/2010 - ANNUAL REPORT</td>
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<td>01/08/2008 - ANNUAL REPORT</td>
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<td>03/07/2007 - ANNUAL REPORT</td>
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<td>03/17/2006 - ANNUAL REPORT</td>
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<td>01/11/2005 - ANNUAL REPORT</td>
<td>View Image in PDF format</td>
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<tr>
<td>02/06/2004 - ANNUAL REPORT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>03/17/2003 - ANNUAL REPORT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>03/17/2003 - Name Change</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>04/05/2002 - Domestic Non-Profit</td>
<td>View Image in PDF format</td>
</tr>
</tbody>
</table>
Contract/Permit

CELMA MASTRY OVARIAN CANCER FOUNDATION
CLAUDETTE CARLAN
PO BOX 48787
ST PETERSBURG FL 33743 8787 USA

Purpose of Use: ONE STEP CLOSER TO THE CURE 2020
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: Fri 18 Sep 20 06:00 am
Ending: Sat 19 Sep 20 06:00 pm

Facility/Equipment
Albert Whitted Park
Park

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

- Extra Fee - Bookings
  Hours: 36:00
  Quantity: 1
  Charge: $200.00
  Tax: $0.00
  Total: $200.00

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

Balance of rental due and payable immediately.

Payments:
Date: 09 Jan 2020
Amount: $230.00
Payment Type: Check
Reference: Rental
Receipt Number: 3503676

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

By (Sign Name): CLAUDETTE CARLAN
(Print Name) CELMA MASTRY OVARIAN CANCER FOUNDATION
Name of User Organization, If Applicable

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

(Print Name) Parks and Recreation Department
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: Tampa Bay Caribbean Carnival /St Petersburg Caribbean
Entity Name: Trinidad & Tobago American Association Of Central FL, Inc.
Application #:
Packet: C
Permit #:
Date Received: 12/2/19
Check or Cash: 
Phone No.: 7274344282
Fax No.: 
Federal I.D. Number: 59-3363879
Event Date(s): June 6 - 7
Location: Albert Whitted Park
Day 1 of Event: June 6 Time Gates Open: 1pm Ending Time: 10pm
Day 2 of Event: June 7 Time Gates Open: 1pm Ending Time: 10pm
Day 3 of Event: 
Application Prepared by: George Carrington
Title: President
Cell Phone: 7274344282
Address: 3150 Pinellas Point Drive S City: St Petersburg State: FL Zip: 33712
Email Address: carringtongeorge@hotmail.com
Additional Contact Person: Day Phone:
What month/year were you incorporated as nonprofit? 1990
List all 501(c)3 entities that will benefit from this event.
Name of the for-profit entity? Na
Describe your event with details.

Tampa Bay Caribbean Carnival highlights the unique variety of culture found in the Caribbean. During the Weekend of this event - June 6th and 7th - The City of St Petersburg will become the epicenter of diversified culture. Participant from Tampa, St Pete, and surrounding Cities and Counties, including a few from our neighboring State - Georgia - and as far as New York, will descend upon St Pete to enjoy the Tampa Bay

Describe what economic benefit and impact this event will bring to St. Petersburg.
Our guest for this event will be in need of lodging and dining opportunities, not to exclude shopping and transportation. Local businesses, will quickly benefit from the economical impact of the event.

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

Does your group presently have liability insurance? □ YES □ NO How much? $1,000,000.00
Are there plans to sell or distribute beer/wine at your event? □ YES □ NO
Will there be an admission / registration fee? □ YES □ NO Advanced Fee: $15.00 Day of: $20.00
Please provide the website address for your event: tampacarnival.com
Please provide a phone number that can be advertised to the public.
What is the estimated attendance for this event? Spectators 7,000.00 Participants: 1,000.00 Last Year's Total Attendance: 3,000.00
Please check the equipment and/or facilities you are requesting.

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

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

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

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

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

**Name:** George Carrington  
**Co-Sign:**  
**Title:** President  
**Date:** 10/30/2019

**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>Invitations</td>
<td></td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td></td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

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

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

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

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

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

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

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

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

Yes

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

Name: [ Tampa Bay Caribbean Carnival / St Petersburg Caribbean Festival ] Phone: [ 7274344282 ]

Address (including zip): [ 3150 Pinellas Point Drive S, St Petersburg FL, 33712 ]

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

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.

No

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: George Carrington  Title: President  Date: 10/30/2019
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

### Nonprofit Corporation Information

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trinidad And Tobago American Association Of Central FI, Inc.</td>
<td>13150 Pinellas Point Drive S, St Petersburg FL 33712</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Responsible Party (President or CEO ONLY)</th>
<th>Title of Responsible Party</th>
<th>Physical Address of Responsible Party</th>
<th>Phone Number of Responsible Party</th>
<th>Email Address of Responsible Party</th>
<th>Nonprofit (Employee Identification Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>George Carrington</td>
<td>President</td>
<td>13150 Pinellas Point Drive S, St Petersburg FL 33712</td>
<td>7274344282</td>
<td><a href="mailto:carringtongeorge@hotmail.com">carringtongeorge@hotmail.com</a></td>
<td>59-3363879</td>
</tr>
</tbody>
</table>

### For-profit Corporation Information

<table>
<thead>
<tr>
<th>Name of the For-profit Corporation</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trinidad &amp; Tobago American Association Of Central FI, Inc.</td>
<td>13150 Pinellas Point Drive S, St Petersburg FL 33712</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Responsible Party (President or CEO ONLY)</th>
<th>Title of Responsible Party</th>
<th>Physical Address of Responsible Party</th>
<th>Phone Number of Responsible Party</th>
<th>Email Address of Responsible Party</th>
<th>For-profit (Employee Identification Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>George Carrington</td>
<td>President</td>
<td>13150 Pinellas Point Drive S, St Petersburg FL 33712</td>
<td>7274344282</td>
<td><a href="mailto:carringtongeorge@hotmail.com">carringtongeorge@hotmail.com</a></td>
<td>59-3363879</td>
</tr>
</tbody>
</table>

### Additional Instructions

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

What method of invoicing would your organization prefer?

- [X] BY Mail
  - Contact Name: Trinidad and Tobago American Association Of Central FI, Inc.
  - Address: 3150 Pinellas point Drive s,
  - City, State, Zip: St Petersburg FL, 33712

- [X] BY EMAIL
  - Email Address: carringtongeorge@hotmail.com
I. REVENUE SOURCES (attach sheet if more space is needed)  

<table>
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<tr>
<th></th>
<th>Amount</th>
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<tbody>
<tr>
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<td>na</td>
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<tr>
<td>2.</td>
<td>na</td>
</tr>
<tr>
<td>3.</td>
<td>Vendors</td>
</tr>
<tr>
<td>4.</td>
<td>Gates receipts</td>
</tr>
<tr>
<td>5.</td>
<td>Bar water Sodars ,etc</td>
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<tr>
<td>6.</td>
<td>na</td>
</tr>
<tr>
<td>7.</td>
<td>na</td>
</tr>
<tr>
<td>8.</td>
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</table>

**TOTAL GROSS REVENUE**  
$0.00

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

<table>
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<tr>
<th></th>
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<tbody>
<tr>
<td>1.</td>
<td>Park ,Police ,Clean up</td>
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<tr>
<td>2.</td>
<td>Sound and Stage</td>
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<tr>
<td>3.</td>
<td>Insurance</td>
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<td>4.</td>
<td>Permits ,Water License</td>
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<tr>
<td>5.</td>
<td>Marketing- Media , Flyers ,Social Media</td>
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<td>6.</td>
<td>Entertainment</td>
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<td>7.</td>
<td>Artiste Accommodation and Transportation</td>
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<td>8.</td>
<td>Security</td>
</tr>
<tr>
<td>9.</td>
<td>Miscellaneous, Meals , Phones Radios , Gulf Carts, Etc.</td>
</tr>
<tr>
<td>10.</td>
<td>Fence</td>
</tr>
<tr>
<td>11.</td>
<td>Tents</td>
</tr>
<tr>
<td>12.</td>
<td>Printing</td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**  
$0.00

**TOTAL NET INCOME**  
$0.00

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

<table>
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<tr>
<th></th>
<th>Amount</th>
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<tbody>
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<tr>
<td>2.</td>
<td>$0.00</td>
</tr>
<tr>
<td>3.</td>
<td>$0.00</td>
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<tr>
<td>4.</td>
<td>$0.00</td>
</tr>
<tr>
<td>5.</td>
<td>$0.00</td>
</tr>
<tr>
<td>6.</td>
<td>$0.00</td>
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</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**  
$0.00

Prepared by: George Carrington  
Date: 10/30/2019
<table>
<thead>
<tr>
<th><strong>Detail by Entity Name</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Florida Not For Profit Corporation</strong></td>
</tr>
<tr>
<td><strong>TRINIDAD &amp; TOBAGO AMERICAN ASSOCIATION OF CENTRAL FLORIDA, INC.</strong></td>
</tr>
</tbody>
</table>

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

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

Changed: 05/23/2014

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

Changed: 05/23/2014

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

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

### Officer/Director Detail
**Name & Address**
- **Title**: T
- **TROTMAN, JENNIFER**
3150 PINELLAS POINT DR S APT 3
ST PETERSBURG, FL 33712

Title President

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

Title VP

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

Title Director

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

Title Executive Secretary

Gonzalez, Katherine
578 1st Ave North
St. Petersburg, FL 33701

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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</thead>
<tbody>
<tr>
<td>2017</td>
<td>03/30/2017</td>
</tr>
<tr>
<td>2018</td>
<td>04/14/2018</td>
</tr>
<tr>
<td>2019</td>
<td>05/20/2019</td>
</tr>
</tbody>
</table>

Document Images

- 05/20/2019 – ANNUAL REPORT
- 05/21/2019 – Off Dir Resignation
- 04/14/2018 – ANNUAL REPORT
- 03/30/2017 – ANNUAL REPORT
- 04/29/2016 – ANNUAL REPORT
- 01/02/2016 – ANNUAL REPORT
- 12/12/2014 – AMENDED ANNUAL REPORT
- 12/10/2014 – AMENDED ANNUAL REPORT
- 05/23/2014 – REINSTATEMENT
- 09/27/2012 – ANNUAL REPORT
- 01/07/2011 – REINSTATEMENT
- 10/28/2009 – REINSTATEMENT
- 03/03/2008 – REINSTATEMENT
- 05/15/2006 – REINSTATEMENT
- 02/13/2004 – REINSTATEMENT
- 06/06/2002 – REINSTATEMENT
TRINIDAD & TOBAGO AMERICAN ASSOCIATION
GEORGE S CARRINGTON
3150 PINELLAS POINT DR S
ST PETERSBURG FL 33712 5427 USA

Purpose of Use: TAMPA BAY CARIBBEAN CARNIVAL
Expected: 7,000
Co-Sponsored Event

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Thu 04 Jun 20 06:00 am
Ending: Mon 08 Jun 20 09:00 pm

Facility/Equipment
Albert Whitted Park
04 Jun 2020 06:00 AM
08 Jun 2020 09:00 PM

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>Extra Fee - Bookings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-Sponsored Permit Fee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours</td>
<td>111:00</td>
<td>2</td>
<td>$400.00</td>
<td>$400.00</td>
</tr>
</tbody>
</table>

Charges:
<table>
<thead>
<tr>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 0.00</td>
<td>$430.00</td>
<td>$0.00</td>
<td>$430.00</td>
</tr>
</tbody>
</table>

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By (Sign Name): GEORGE S CARRINGTON
TRINIDAD & TOBAGO AMERICAN ASSOCIATION

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

By (Sign Name): Parks and Recreation Department
(Print Name): George S CARRINGTON
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
**Event Title:** Community Festival  
**Entity Name:** Pinellas County Urban League  
**Event Date(s):**  
| Day 1 of Event:       | 4/11/2020 | Time Gates Open: 10am | Ending Time: 1pm | Location: Campbell Park |
| Day 2 of Event:       |           |                        |                  |
| Day 3 of Event:       |           |                        |                  |

**Application Prepared by:** Michael J. Boykins, Sr.  
**Title:** Director, Youth & Family Services  
**Address:** 333 31st Street North  
**City:** Saint Petersburg  
**State:** FL  
**Zip:** 33713  
**Email Address:** mboykins@pcul.org  
**Additional Contact Person:** Candis Massey  
**Phone:** 727.318.7730  
**Day Phone:** 727.327.2081 ext 107  

**What month/year were you incorporated as nonprofit?** 1977  
**List all 501(c)3 entities that will benefit from this event:** Pinellas County Urban League  
**Name of the for-profit entity?** N/A

### Describe your event with details.

The Community Festival is designed to make community residents aware of resources available in their area, as well as enhance the relationship of the community and Law Enforcement through interactive activities.

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

N/A

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

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

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

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

**Please provide the website address for your event:** www.pcul.org

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

**What is the estimated attendance for this event?**  
- Spectators: 300  
- Participants: 50  
- Last Year’s Total Attendance: 325
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
<th>Non-City Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td>Mahaffey Theater</td>
<td>Which Location?</td>
</tr>
<tr>
<td></td>
<td>Coliseum</td>
<td></td>
</tr>
<tr>
<td># Bleacher(s) needed. Each bleacher approx. 180 people</td>
<td>Sunken Gardens</td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) # needed 35</td>
<td>Boyd Hill</td>
<td></td>
</tr>
<tr>
<td># needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chairs # needed 70</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of portable risers needed (4 in. x 8 in. x 16 in. sections)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Michael J. Boykins, Sr.</th>
<th>Title:</th>
<th>Director</th>
<th>Date:</th>
<th>1/13/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Sign:</td>
<td></td>
<td>Title:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:**

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

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

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

**PLEASE ATTACH THE FOLLOWING**

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

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

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

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

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

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

If YES, check all that apply. □ 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: Pinellas County Urban League
Phone: 727.327.2081

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

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

Various Music, One Stage, Two Bands

List Vending Products. Name & Provider.

N/A

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

N/A

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

N/A

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

Load In 7:30am 4/11/2020 Load Out 1:00pm 4/11/2020
I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

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

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

Name: Michael J. Boykins, Sr.  Title: Director  Date: 1/13/2020
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: Pinellas County Urban League
Name of Responsible Party (President or CEO ONLY): Rev. Watson L. Haynes, II
Title of Responsible Party: President & CEO
Physical Address of Responsible Party: 333 31st Street North St. Petersburg, FL 33713
Phone Number of Responsible Party: 727.327.2081 ext 101
Email Address of Responsible Party: whaynes@pcul.org
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: mboykins@pcul.org
## APPENDIX C
### STATEMENT OF REVENUE AND EXPENSES FORM
#### PRIOR YEAR'S EVENT
(Must be completed)

**Name of Event:** Community Festival  
**Date(s) of Event:** Apr 13, 2019 - Apr 13, 2019

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Start</td>
<td>$3,000.00</td>
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</tbody>
</table>

**TOTAL GROSS REVENUE:** $3,000.00

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Inflatables</td>
<td>$400.00</td>
</tr>
<tr>
<td>Tables</td>
<td>$300.00</td>
</tr>
<tr>
<td>Chairs</td>
<td>$300.00</td>
</tr>
<tr>
<td>Sound Equipment</td>
<td>$700.00</td>
</tr>
<tr>
<td>Misc</td>
<td>$500.00</td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES:** $3,200.00  
**TOTAL NET INCOME:** ($200.00)

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

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

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: Michael J. Boykins, Sr.  
Date: 1/13/2020
Detail by Entity Name
Florida Not For Profit Corporation
PINELLAS COUNTY URBAN LEAGUE, INC.

Filing Information
Document Number 735730
FEI/EIN Number 59-1665523
Date Filed 05/04/1976
State FL
Status ACTIVE
Last Event NAME CHANGE AMENDMENT
Event Date Filed 03/05/1980
Event Effective Date NONE

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

Changed: 02/18/1992

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

Changed: 02/18/1992

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

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

Officer/Director Detail
Name & Address
Title Treasurer
McMillon, Grant
3201 34th street South
Building A, 4th Floor
SAINT PETERSBURG, FL 33711

Title President

Haynes, Watson L, II
333 31ST ST N
SAINT PETERSBURG, FL 33713

Title Asst. Secretary

Brown, Leah
5413 State Road 64E
Bradenton, FL 34208

Title First Vice Chairperson

McMillon, Grant
3201 34th Street South
Building A, 4th Floor
St. Petersburg, FL 33711

Title Chairperson

Marcelli, Linda
5220 31st Avenue South
Gulfport, FL 33707

Title Secretary

Clark, Jessica L
4703 Horton Road
Plant City, FL 33567

Title Asst. Treasurer

Law, William D., Dr.
621 Saxony Boulevard
St. Petersburg, FL 33716

Title Second Vice Chairperson

Cohen, Irv
555 5th Avenue NE,
Suite 543
Saint Petersburg, FL 33701

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>02/14/2017</td>
</tr>
<tr>
<td>2018</td>
<td>02/20/2018</td>
</tr>
<tr>
<td>2019</td>
<td>01/28/2019</td>
</tr>
</tbody>
</table>
**Contract #**: 29276  
**Date**: 17 Jan 2020

**PINELLAS COUNTY URBAN LEAGUE**  
**MICHAEL BOYKINS**  
**333 31ST ST N**  
**ST PETERSBURG FL 33713 7603 USA**

**Purpose of Use**: COMMUNITY FESTIVAL  
**Expected**: 500  
**Co-Sponsored Event**:  
**Contract Balance**: $60.00

**Conditions of Use**: Insurance Required

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

**Date(s) and Time(s) of Use**:
- **Starting**: Sat 11 Apr 2020 06:00 am  
- **Ending**: Sat 11 Apr 2020 09:00 pm

**Facility/Equipment**  
**Campbell Park**

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campbell Park Park</td>
<td>Sat</td>
<td>11 Apr 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>
<td></td>
<td></td>
<td></td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td>$30.00</td>
</tr>
</tbody>
</table>

**Additional Fees**:
- **Extra Fee - Bookings**
  - **Application Processing Fee**: 15:00  
    - **Quantity**: 1  
    - **Charge**: $30.00  
    - **Tax**: $0.00  
    - **Total**: $30.00

<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>Application Processing Fee - Parks</td>
<td>15:00</td>
<td>1</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
</tr>
</tbody>
</table>

**Charges**:
- **Fees**: $0.00  
- **Extra Fees**: $60.00  
- **Tax**: $0.00  
- **Total**: $60.00

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

**Payments**:

**Additional Notes**:

---

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

By: (Sign Name)  
**MICHAEL BOYKINS**  
**PINELLAS COUNTY URBAN LEAGUE**  
**Name of User Organization, if Applicable**

---

CITY OF ST. PETERSBURG, FLORIDA

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

By (Sign Name):  
**Parks and Recreation Department**

---

Printed: 17 Jan 2020, 03:36 PM  
User: jsbennin
<table>
<thead>
<tr>
<th>Supervisor II / Foreman</th>
<th>Approved or Rejected</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Manager</th>
<th>Approved or Rejected</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Manager</th>
<th>Approved or Rejected</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
The Chief of Police or his/her designee shall be the authorized agent for issuing, tendering an alternative, rescinding or denying Outdoor Assembly Permits. Applications for such permits can be obtained at the St. Petersburg Police Department or electronically via email or online on the Department’s website. Applications must be submitted to the Special Events Unit of the St. Petersburg Police Department at least thirty (30) days prior to the scheduled event, but not more than 180 days prior to the event. This time is necessary as other City Departments are involved in the permitting process. Event organizers are encouraged to contact the Special Events Unit prior to completing this application to discuss the specifics of their event. A completed application should include the following:

1. The name or names of the person or organization sponsoring the event.
2. The date, time and duration of the event.
3. A check or money order in the amount of $30.00 made payable to “The City of St. Petersburg.” Cash will not be accepted as payment. This non-refundable application fee is required by Section 25-75 of the City Code and is to be paid at the time of the filing of this application. Actual event costs will be in addition to this application fee and shall be determined prior to the date of the event.
4. If alcoholic beverages are to be sold or served, proof of Liquor Liability Insurance will be required.

Applicants will provide adequate supervision for the event, ensuring the safety of all participants and the protection of any City property. Applicants are responsible for cleaning-up the affected area after the event. The applicant will also ensure that the event complies with all City Ordinances and Florida State Statutes and that there will be NO vending (sale of foods, beverages, etc.) without the proper City permits and/or licenses.

Should the location for the event be determined to be unsuitable, an alternate site may be recommended. If the permit is approved, the applicant will be provided a copy of the permit for their records. The applicant should retain this approved copy until the event has concluded. The original permit will be retained by the Special Events Unit. If the application is denied, the applicant will be notified of the denial and its justification.

The City may deny an application, tender an alternative permit or revoke an approved permit at any time. Reasons for denial may include, but are not limited to: submission after the 30 day limit, an incomplete application, traffic control and/or public safety concerns, failure of the applicant to secure adequate City services or another event which takes precedence. Reasons for tendering an alternative permit may include, but are not limited to: traffic control and/or public safety concerns or another event which takes precedence. Reasons for revocation may include, but are not limited to: falsification of the application, violation of one or more of the conditions or standards for issuance, or when a public emergency arises where the police resources are required for that emergency.
## Event Information

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>Pinellas County Urban League Community Festival</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Event:</td>
<td>4/11/2020</td>
</tr>
<tr>
<td>Assembly Time:</td>
<td>7:30am</td>
</tr>
<tr>
<td>Start Time:</td>
<td>10:00am</td>
</tr>
<tr>
<td>End Time:</td>
<td>1:00pm</td>
</tr>
</tbody>
</table>

## Event Specifics

Specify the purpose of the outdoor assembly and provide a general description of the proposed event, to include the activities that will take place during the event:

The Community Festival is designed to make community residents aware of resources available in their area. It is also to enhance the relationship between the community and Law Enforcement.

Proper Route to include Assembly Area, Start and End Points and Dispersal Area. Attach Route Map.

All activities will take place in Campbell Park.

Specify any Public Facilities, Parks and/or Equipment to be used:

Activities will take place in Campbell Park. Music and entertainment will be on the stage/showmobile.

Provide a description of all recording equipment, signs, banners, etc. This should include a description of the materials used for any of these items.

The Pinellas County Urban League will display their vinyl banner.

Will alcoholic beverages be **SOLD** or **CONSUMED** as part of this event?  
- Yes [x]  
- No

Estimated number of people taking part is the event.  
- 300

Estimated number and type of animals taking part in the event.  
- none

Will this event take place in the roadway?  
- Yes [x]  
- No

If Yes, will the entire event be in the roadway or just a portion of the event?  

Will this event take place on the sidewalks?  
- Yes [x]  
- No

If Yes, will the entire event be on the sidewalks or just of portion of the event?  

Estimated number of volunteers or Parade Marshals that will be assisting with this event.  
- 30

Parades, Sporting Events and other similar types of events typically disrupt the normal flow of traffic and inconvenience area businesses and/or residents. The City will endeavor to assist the event organizers and promoters in notifying the community about the event; however the responsibility for informing the public and affected commerce rests with the applicant.

What steps will the applicant(s) take to ensure the community is properly notified?  

Flyers will be distributed. This is a free event.
St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

Event Fees, Costs and Insurance Requirements
A non-refundable application fee of Thirty Dollars ($30.00) is required by Section 25-75 of the City Code. It is to be paid at the time of filing the application. The costs of all City services for the event shall be paid by the applicant (or person responsible). A certificate of insurance is required by Section 25-76 of the City Code and should also be included with the application at the time of filing. The City of St. Petersburg shall be named as an additional insured party on all insurance certificates.

Waiver Request for Fees, Costs and Insurance Requirements
If the applicant is indigent and is engaged in public issue speech or conduct, as defined in Section 25-37 of the City Code, the application fee, City services costs and insurance requirements may be waived. The applicant shall apply to the City, and the City Administrator or the designee thereof, the City Attorney or the designee thereof, and the Administrator of Parks or the designee thereof shall determine if the applicant fulfills the public issue and indigency requirement, in order to receive a waiver of costs of the processing fee and City services. This application process will require a financial disclosure. The City Administrator shall make a recommendation to City Council who shall approve or deny the waiver. The applicant shall be notified of the council action.

Do you wish to apply to the City for a claim of indigence and request a waiver of fees, costs and insurance requirements?

Yes  x  No

Organization Sponsoring Event Information

Applicant
Name: Michael J. Boykins, Sr.
Address: 333 31st Street North St. Petersburg, FL 33713
Email: mboykins@pcul.org
Phone: Cell: 727.318.7730  Home:  Work:

Organization
Name: Pinellas County Urban League
Address: 333 31st Street North St. Petersburg, FL 33713
Email:
Phone: Cell:  Home:  Work: 727.327.2081

President or Head of Organization
Name: Rev. Watson L. Haynes, II, President & CEO
Address: 333 31st Street North St. Petersburg, FL 33713
Email: whaynes@pcul.org
Phone: Cell:  Home:  Work: 727.327.2081 ext 101

Person or Entity Responsible for Payment of City Services
Name: Pinellas County Urban League
Address: 333 31st Street North St. Petersburg, FL 33713
Email:
Phone: Cell:  Home:  Work: 727.327.2081 ext 107

Person Responsible for Event Conduct
Name: Michael J. Boykins, Sr.
Address: 333 31st Street North St. Petersburg, FL 33713
Email: mboykins@pcul.org
Phone: Cell: 727.318.7730  Home:  Work:
St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

Signature and Notary

I, ________, for himself/herself and for the other persons, organizations, firms and corporations listed in the Organization Sponsoring Event Information section of this application, do hereby contract and agree that they will jointly and severally indemnify and hold the City of St. Petersburg, Florida harmless against liability for any and all claims for damage or injury to or death of persons arising out of or resulting from the issuance of this permit, or the conduct of the event or its participants.

The event and expected conduct of the participants will conform to all requirements of law, including all ordinances of the City of St. Petersburg.

Applicant Signature (Authorized Representative)  

[Signature]

Date  

[Date]

The foregoing instrument was acknowledged before me this ______ day of ______, 2020, by ______, who is personally known to me or who has produced ______ as proper identification.

Notary Public: ______

Permit Approval

The application for this Outdoor Assembly Permit is hereby granted subject to the applicant's acknowledgement that they will abide by all laws of the State of Florida and all ordinances of the City of St. Petersburg and Pinellas County. Further the applicant acknowledges they are responsible for the conduct of ALL participants of the event they have sponsored.

Authorized Signature (Police Department)  

[Signature]

Date of Approval  

[Date]
Event Name: Pwelles Co Strmon Leage Community Festival

Event Location: Campbell Park

Event Representative: Michael J. Beckins, Sr.

Address: 333 31st St. N.

Phone: 727.318.7732 Fax: E-Mail: mbeckins@paul.org

Event Website: www.paul.org

1. Parking:
   a. If you expect that participants will be parking in city-owned parking facilities for your event, have you contacted the parking manager in the Department of Transportation and Parking to discuss your needs?
      Yes. __________ No. __________ N/A __________

   b. If you are using private property for additional parking, you will need to follow the guidelines below:

      **The number of accessible parking spaces per lot or parking facility shall comply with the table below:**

      | Total Spaces in Parking Lot | Accessible Spaces Required |
      |-----------------------------|---------------------------|
      | 1 to 25                     | 1                         |
      | 26 to 50                    | 2                         |
      | 51 to 75                    | 3                         |
      | 76 to 100                   | 4                         |
      | 101 to 150                  | 5                         |
      | 150 to 200                  | 6                         |
      | 201 to 300                  | 7                         |
      | 301 to 400                  | 8                         |
      | 401 to 500                  | 9                         |
      | 501 to 1000                 | 2% of total               |
      | 1001 and Over               | 20 Plus 1 for Each 100 Over 1000 |

   **Please note that there are also specific size requirements and signage requirements for parking spaces that can be found in Ch. 553.5041 of the Florida Statutes or Chapter 11 of the Florida Building Code.**

   c. Are your private parking facilities in compliance with Ch. 553.5041 of the Florida Statutes or the Florida Building Code?
      Yes. __________ No. __________ N/A __________
2. **Portable Toilet Units:**
   **For single user portable toilet or bathing units clustered at a single location, at least five percent (5%) but no less than one accessible toilet unit shall be installed in each grouping and they should be placed on an accessible route. If only one is provided in a location, it should be accessible.**
   
   a. Total Number of Portable Units: 0
   b. Total Number of Accessible Portable Units: 0
   c. Is there at least one accessible unit in each group including accessible hand washing facilities (even if the group is a single unit)?
      Yes ______ No ______ N/A

3. **Accessible Routes:**
   a. Do you plan to have any entrance or exit areas to the event, or is the event open to the public with no restricted access?
      Open: × Restricted/Ticketed: ______
   b. If restricted, are your entrances and exits (means of egress, including emergency exits) at least 44 inches wide and free from barriers to provide an accessible route? In addition, the "gate" or entry "door" must provide a minimum of a 32" clear opening.
      Yes ______ No ______
      * If any of your entrances and/or exits do not have the 32-inch minimum clearance, please document the reasons for the restriction and whether you have alternative entrances and exits that are marked with signs.
   c. If you have a passenger loading/unloading zone, is it accessible?
      Yes ______ No ______ N/A
   d. Is the route of travel through the event stable, firm, free from obstructions, slip resistant and at least 36 inches wide?
      Yes × No ______
      *If you are using ancillary ramps to provide access, please document that below (all ramps shall be at a ratio of no more than 1:12 - 1 inch incline to each foot in length):
         Check Here: ________
      * City of St. Petersburg Parks and Recreation Department have for your use the following for an additional fee to install by city staff: Mobi-Mats – They are used to create an equal access pathway for all recreational users if needed.

4. **Vendors and Activities:**
   **The tops of accessible tables and counters should be between 28 – 34 inches above the finished floor or ground and should be on an accessible route.**
   a. Are all of the vendors and planned activities accessible to persons with disabilities?
      Yes. × No ______
      *If no, please provide a necessary reason why they are not all located on an accessible pathway or do not have displays that conform to guidelines.
b. Will your food and other counters/vendors have accessible displays?
   Yes ☒ No ☐ N/A ☐

c. Is there any seating available for dining?
   Yes ☐ No ☒

d. If yes, is at least 5% of the seating accessible? (For example, has space available for a wheelchair; table has at least 27 inches of knee clearance.)
   Yes ☒ No ☐

e. Do you plan to have any seating available for viewing concerts or other performances?
   Yes ☒ No ☐

f. If yes, do you have a section reserved with accessible, unobstructed viewing for persons with disabilities and their companions?
   Yes ☒ No ☐

g. Do you plan to have sign-language interpreters or any other auxiliary aids or services available for persons with disabilities?
   Yes ☐ No ☒ N/A ☐

*If yes, please provide details about those below:

h. ☒ (Please initial here.) Yes, I am prepared and willing to grant all reasonable requests for accommodations for this event.

** All reasonable requests for accommodations must be granted pursuant to applicable laws, unless a request would result in a fundamental alteration in the nature of services or activities, or would result in undue financial and administrative burdens. Prior to denying any request for accommodation, you must contact the Community Affairs Division for a review of compliance with applicable laws.

5. Signage and Marketing:
   **Appropriately sized signs with the international symbol of accessibility illustrated below help people identify facilities that are accessible at your event. Directional signs should be provided in highly contrasting colors, such as white on black or black on white. The characters on the signs should be at least between 5/8 and 2 inches in length, and the signs should be highly visible and not blocking accessible routes of travel.

a. Will you have appropriate, visible signage to inform people with disabilities about all accessible facilities at your event?
   Yes ☒ No ☐ N/A ☐

*Please add the following language or similar language to event marketing materials, including your Web site.
   “This event was designed to provide equal opportunity for enjoyment by all participants. If you would like to request any particular aids or services pursuant to disability laws, please contact the event planner at (EVENT PHONE NUMBER) or City of St Petersburg Community Affairs Division at (727) 893-7345 or (727) 892-5259 TDD/TTY"
b. Will you have appropriate, visible signage to inform people with disabilities about all accessible facilities at your event?
   Yes [x] No ________ N/A ________

(Please initial here.) Printed and/or Web event announcements created by the organization/event I represent will include accessibility language similar to that noted above.

Please list a contact name and phone number for someone who will be present during the event and can respond to requests related to accessibility issues:

Contact Name: Michael J. Boukens, Sr. Phone: 727.318.4430
Email Address: mboukens@stpete.org Fax:

Thank you for completing this form. Please return it to the Community Affairs Division with your event accessibility layout diagram/map for signature no later than 15 days prior to your event.

Please note that compliance with this checklist/application may not ensure compliance with all of the applicable laws, regulations, ordinances or codes addressing accessibility. These guidelines are provided to enhance accessibility and usability for citizens with disabilities. For more information about accessibility guidelines, please refer to Chapter 553 of the Florida Statutes, Chapter 11 of the Florida Building Code or contact us at 727-893-7345. We look forward to working with you on this event!

I certify that the answers above are true to the best of my knowledge and intentions:

[Signature] 1/13/2020

Michael J. Boukens, Sr.
Print Name, Event Representative

This event has been approved by the Community Affairs Division:

[Signature] Date

ADA Coordinator

PLEASE RETURN THIS FORM WITH YOUR EVENT LAYOUT MAP TO:
City of St. Petersburg
Community Affairs Division
P.O. Box 2842, St. Petersburg, FL 33731-2842
Phone: 727-893-7345 Fax: 727-551-3247
E-Mail: Lendel.Bright@stpete.org

Additional copies of this form can be found on our Web site at www.stpete.org/caforms.htm
## Event Title
St Pete Country Music Ribfest

## Entity Name
Knight Global Entertainment LLC

## Event Date(s)
<table>
<thead>
<tr>
<th>Event Date(s)</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/26 and 9/27, 2020</td>
<td>Vinoy Park</td>
</tr>
</tbody>
</table>

## Day 1 of Event
<table>
<thead>
<tr>
<th>Time Gates Open</th>
<th>Ending Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1pm</td>
<td>10pm</td>
</tr>
</tbody>
</table>

## Day 2 of Event
<table>
<thead>
<tr>
<th>Time Gates Open</th>
<th>Ending Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1pm</td>
<td>10pm</td>
</tr>
</tbody>
</table>

## Application Prepared by
Becky Barnes

## Title
General Manager

## Address
200 1st Ave N, STE 206

## Email Address
becky@jannuslive.com

## Additional Contact Person
Sean Knight

## What month/year were you incorporated as nonprofit?
November 2016

## List all 501(c)3 entities that will benefit from this event.
Knight Animal Sanctuary Inc.

## Name of the for-profit entity?
Knight Global Entertainment LLC

### Describe your event with details.

2 Day country music event with food vendors and family friendly activities

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

We hope this will become an annual destination event for not only St. Pete residents, but tourists alike as well. Over the 2 days and possibly the days before and after, we hope to see an increase in hotel reservations, retail activity, restaurant and bar activity. We also hope to add some additional temporary jobs for the residents throughout our event.

### Does your group presently have liability insurance?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How much?</th>
<th>1,000,000</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td></td>
</tr>
</tbody>
</table>

### Will there be an admission / registration fee?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Advanced Fee:</th>
<th>30.00</th>
<th>Day of:</th>
<th>40.00</th>
</tr>
</thead>
</table>

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

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

### What is the estimated attendance for this event?

<table>
<thead>
<tr>
<th>Spectators</th>
<th>Participants</th>
<th>Last Year’s Total Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>20,000+</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

<table>
<thead>
<tr>
<th>Showmobile (Yes/No)</th>
<th>Special Events Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Tables (6 ft) # needed</th>
<th>Chairs # needed</th>
<th>Public Address System</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td>no</td>
<td>no</td>
</tr>
</tbody>
</table>

# of portable risers needed (4 in. x 8 in. x 16 in. sections) | no |

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: Becky Barnes  
Co-Sign: Bonnie Barnes  
Title: General Manager - Jannuslive  
Title: Treasurer - Knight Animal Sand  
Date: 1/22/2020  
Date: 1/22/2020

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

Marketing: Please check all that apply.

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

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

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

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

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

TBD

Will you supply your own generators?  ☑ YES  ☐ NO

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

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

We would also like to serve liquor at this event along with beer and wine.

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

Name:  Knight Global Entertainment LLC  Phone:  727-565-0550

Address (including zip):  200 1st Ave N, STE 206, Saint Petersburg, FL 33701

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

Country Music  one stage  multiple bands

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.

Knight Animal Sanctuary  7527 Quail Hollow Blvd., Wesley Chapel, Florida 33544  813-363-2928 - Bonnie Barnes (Treasurer)

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

NA

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

TBD but at least 24 hours prior to the event and 24 hours after the event
Other Comments: Please describe your fee structure.

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

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

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

Name: Becky Barnes  
Title: General Manager - Jannuslive  
Date: 1/22/2020
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: | Knight Animal Sanctuary, INC. |
| Name of Responsible Party (President or CEO ONLY): | Jeffry Knight |
| Title of Responsible Party: | President |
| Physical Address of Responsible Party: | 2268 Kings Point Dr., Largo, FL 33774 |
| Phone Number of Responsible Party: | 727-423-0971 |
| Email Address of Responsible Party: | jeffyyknigh62@gmail.com |
| Nonprofit (Employee Identification Number): | 81-4484000 |

| Name of the **For-profit** Corporation: | Knight Global Entertainment, LLC |
| Name of Responsible Party (President or CEO ONLY): | Jeffry Knight |
| Title of Responsible Party: | CEO |
| Physical Address of Responsible Party: | 2268 Kings Point Dr., Largo, FL 33774 |
| Phone Number of Responsible Party: | 727-423-0971 |
| Email Address of Responsible Party: | jeffyyknight62@gmail.com |
| For-profit (Employee Identification Number): | 27-0821472 |

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

What method of invoicing would your organization prefer?

- [ ] BY Mail
- [X] BY EMAIL

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

Email Address: becky@jannuslive.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>
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**TOTAL GROSS REVENUE**

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

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**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

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

<p>| | |</p>
<table>
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</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by:   
Date:   

Print Application   
Page 8 of 8   
Submit Application by Email
Vinoy Park

Date: August 17, 2007

Parking Area “A” 121 + 6 HC
Parking Area “B” 70
Parking Area “C” 67

- NORTH SHORE BALL FIELD
- NORTH SHORE DOG PARK
- Band Merch.
- Mobile Mini 20'
- Band RV's
- 3 STALL TRAILER
- 10 STALL TRAILER
- VIP TENT
- BEER Truck
- Snack TENTS
- Pop-Up BAR
- TAMPA BAY
- BEER Truck
- PORTLETS
- Fireworks Safety Line
- Vinoy Property Service Road
- 5th Avenue NE
- 7th Avenue NE
- North Shore Drive NE
- Parking Area 48m, 49m, 50m, 51m
- Parking Lot 52m, 53m, 54m, 55m
- Parking Area 66m, 67m
- Parking Area 68m, 69m, 70m
- Parking Area 71m

Legend:
- TIX
- BEER Truck
- Snack TENTS
- Pop-Up BAR
- TAMPA BAY
- BEER Truck
- PORTLETS
- Fireworks Safety Line
- Vinoy Property Service Road
- 5th Avenue NE
- 7th Avenue NE
- North Shore Drive NE
- Parking Area 48m, 49m, 50m, 51m
- Parking Lot 52m, 53m, 54m, 55m
- Parking Area 66m, 67m, 68m, 69m, 70m
- Parking Area 71m

Symbols:
- P1 - 600 Amp 120/208 volt 3 Phase Service
- P2, P3, P4, P5 - 600 Amp 120/240 Volt 1 Phase Service
- E - Power Ground Box
- / - 200 Amp Junction
- W - Hose Bibb (potable water)
- PWSO - Potable Water Shut Off
- PLT - Pole Lite
- FL - Flood Light
- WF - Water Fountain

VinoY PARK UPDATE
Date: August 17, 2007
WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-4484000. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

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

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

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

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

For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.
2016 CERTIFICATE OF STATUS REQUEST FORM

IMPORTANT! FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT
Certificate Filing Service is not a government agency. This is not a bill or invoice for goods or services.

Business Address:
KNIGHT ANIMAL SANCTUARY INC.
6056 ULMERTON RD
CLEARWATER, FL 33760-3944

Please Respond by:
12/12/2016

Document Number: Notice Date:
N16000011127 11/22/2016

Congratulations! On registering your business with the State of Florida. Your articles have been filed with the secretary of state and are complete. You have one step left in order to attain your elective Florida Certificate of Status and corporate agreement templates. Below is a form for your newly registered business. Please confirm the accuracy of the information below for your Certificate of Status request with template agreements.

A Florida Certificate of Status is issued by the Secretary of State and maybe required for loans, to renew business licenses, or for other business purposes. A Certificate of Status certifies that your Florida business is in existence, is authorized to transact business in the State and complies with all state requirements. The Certificate of Status shows the official evidence of an entity's existence and provides a statement of entity's status, current legal name and date of information. The Certificate of Status bears the official seal of the Florida Secretary of State. If you have already ordered this year's Certificate of Status, please disregard this letter.

Company Information:
Company Name: KNIGHT ANIMAL SANCTUARY INC.
Document number: N16000011127
Certificate of Status fee: $68.42

If you have any questions or concerns contact this department at info@certificatesfl.org. Certificate Filing Service is a non-government agency.

STEP 1. Check the appropriate payment method and fill out the sub items.

Make checks payable to: C. F. S.

Personal Check □ Business Check □ Money Order □

Notice send date: 11/22/2016
Document #: N16000011127
Amount: $68.42

KNIGHT ANIMAL SANCTUARY INC.

Email: Phone:

Name: Signature:

Return this completed form with the return envelope included.

Certificate Filing Service is a non-government agency and is not affiliated with the State of Florida. This is a voluntary request form.
Detail by Entity Name
Florida Limited Liability Company
KNIGHT GLOBAL ENTERTAINMENT, LLC

Filing Information
Document Number: L09000074586
FEI/EIN Number: 27-0621472
Date Filed: 08/03/2009
State: FL
Status: ACTIVE

Principal Address
200 1ST AVENUE NORTH
206
ST. PETERSBURG, FL 33701

Changed: 02/04/2010

Mailing Address
200 1ST AVENUE NORTH
206
ST. PETERSBURG, FL 33701

Changed: 04/23/2019

Registered Agent Name & Address
BARNES, LAUREN
200 1ST AVENUE NORTH
206
ST. PETERSBURG, FL 33701

Name Changed: 04/23/2019
Address Changed: 04/23/2019

Authorized Person(s) Detail
Name & Address
Title: P

KNIGHT, JEFFRY D
200 1ST AVENUE NORTH, SUITE 206
ST PETERSBURG, FL 33701
Title S

BARNES, LAUREN
200 1ST AVENUE NORTH, SUITE 206
ST. PETERSBURG, FL 33701

**Annual Reports**

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>04/04/2017</td>
</tr>
<tr>
<td>2018</td>
<td>03/29/2018</td>
</tr>
<tr>
<td>2019</td>
<td>04/23/2019</td>
</tr>
</tbody>
</table>

**Document Images**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/23/2019</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>03/29/2018</td>
<td>ANNUAL REPORT</td>
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<tr>
<td>04/04/2017</td>
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<td>04/19/2019</td>
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<td>04/14/2015</td>
<td>ANNUAL REPORT</td>
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<td>04/23/2014</td>
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<td>04/18/2013</td>
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<td>04/17/2012</td>
<td>ANNUAL REPORT</td>
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<tr>
<td>04/05/2011</td>
<td>ANNUAL REPORT</td>
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<tr>
<td>04/26/2010</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>02/24/2010</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>09/03/2009</td>
<td>Florida Limited Liability</td>
</tr>
</tbody>
</table>

Florida Department of State, Division of Corporations
Detail by Entity Name
Florida Not For Profit Corporation
KNIGHT ANIMAL SANCTUARY, INC.

Filing Information
Document Number  N16000011127
FEI/EIN Number    81-4484000
Date Filed         11/16/2016
State              FL
Status             ACTIVE

Principal Address
7527 QUAIL HOLLOW BLVD
WESLEY CHAPEL, FL 33544

Mailing Address
7527 QUAIL HOLLOW BLVD
WESLEY CHAPEL, FL 33544

Registered Agent Name & Address
BARNES, BONNIE
7527 QUAIL HOLLOW BLVD
WESLEY CHAPEL, FL 33544

Officer/Director Detail
Name & Address

Title P/D
KNIGHT, JEFFRY
6056 ULMERTON RD
CLEARWATER, FL 33760

Title S/D
WILLIAMS, CARSON
7527 QUAIL HOLLOW BLVD
WESLEY CHAPEL, FL 33544

Title T/D
BARNES, BONNIE
7527 QUAIL HOLLOW BLVD
WESLEY CHAPEL, FL 33544
<table>
<thead>
<tr>
<th>Report Year</th>
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<td>2018</td>
<td>03/29/2018</td>
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<td>2019</td>
<td>04/25/2019</td>
</tr>
</tbody>
</table>

**Document Images**

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<tr>
<th>Date</th>
<th>Image Title</th>
<th>Format</th>
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</thead>
<tbody>
<tr>
<td>04/25/2019</td>
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</tr>
<tr>
<td>03/29/2018</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>07/12/2017</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>11/18/2018</td>
<td>Domestic Non-Profit</td>
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</table>
**Contract/Permit**

<table>
<thead>
<tr>
<th>Contract #: 29323</th>
<th>User: JSBENNIN</th>
<th>Status: Firm</th>
</tr>
</thead>
</table>

**KNIGHT GLOBAL ENTERTAINMENT**
BECKY BARNES  
200 1ST AVE N STE 206  
ST PETERSBURG FL 33701 USA

**Purpose of Use:** ST. PETE COUNTRY MUSIC RIBFEST  
**Expected:** 20,000

**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>
</tr>
</thead>
<tbody>
<tr>
<td>Vinoy Park</td>
<td>Tue</td>
<td>22 Sep 2020</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>Vinoy Park</td>
<td></td>
<td>28 Sep 2020</td>
<td>09:00 PM</td>
<td></td>
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</table>

**Additional Fees:**
- Extra Fee
  - Co-Sponsored Application Fee: Quantity 1, Charge $30.00, Tax $0.00, Total $30.00
- Extra Fee - Bookings
  - Co-Sponsored Permit Fee (Vinoy): Hours 159:00, Quantity 2, Charge $600.00, Tax $0.00, Total $600.00

**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>$630.00</td>
<td>$0.00</td>
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<td>$0.00</td>
<td>$630.00</td>
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</table>

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>
<th>Receipt Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 Jan 2020</td>
<td>$630.00</td>
<td>Check</td>
<td>Rental</td>
<td>3511712</td>
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</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)  
BECKY BARNES
KNIGHT GLOBAL ENTERTAINMENT
Name of User Organization, If Applicable

By:(Sign Name)  
Parks and Recreation Superintendent

(Print Name)  
Parks and Recreation Department

**Printed:** 23 Jan 2020, 08:43 AM  
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$630.00</td>
</tr>
<tr>
<td>Applied To: 29323 - ST. PETE COUNTRY MUSIC RIBFEST</td>
<td>$630.00</td>
</tr>
<tr>
<td>Vinoy Park - Vinoy Park</td>
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</tr>
<tr>
<td>September 22, 2020 6:00 am to September 28, 2020 9:00 pm</td>
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</tr>
<tr>
<td>Payment: Check</td>
<td>($630.00)</td>
</tr>
<tr>
<td>Balance</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
Event Title: Coffee Pot Turkey Trot
Phone No.: 727-204-3800
Fax No.:  

Entity Name: Friends of North Shore Elementary
Federal I.D. Number: 81-0911338

Event Date(s): 11/26/2020
Location: North Shore Elementary School

Day 1 of Event: Time Gates Open: Ending Time: 
Day 2 of Event: Time Gates Open: Ending Time: 
Day 3 of Event: Time Gates Open: Ending Time: 

Application Prepared by: Monica Kile

Title: Chairperson - Coffee Pot Turkey Trot
Cell Phone: 727-204-3800

Address: 365 17th Ave NE
City: St. Petersburg
State: FL
Zip: 33704

Email Address: mKinstpete@gmail.com

Additional Contact Person: Heather Leon
Day Phone: 727-557-8841

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

List all 501(c)3 entities that will benefit from this event. North Shore Elementary PTA

Name of the for-profit entity? NA

Describe your event with details.
The Coffee Pot Turkey Trot is a family-friendly timed 5K on Thanksgiving morning. The event, supported by numerous local sponsors has been embraced by the community in its first three years. Hosted by the PTA of North Shore Elementary and the Friends of North Shore Elementary, the race is designed to raise awareness of the importance of community involvement in local public schools, and to encourage family participation in healthy activities.

The race itself begins at 7:30 am at North Shore Elementary, runs through the adjacent neighborhoods and crosses Coffee Pot Bayou.

Describe what economic benefit and impact this event will bring to St. Petersburg.
The Coffee Pot Turkey Trot offers yet another reason to remain in, or visit, beautiful St. Petersburg during the Thanksgiving holiday. It shows off our historic neighborhoods, our lovely parkland, and our vibrant community life. Most importantly, it shows the strength of local public schools - an important factor in decision to locate a home or business in any city.

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

Does your group presently have liability insurance? [ ] YES [ ] NO How much? $2,000,000.00

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

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

Please provide the website address for your event: www.runsignup.com/CoffeePotTurkeyTrot

Please provide a phone number that can be advertised to the public: 727-893-2181

What is the estimated attendance for this event? Spectators Participants Last Year's Total Attendance 2,500
Please check the equipment and/or facilities you are requesting.

**Recreation Equipment**

- Showmobile (Yes/No): No
- # Bleacher(s) needed. Each bleacher approx. 180 people: NA
- Tables (6 ft) # needed: 12
- Chairs # needed: 15
- Public Address System: 2

**Special Events Facilities**

- Mahaffey Theater
- Coliseum
- Sunken Gardens
- Boyd Hill

**Non-City Locations**

Which Location?

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

**POLICE:** Public Safety Personnel, Marine Services

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

**FIRE:** Paramedics, Inspectors

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

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

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

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

**Name:** [Signature]

**Title:** Chairperson, Coffee Pot Turk

**Date:** 10/28/19

**Co-Sign:** [Signature]

**Title:** Board member, Friends of NC

**Date:** 10/28/19

**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 Lynin Gordon, Parks & Recreation Manager, 727-893-7766 or email: StPeteEvents@stpete.org
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td></td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Alcohol Permit Additional Insurance Required</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>VIP Area</td>
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</tr>
<tr>
<td>Staging</td>
<td>Professional</td>
</tr>
<tr>
<td>Amended Sound</td>
<td>Showmobile</td>
</tr>
<tr>
<td>Security</td>
<td>Other</td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td>Performers</td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td>Announcement Only</td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>Marketing: Please check all that apply.</td>
<td></td>
</tr>
<tr>
<td>Invitations</td>
<td>City logo should be used in any promotional</td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td>materials, posters, flyers, ads, website, public</td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td>service announcements, and press releases.</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>
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: North Shore Elementary PTA Phone: 727-893-2181
Address (Including zip): 200 35th Ave NE, St. Petersburg, FL 33704

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

List Vending Products. Name & Provider.
Coffee Vendor (TBD)
Race and School apparel and souvenirs (North Shore Elementary PTA)

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

________________________________________________________________________________________

________________________________________________________________________________________

Explain subject/purpose of all speeches/demonstrations which will occur.
Welcome and thank you remarks. Award ceremony presented by event chairperson, PTA President, School Principal, and possibly local elected officials.

________________________________________________________________________________________

Discuss your load in/load out parking needs, include times and dates.
We have worked successfully with neighboring businesses to secure parking availability in their unused lots for Thanksgiving Day. We also have some parking available at the school.
Other Comments: Please describe your fee structure.
Early registration is $25 for adults, $15 for children with a $5 price increase for adults as we draw closer to the event. We intentionally keep the registration fee low in an effort to encourage participation from all sectors of the community. Children register at a significantly reduced rate to encourage early development of healthy habits.

Other comments:
Since 2017, the Coffee Pot Turkey Trot has been exceptionally well-received by the community. The partnership between the city and North Shore Elementary worked particularly well, with excellent communication between North Shore representatives and city staff, including Parks and Rec department and the Police Department. We look forward to the opportunity to continue the relationship, and continue to develop what is sure to become a beloved St. Petersburg tradition.

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: Monica Kile  Title: Chairperson - Coffee Pot Trot  Date: 10/28/1
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

### President or CEO

**Responsible Party Information**

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the <strong>Nonprofit</strong> Corporation:</td>
<td>Friends of North Shore Elementary</td>
</tr>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Vicki Koenig</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1516 Eden Isle Blvd, Saint Petersburg FL 33704</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>(727)641-1819</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:vkoenig3@gmail.com">vkoenig3@gmail.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>81-0911398</td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer?

- [ ] BY Mail

  Contact Name
  Address
  City, State, Zip

- [x] BY EMAIL

  Email Address: lindsay_blondell@yahoo.com
# Statement of Revenue and Expenses Form

## Prior Year's Event

### 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>Registrations</td>
<td>35,578.74</td>
</tr>
<tr>
<td>Sponsorships</td>
<td>26,750.00</td>
</tr>
<tr>
<td></td>
<td>62,328.74</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>Race Director</td>
<td>3,200</td>
</tr>
<tr>
<td>City Services (police, fire, street closure)</td>
<td>9,045</td>
</tr>
<tr>
<td>Port a Let</td>
<td>935</td>
</tr>
<tr>
<td>Timing</td>
<td>3312</td>
</tr>
<tr>
<td>Marketing</td>
<td>2260</td>
</tr>
<tr>
<td>T-Shirts</td>
<td>4165</td>
</tr>
<tr>
<td>Insurance</td>
<td>8040</td>
</tr>
<tr>
<td>Required mailing</td>
<td>389</td>
</tr>
<tr>
<td>Misc Race Day Expenses</td>
<td>700</td>
</tr>
<tr>
<td></td>
<td>670</td>
</tr>
<tr>
<td></td>
<td>32,716</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>After-school student enrichment programs</td>
<td>18,000</td>
</tr>
<tr>
<td>Books</td>
<td>1,800</td>
</tr>
<tr>
<td>Teacher Supplies</td>
<td>3,200</td>
</tr>
<tr>
<td>Teacher Professional Development</td>
<td>7,000</td>
</tr>
<tr>
<td></td>
<td>30,000</td>
</tr>
</tbody>
</table>

Prepared by: Monica Kile

Date: 10/28/19
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.
FRIENDS OF NORTH SHORE ELEMENTARY

We sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements
Detail by Entity Name
Florida Not For Profit Corporation
FRIENDS OF NORTH SHORE ELEMENTARY INC.

Filing Information
Document Number N15000012045
FEI/EIN Number 81-0911338
Date Filed 12/14/2015
State FL
Status ACTIVE
Last Event REINSTATEMENT
Event Date Filed 01/24/2017

Principal Address
200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Mailing Address
200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Registered Agent Name & Address
HILLYER, MARIANNE
2084 68th Terrace South
St Petersburg, FL 33712

Name Changed: 10/17/2019
Address Changed: 10/17/2019

Officer/Director Detail
Name & Address

Title Director

TILLINGHAST HINE, LAURA
200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Title Director, VP

HILLYER, MARIANNE
200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701
Title Director, President

KOENIG, VICKI
200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Title Director, Secretary

KERVIN, LINDSAY
200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>02/22/2018</td>
</tr>
<tr>
<td>2019</td>
<td>04/04/2019</td>
</tr>
<tr>
<td>2019</td>
<td>10/17/2019</td>
</tr>
</tbody>
</table>

### Document Images

- 10/17/2019 -- AMENDED ANNUAL REPORT [View image in PDF format]
- 04/04/2019 -- ANNUAL REPORT [View image in PDF format]
- 02/22/2019 -- ANNUAL REPORT [View image in PDF format]
- 01/24/2017 -- REINSTATEMENT [View image in PDF format]
- 12/14/2015 -- Domestic Non-Profit [View image in PDF format]
Detail by Entity Name

Florida Not For Profit Corporation
FRIENDS OF NORTH SHORE ELEMENTARY INC.

Filing Information
Document Number: N15000012045
FEI/EIN Number: 81-0911338
Date Filed: 12/14/2015
State: FL
Status: ACTIVE
Last Event: REINSTATEMENT
Event Date Filed: 01/24/2017

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SAINT PETERSBURG, FL 33701

Mailing Address
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Registered Agent Name & Address
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2084 68th Terrace South
St Petersburg, FL 33712

Name Changed: 10/17/2019
Address Changed: 10/17/2019

Officer/Director Detail
Name & Address
Title Director

TILLINGHAST HINE, LAURA
200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Title Director, VP

HILLYER, MARIANNE
200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701
Title: Director, President

KOENIG, VICKI
200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Title: Director, Secretary

KERVIN, LINDSAY
200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Annual Reports

<table>
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<tbody>
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<td>2018</td>
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- 04/04/2019 - ANNUAL REPORT
- 02/22/2019 - ANNUAL REPORT
- 01/24/2017 - REINSTATEMENT
- 12/14/2015 - Domestic Non-Profit

Florida Department of State, Division of Corporations
NORTH SHORE ELEMENTARY  
MONICA KILE  
365 17TH AVE NE  
ST PETERSBURG FL 33704 1534 USA

Purpose of Use: COFFEE POT TURKEY TROT  
Expected: 3,000  
Co-Sponsored Event  
Contract Balance $30.00

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
- Starting: Thu 26 Nov 2020 12:00 AM
- Ending: Thu 26 Nov 2020 11:59 PM

Facility/Equipment
- Special Programs  
  Thu 26 Nov 2020 12:00 AM  
  $0.00 $30.00 $0.00 $30.00
- Special Event  
  11:59 PM  
  $0.00 $30.00 $0.00 $30.00

Additional Fees:
- Extra Fee  
  Co-Sponsored Application Fee: $30.00
- Extra Fee - Bookings  
  Application Processing Fee - Parks: $30.00
- Charges:
  $0.00 $60.00 $0.00 $60.00 $0.00 $30.00 $30.00

Balance of rental due and payable immediately.

Payments:
- Date: 08 Nov 2019  
  Amount: $30.00  
  Payment Type: Check  
  Reference: Rental  
  Receipt Number: 3464236

Additional Notes:

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

By (Sign Name): MONICA KILE  
(Print Name) NORTH SHORE ELEMENTARY  
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 Nov 2019, 01:33 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.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$60.00</td>
</tr>
</tbody>
</table>

Applied To: 28732 - COFFEE POT TURKEY TROT

Special Programs - Special Event
November 26, 2020 12:00 am to November 26, 2020 11:59 pm

Payment: Check
($30.00)

Balance $30.00

APPROVED REFUNDS ARE BY CHECK ONLY
Event Title: St. Petersburg Out of the Darkness Walk
Phone No.: 4074178757
Fax No.: n/a

Entity Name: American Foundation for Suicide Prevention
Federal I.D. Number: 13-3393329

Event Date(s): 10/10/20 OR 11/21/2020
Location: Vinoy Park - Mole, by Truth Statue

Day 1 of Event: 10/10/20
Time Gates Open: 8:00 am
Ending Time: Noon

Day 2 of Event: 11/21/2020
Time Gates Open: 8:00 am
Ending Time: Noon

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

Application Prepared by: Tara Sullivan Larsen
Phone: 407-415-8757
Title: Central and Southern Florida Area Director
Cell Phone: 407-415-8757
Address: PO Box 533754
City: Orlando
State: FL
Zip: 32853
Email Address: tsullivan@afsp.org

Additional Contact Person: Thuy Huynh
Day Phone: 727-403-2754

What month/year were you incorporated as nonprofit? November 1991

List all 501(c)3 entities that will benefit from this event. American Foundation For Suicide Prevention

Name of the for-profit entity?

Describe your event with details.
Funds raised from the walk will be used by AFSP both nationally and locally. AFSP is the leading non-profit organization dedicated to research, education, and advocacy for suicide prevention as well as support to those who have attempted suicide, as well as those who have lost someone to suicide.

The local chapters offers Applied Suicide Intervention Skills Training which teaches individuals how to complete an intervention at the time of suicidal crisis. AFSP Tampa Bay also sponsors safeTALK trainings which are educate those 15 years of age older how to become suicide alert and how to help during a crisis.

Describe what economic benefit and impact this event will bring to St. Petersburg.
People from around the country will attend the walk. In the past, we had people from as out of state and the surrounding Tampa Bay area counties who state at local hotels and visit many local restaurants. Many local business contribute prizes to the event, thus encourage the recipient to visit local establishments.

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

Does your group presently have liability insurance? 

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

Will there be an admission / registration fee? 

Please provide the website address for your event. 

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

What is the estimated attendance for this event? 

Spectators 100  Participants 1600  Last Year’s Total Attendance 1,576
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) [Yes] [No]
# Bleacher(s) needed. Each bleacher approx. 180 people
Tables (6 ft) # needed [45] Chairs # needed [90]
Public Address System

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

Non-City Locations
Which Location?
☐ Vinoy Park - Mole by Truth Statue

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

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

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

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

Name: Tara Sullivan Larsen
Co-Sign: Thuy Huynh
Title: Central and Southern Florida
Title: St. Petersburg Walk Chair
Date: 12/10/2020
Date: 12/10/2020

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

**Condition**

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

**Obligation**

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

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

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

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

[Blank space for details]

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 we will walk within Park sidewalks and cross no streets.

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

Name: American Foundation for Suicide Prevention
Address (including zip): PO Box 533754, Orlando, FL 32853

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

DJ will play family friendly pop music, we will have 1 stage

List Vending Products. Name & Provider.

Coda Sound - Stage and Sound
US Tents - Tents

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

N/A

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

Speeches will include topic of suicide and suicide prevention.

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

Tents, stage will load in the afternoon of either Friday October 09, 2020 or Friday, November 20, 2020 between 10am - 3pm.
We will set up at 6:00 am the morning either Saturday, October 10, 2020 or Saturday, November 21, 2020, we will load out of the park at Noon.
Other Comments: Please describe your fee structure.

There is no cost to attend the walk, it is open to the public. Individuals that raise $150 or more in donations will receive a free event t-shirt.

Other comments:

We really enjoyed hosting our event in Vinoy Park in 2019, it's a beautiful park!

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

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

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

Name: Tara Sullivan Larsen
Title: Central and Southern Florida
Date: 12/20/2019
Appendix A

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* 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: American Foundation for Suicide Prevention
Name of Responsible Party (President or CEO ONLY): Robert Gebbia
Title of Responsible Party: CEO
Physical Address of Responsible Party: 199 Water Street, 11th Floor, New York, NY 10038
Phone Number of Responsible Party: 212-363-3500
Email Address of Responsible Party: rgebbia@afsp.org
Nonprofit (Employee Identification Number): 13-3393329

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: Tara Sullivan Larsen
Address: PO Box 533754
City, State, Zip: Orlando, FL 32853

☑ BY EMAIL
Email Address: tsullivan@afsp.org
APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: 2019 St. Petersburg Out of the Darkness Walk
Date(s) of Event: Nov 23, 2019

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Participants</td>
<td>$105,194.83</td>
</tr>
<tr>
<td>Sponsorships</td>
<td>$8,239.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL GROSS REVENUE</td>
<td>$113,433.83</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit</td>
<td>$1,600.00</td>
</tr>
<tr>
<td>Stage and Sound</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>Printing</td>
<td>$500.00</td>
</tr>
<tr>
<td>Facebook Advertisement</td>
<td>$1,800.00</td>
</tr>
<tr>
<td>Other</td>
<td>$500.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td>$8,400.00</td>
</tr>
<tr>
<td>TOTAL NET INCOME</td>
<td>$105,033.83</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>Education Prevention Programs</td>
<td>$50,000.00</td>
</tr>
<tr>
<td>Research</td>
<td>$20,000.00</td>
</tr>
<tr>
<td>Survivor Of Suicide Loss Programs</td>
<td>$25,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL ALLOCATION OF NET INCOME</td>
<td>$95,000.00</td>
</tr>
</tbody>
</table>

Prepared by: Tara Sullivan Larsen
Date: 12/10/2019
<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>AMERICAN FOUNDATION FOR SUICIDE PREVENTION, INC.</td>
</tr>
</tbody>
</table>

**Filing Information**

<table>
<thead>
<tr>
<th>Document Number</th>
<th>F05000000628</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEI/EIN Number</td>
<td>13-3393329</td>
</tr>
<tr>
<td>Date Filed</td>
<td>02/03/2005</td>
</tr>
<tr>
<td>State</td>
<td>DE</td>
</tr>
<tr>
<td>Status</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>Last Event</td>
<td>REINSTATEMENT</td>
</tr>
<tr>
<td>Event Date Filed</td>
<td>06/20/2012</td>
</tr>
</tbody>
</table>

**Principal Address**

120 Wall Street, FL 29
New York, NY 10005

Changed: 01/09/2017

**Mailing Address**

120 WALL ST., FL 29
New York, NY 10005

Changed: 01/09/2017

**Registered Agent Name & Address**

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470

Name Changed: 06/20/2012

Address Changed: 06/20/2012

**Officer/Director Detail**

**Name & Address**

Title Secretary

Killpack, Daniel
120 Wall Street, FL 29
New York, NY 10005

**Annual Reports**
<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>01/09/2017</td>
</tr>
<tr>
<td>2018</td>
<td>03/28/2018</td>
</tr>
<tr>
<td>2019</td>
<td>04/03/2019</td>
</tr>
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</table>

**Document Images**

- 04/03/2019 – ANNUAL REPORT
- 03/28/2018 – ANNUAL REPORT
- 01/09/2017 – ANNUAL REPORT
- 06/17/2016 – ANNUAL REPORT
- 01/12/2015 – ANNUAL REPORT
- 04/17/2014 – ANNUAL REPORT
- 06/24/2013 – ANNUAL REPORT
- 06/20/2012 – REINSTATEMENT
- 04/30/2009 – Reinstatement
- 02/03/2005 – Foreign Non-Profit
Contract/Permit

Contract #: 29145
Date: 09 Jan 2020

User: JSBENNIN
Status: Firm

AMERICAN FOUNDATION FOR SUICIDE PREVENT
TARA LARSEN
PO BOX 533754
ORLANDO FL 32853 USA

Purpose of Use: ST. PETERSBURG OUT OF THE DARKNESS WALK

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 10 Oct 20 06:00 am
Ending: Sat 10 Oct 20 09:00 pm

Facility/Equipment:
- Vinoy Park: Sat 10 Oct 2020 06:00 AM 09:00 PM
- Mole: 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 15:00, Quantity 1, Charge $200.00, Tax $0.00, Total $200.00

Charges:
- Fees: $0.00, Extra Fees $230.00, Tax $0.00, Total $230.00
- Deposit $0.00, Total Applied $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): TARA LARSEN
(Print Name) AMERICAN FOUNDATION FOR SUICIDE PREVENT
Name of User Organization, If Applicable

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

By (Sign Name):
(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: NAMI Walk 2020

Entity Name: NAMI Pinellas County Florida, Inc.

Event Date(s): November 14, 2020

Location: Vinoy Park

Day 1 of Event: Time Gates Open: 8:00 am Ending Time: 11:00 am

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

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

Application Prepared by: Gabriela Garayar

Title: Business Development Director

Address: 8800 49th St N Ste 302 City: Pinellas Park State: FL Zip: 33782

Email Address: ggarayar@nami-pinellas.org

Additional Contact Person: Denise Whitfield

What month/year were you incorporated as nonprofit? 1986

List all 501(c)3 entities that will benefit from this event. NAMI Pinellas County FL, Inc.

Name of the for-profit entity?

Describe your event with details.

NAMI Walks is a nationwide collaborative awareness and fundraising program. This NAMI Walk 2020 is a peer-to-peer fundraising walk benefiting the local NAMI (National Alliance on Mental Illness) Affiliate in Pinellas County. This walk is designed to raise awareness about our mission to build better lives for the individuals and their families affected by mental illness. This walk also will raise funds to support our programs and services.

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

We will ensure to encourage all walk participant to visit the local businesses leading up to the event including the day of. We want those who attend our walk to take advantage of the local restaurants, shops and activities Downtown St. Petersburg has to offer within a close distance to Vinoy Park. Should local business decide to sponsor our event, we will include appropriate language and logos during our promotions, marketing materials and communications for the Walk.

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

Does your group presently have liability insurance? YES NO

How much? TBD

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

YES NO

Will there be an admission / registration fee? YES NO

Advanced Fee: Day of:

Please provide the website address for your event. nami-pinellas.org

Please provide a phone number that can be advertised to the public. 727-826-0807

What is the estimated attendance for this event? Spectators 100 Participants 200 Last Year's Total Attendance 0
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) Unsure
# Bleacher(s) needed. Each bleacher approx. 180 people 1
Tables (6 ft) # needed 10 Chairs # needed 100
Public Address System
# of portable risers needed (4 in. x 8 in. x 16 in. sections) 1

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

Non-City Locations
Which Location?

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

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

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

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

Name: Gabriela Garayar
Co-Sign: Denise Whitfield
Title: Business Development Director
Title: Executive Director
Date: 10/04/2019
Date: 10/04/2019

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</td>
</tr>
<tr>
<td>□ Vending Beer / Wine</td>
<td>Additional insurance Required</td>
</tr>
<tr>
<td>□ Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>□ Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>□ Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>□ Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>□ Pyrotechnics</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>□ Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>□ VIP Area</td>
<td></td>
</tr>
<tr>
<td>□ Staging</td>
<td>□ Professional □ Showmobile □ Other</td>
</tr>
<tr>
<td>□ Amplified Sound</td>
<td>□ Performers □ Announcement Only</td>
</tr>
<tr>
<td>□ Security</td>
<td>□ Daytime - Private □ Overnight - Private □</td>
</tr>
<tr>
<td>□ Sanitary Facilities - Port-O-Lets</td>
<td>□ Event Time Frame - SPPD</td>
</tr>
<tr>
<td>□ Off-site Parking / Shuttle</td>
<td>Regular Units □ Disabled Units □ Hand Washing</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: ☐ NAMI Pinellas County, FL Inc
Phone: ☐ 727-826-0807
Address (including zip): 8800 49th St N Ste 302, Pinellas Park, FL, 33782

Type of music, # of stages, and # of bands.
One stage needed.

List Vending Products. Name & Provider.
N/A

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

Explain subject/purpose of all speeches/demonstrations which will occur.
There will be an introduction speech welcoming all walk participants and thanking sponsors/ community supporters. Will include the reason for the walk and NAMI Pinellas' purpose for building better lives for those affected by mental illness. All other speeches will be instructions for walkers, vendors and any announcements as needed.

Discuss your load in/load out parking needs, include times and dates.
We will need to set up the evening before (3:00pm 11/13/2020), and early in the morning prior to event opening at 8:00 am on 11/14/2019.
Other Comments: Please describe your fee structure.

We will not be charging any fees for walk participants. We will have sponsorship opportunities available for community partners interested.

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: Gabriela Garayar
Title: Business Development Director
Date: 10/02/2019
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.
Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the <strong>Nonprofit</strong> Corporation:</th>
<th>NAMI Pinellas County, Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Denise Whitfield</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>8800 49th St N Ste 302, Pinellas Park, FL, 33782</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-826-0807</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:dwhitfield@nami-pinellas.org">dwhitfield@nami-pinellas.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-2819044</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

**What method of invoicing would your organization prefer?**

- [X] BY EMAIL

| Email Address: | ggarayar@nami-pinellas.org |

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

<table>
<thead>
<tr>
<th>I. REVENUE SOURCES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Walkers and Teams</td>
<td>$0.00</td>
</tr>
<tr>
<td>2. Sponsors</td>
<td>$0.00</td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
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<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**

$0.00

<table>
<thead>
<tr>
<th>II. EXPENSES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. NAMI Walk Rally</td>
<td>$0.00</td>
</tr>
<tr>
<td>2. Kick-Off Event</td>
<td>$0.00</td>
</tr>
<tr>
<td>3. Materials, printing and postage</td>
<td>$0.00</td>
</tr>
<tr>
<td>4. Advertising</td>
<td>$0.00</td>
</tr>
<tr>
<td>5. Fundraising recognition gifts</td>
<td>$0.00</td>
</tr>
<tr>
<td>6. Participant incentives and promotions (contests, prizes, etc.)</td>
<td>$0.00</td>
</tr>
<tr>
<td>7. T-shirt printing</td>
<td>$700.00</td>
</tr>
<tr>
<td>8. Walk Day (permits, tents, tables, port-o-johns, etc.)</td>
<td>$0.00</td>
</tr>
<tr>
<td>9. Staff/Consultant costs</td>
<td>$0.00</td>
</tr>
<tr>
<td>10. Food &amp; Beverage</td>
<td>$0.00</td>
</tr>
<tr>
<td>11. Other</td>
<td>$500.00</td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**

$1,200.00

**TOTAL NET INCOME**

($1,200.00)

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

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: Gabriela Garayar
Date: 10/06/2019
Dear Sir or Madam:

This is in response to your request of March 20, 2007, regarding your organization's tax-exempt status.

In January 1988 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under section 509(a)(2) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

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

Sincerely,

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations 1
Consumer's Certificate of Exemption
Issued Pursuant to Chapter 212, Florida Statutes

<table>
<thead>
<tr>
<th>Certificate Number</th>
<th>Effective Date</th>
<th>Expiration Date</th>
<th>Exemption Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>85-8012674960C-8</td>
<td>12/09/2018</td>
<td>12/31/2023</td>
<td>501(C)(3) ORGANIZATION</td>
</tr>
</tbody>
</table>

This certifies that

NAMI PINELLAS COUNTY FLORIDA INC
8800 49TH ST N STE 302
PINELLAS PARK FL 33782-5340

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 about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.
### Detail by Entity Name

**Florida Not For Profit Corporation**  
**NAMI PINELLAS COUNTY, FLORIDA, INC.**

#### Filing Information
- **Document Number**: N22013  
- **FEI/EIN Number**: 59-2819044  
- **Date Filed**: 08/12/1987  
- **State**: FL  
- **Status**: ACTIVE  
- **Last Event**: NAME CHANGE AMENDMENT  
- **Event Date Filed**: 04/20/1998  
- **Event Effective Date**: NONE

#### Principal Address
- **Address**: 8800 49th St. N.  
  Suite # 302  
  Pinellas Park, FL 33782

- **Changed**: 03/20/2019

#### Mailing Address
- **Address**: 8800 49th St. N.  
  Suite # 302  
  Pinellas Park, FL 33782

- **Changed**: 03/20/2019

#### Registered Agent Name & Address
- **Agent**: Whitfield, Denise Patricia  
- **Address**: 8800 49th St. N.  
  Suite # 302  
  Pinellas Park, FL 33781

- **Name Changed**: 03/20/2019  
- **Address Changed**: 02/05/2014

### Officer/Director Detail

#### Name & Address
- **Name**: NAMI PINELLAS COUNTY, FLORIDA, INC.  
- **Title**: VICE PRESIDENT
Muchnick, Ashley
312 Crestwood Lane
Largo, FL 33770

Title SECRETARY

Adams, Patricia
8070 47th Ave N
Apt C
St. Petersburg, FL 33709

Title Past President

Bousher, Rosalie
4021 Belmoor Dr
Palm Harbor, FL 34685

Title President

Rogers, Ann S
606 12th Ave NE
St. Petersburg, FL 33701

Title Executive Director

Whitfield, Denise P
5005 5th Way N
Saint Petersburg, FL 33703

Annual Reports

<table>
<thead>
<tr>
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<th>Filed Date</th>
</tr>
</thead>
<tbody>
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<td>04/19/2017</td>
</tr>
<tr>
<td>2018</td>
<td>04/13/2018</td>
</tr>
<tr>
<td>2019</td>
<td>03/20/2019</td>
</tr>
</tbody>
</table>

Document Images

03/20/2019 - ANNUAL REPORT  View image in PDF format
04/12/2018 - ANNUAL REPORT  View image in PDF format
04/19/2017 - ANNUAL REPORT  View image in PDF format
02/09/2016 - ANNUAL REPORT  View image in PDF format
04/13/2015 - ANNUAL REPORT  View image in PDF format
02/05/2014 - ANNUAL REPORT  View image in PDF format
01/23/2013 - ANNUAL REPORT  View image in PDF format
02/01/2012 - ANNUAL REPORT  View image in PDF format
01/11/2011 - ANNUAL REPORT  View image in PDF format
02/26/2010 - ANNUAL REPORT  View image in PDF format
04/14/2009 - ANNUAL REPORT  View image in PDF format
04/24/2008 - ANNUAL REPORT  View image in PDF format
04/25/2007 - ANNUAL REPORT  View image in PDF format
**Contract/Permit**

<table>
<thead>
<tr>
<th>Purpose of Use:</th>
<th>NAMI WALK 2020</th>
<th>Expected:</th>
<th>Co-Sponsored Event</th>
<th>Contract Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Conditions of Use:</strong></td>
<td>Insurance Required</td>
<td></td>
<td></td>
<td>$330.00</td>
</tr>
</tbody>
</table>

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

**Date(s) and Time(s) of Use:**
- Starting: Sat 14 Nov 20 06:00 am
- Ending: Sat 14 Nov 20 09:00 pm

**Facility/Equipment**
- Vinoy Park
  - Day: Sat
  - Date: 14 Nov 2020
  - Time: 09:00 PM

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

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

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

Balance of rental due and payable immediately.

**Payments:**

**Additional Notes:**

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

By: (Sign Name) ____________________________
(Print Name) GABRIELA GARAYAR
NAMI PINELAS COUNTY FLORIDA, INC.

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

Payment: $330.00

Printed: 09 Jan 2020, 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.
Event Title: 2020 Walk to End Alzheimer's

Entity Name: Alzheimer's Association

Event Date(s): Set up 10/16/2020 Event Day 10/17/2020

Day 1 of Event: Set up Time Gates Open: 1pm Ending Time: 4pm

Day 2 of Event: Event Day Time Gates Open: 6am Ending Time: 12pm

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

Application Prepared by: Rhonda Richardson

Title: Development Logistics Manager

Address: 14010 Roosevelt Blvd, Suite 709

City: Clearwater State: FL

Zip: 133762

Email Address: rrichardson@alz.org

Additional Contact Person: Michelle Olson

Day Phone: 727-463-0450

What month/year were you incorporated as nonprofit? 04/10/1980

List all 501(c)3 entities that will benefit from this event. Alzheimer's Association

Name of the for-profit entity? None

Describe your event with details.

Walk to End Alzheimer's is the world's largest event to raise awareness and funds for Alzheimer's care, support and research.

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

The Walk to end Alzheimer's event takes place nationally, and is the largest annual fundraiser held by the Alzheimer's Association. 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 recognized institutions paving the way for Alzheimer's research and helping Patients, Caregiver's and Families.

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. act.alz.org/pinellas

Please provide a phone number that can be advertised to the public. 800-272-3900

What is the estimated attendance for this event? Spectators 1100 Participants

Last Year's Total Attendance 943
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

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

Special Events Facilities

- Non-City Locations
  - Mahaffey Theater
  - Colliseum
  - 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.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title: Regional Leader of Florida</th>
<th>Date: 11/19/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Sign:</td>
<td>Title: Vice President of Development</td>
<td>Date: 11/19/2019</td>
</tr>
</tbody>
</table>

**NOTE:**

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

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

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

**PLEASE ATTACH THE FOLLOWING**

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

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

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

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

Marketing: Please check all that apply.

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

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

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

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

[ ] Other:

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

Will need power for DJ and for the start/finish line blow up arch.

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
Address (Including zip): 14010 Roosevelt Blvd., Suite 709, Clearwater, FL 33762
Phone: 727-578-2558

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 walk with music, team that raised the most funds, individual that raised the most funds, Think You to all participants, teams and sponsors. DJ will play music to keep the crowd pumped up for the Walk to End Alzheimer's.

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

Will contact USF for parking and restrooms.
Other Comments: Please describe your fee structure.

None.

Other comments:
We would like to set up the 10'x10' tents and stage on October 16, 2020 between 1pm and 4pm. Please let us know if this is possible.
Thank you.

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: Regional Leader Florida
Date: 11/19/1919
## 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>Alzheimer's Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Angela McAuley</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Regional Leader - Florida</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>14010 Roosevelt Blvd., Suite 709, Clearwater, FL 33762</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-220-4455</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:admcauley@aalz.org">admcauley@aalz.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>13-3039601</td>
</tr>
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</table>

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

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

What method of invoicing would your organization prefer?

- [ ] BY Mail
- [ ] BY EMAIL

<table>
<thead>
<tr>
<th>Contact Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip</td>
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Email Address: richardson@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:
10-16-2020 - 10-17-2021

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

| 1. | Walk to End Alzheimer's |
| 2. | Shared Fundraising |

<table>
<thead>
<tr>
<th>Amount</th>
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<tbody>
<tr>
<td>$168,306</td>
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<tr>
<td>( $70,675 )</td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE:** $97,632

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

| 1. | Contract Services |
| 2. | Supplies & Postage |
| 3. | Equipment & Insurance |
| 4. | Printing, Promotion & Publishing |
| 5. | Conferences & Events, Facilities Rental, Equipment |
| 6. | Staff Travel |
| 7. | Non-Staff Travel |
| 8. | Other - Misc. |

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<tbody>
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<tr>
<td>$70.00</td>
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<tr>
<td>$17.00</td>
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**TOTAL OPERATING EXPENSES:** $16,756.00

**TOTAL NET INCOME:** $80,876.00

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

| 1. | Personnel & Overhead Costs |

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$80,876.00</td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME:** $80,876.00

Prepared by: [Signature]

Date: 11/21/2019
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 (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.
Detail by Entity Name

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
HOVLAND, RICHARD H.
225 N. MICHIGAN AVE.
17TH FLOOR
CHICAGO, IL 60601

Title Chair
Goltermann, David
225 NORTH MICHIGAN AVENUE
17TH FLOOR
CHICAGO, IL 60601

Title Secretary
CATALANO, ANNA
225 N. MICHIGAN AVE., 17TH FLOOR
CHICAGO, IL 60601

Title Treasurer
OSGOOD, STEVEN
225 N. MICHIGAN AVE., 17TH FLOOR
CHICAGO, IL 60601

Title President & CEO
JOHNS, HARRY M.
225 N. MICHIGAN AVE., 17TH FLOOR
CHICAGO, IL 60601

Title Vice Chair
Richardson, Brian
225 NORTH MICHIGAN AVENUE
17TH FLOOR
CHICAGO, IL 60601

Annual Reports
Report Year       Filed Date
2017             05/01/2017
2018             04/27/2018
2019             02/12/2019

Document Images
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05/01/2017 – ANNUAL REPORT View image in PDF format
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02/12/2019 – ANNUAL REPORT View image in PDF format
04/14/2015 – ANNUAL REPORT View image in PDF format
**Contract/Permit**

**Contract #:** 29138  
**Date:** 09 Jan 2020  
**User:** JSBENNIN  
**Status:** Firm  
**Primary #:** (727) 575-2558  
**Secondary #:** (727)  
**Other #:** ()

**ALZHEIMER'S ASSOCIATION**  
RHONDA RICHARDSON  
14010 ROOSEVELT BLVD STE 709  
CLEARWATER FL 33762 USA

**Purpose of Use:** 2020 WALK TO END ALZHEIMERS  
**Expected:** 1,500  
**Co-Sponsored Event**  
**Contract Balance** 

$200.00

**Conditions of Use:** Insurance Required

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

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

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poynter Park</td>
<td>Fri</td>
<td>09 Oct 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>Park</td>
<td></td>
<td>10 Oct 2020</td>
<td>06:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Fees:**

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

<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 Permit Fee</td>
<td>1</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
</tbody>
</table>

**Charges:**

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

Balance of rental due and payable immediately.

**Payments:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Payment Type</th>
<th>Reference</th>
<th>Receipt Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 May 2019</td>
<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>3327057</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)  
(Put Name) RHONDA RICHARDSON  
ALZHEIMER'S ASSOCIATION  
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By/(Sign Name): Parks and Recreation Superintendent  
(Put 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: Getaway 5K 10K 15K  
Entity Name: Coregian Sports Enterprises  
Federal I.D. Number:  
Event Date(s): November 1, 2020  
Location: Albert Whitted Park  
Day 1 of Event: 11-1-20  
Time Gates Open: 0500  
Ending Time: 1200  
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  
Address: 6725 Santa Barbara Ct.  
City: Elkridge  
State: MD  
Zip: 21075  
Email Address: mclem@corregiansports.com  
Additional Contact Person:  
Day Phone:  
What month/year were you incorporated as nonprofit?  
List all 501(c)3 entities that will benefit from this event.  
Name of the for-profit entity?  
Describe your event with details.  
Running Race  
- 5K  
- 10K  
- 15K  
- Kids Fun Run  
Describe what economic benefit and impact this event will bring to St. Petersburg.  
Benefits Hotels / Restaurants / Retail Stores  
Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg an additional insured and secure said insurance in the amount determined by the City.  
Does your group presently have liability insurance?  
Are there plans to sell or distribute beer/wine at your event?  
Will there be an admission / registration fee?  
Please provide the website address for your event.  
Please provide a phone number that can be advertised to the public.  
What is the estimated attendance for this event?  

<table>
<thead>
<tr>
<th>Category</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spectators</td>
<td>300</td>
</tr>
<tr>
<td>Participants</td>
<td>1500</td>
</tr>
<tr>
<td>Last Year's Total Attendance</td>
<td>1200</td>
</tr>
</tbody>
</table>
Please check the equipment and/or facilities you are requesting.

**Recreation Equipment**
- Showmobile (Yes/No): No
- # Bleacher(s) needed: Each bleacher approx. 180 people: 0
- Tables (6 ft) # needed: 0
- Chairs # needed: 0
- Public Address System: 0
- # of portable risers needed: 0

**Special Events Facilities**
- Mahaffey Theater
- Coliseum
- Sunken Gardens
- Boyd Hill

**Non-City Locations**
- Which Location?

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

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

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

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

**Name:**

**Title:**

**Date:**

**Co-Sign:**

**Title:**

**Date:**

**NOTE:**

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

Marketing: Please check all that apply.

- Invitations
- Posters / Flyers
- Newspaper / Internet
- 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 Bring Generators.
- Will Utilize Power in the Park

Will you supply your own generators? ☒ YES ☐ NO

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

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

Yes - Road Closers - Police

Closes on Roads - DoT

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

Name: Foreign Sports Enterprises Phone: 410-605-9381

Address (including zip):

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

1 Stage
1 Band
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 Announcer - Calling Out Finishers / Winners

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

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

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

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

Name: Merit Clem  Title: Director of Operations  Date: 12-4-19
**St. Petersburg Police Department**  
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

<table>
<thead>
<tr>
<th>Event Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Event:</strong></td>
</tr>
<tr>
<td><strong>Date of Event:</strong></td>
</tr>
<tr>
<td><strong>Assembly Time:</strong></td>
</tr>
<tr>
<td><strong>Start Time:</strong></td>
</tr>
<tr>
<td><strong>End Time:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Event Specifics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify the purpose of the outdoor assembly and provide a general description of the proposed event, to include the activities that will take place during the event:</td>
</tr>
<tr>
<td><strong>Race</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed Route to include Assembly Area, Start and End Points and Dispersal Area. Attach Route Map.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sue A'Hochard</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specify any Public Facilities, Parks and/or Equipment to be used:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rest Rooms / Pavilion / Electric</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provide a description of all recording equipment, signs, banners, etc. This should include a description of the materials used for any of these items.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race Direction Signs / Feed and Merchandise</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Will alcoholic beverages be <strong>SOLD</strong> or <strong>CONSUMED</strong> as part of this event?</th>
<th><strong>Yes</strong></th>
<th><strong>No</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Estimated number of people taking part is the event.</th>
<th>1500</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Estimated number and type of animals taking part in the event.</th>
<th><strong>No</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Will this event take place in the roadway?</th>
<th><strong>Yes</strong></th>
<th><strong>No</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, will the entire event be in the roadway or just a portion of the event?</td>
<td><strong>Entire</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Will this event take place on the sidewalks?</th>
<th><strong>Yes</strong></th>
<th><strong>No</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, will the entire event be on the sidewalks or just a portion of the event?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Estimated number of volunteers or Parade Marshals that will be assisting with this event.</th>
<th>50</th>
</tr>
</thead>
</table>

Parades, Sporting Events and other similar types of events typically disrupt the normal flow of traffic and inconvenience area businesses and/or residents. The City will endeavor to assist the event organizers and promoters in notifying the community about the event; however, the responsibility for informing the public and affected commerce rests with the applicant.

What steps will the applicant(s) take to ensure the community is properly notified?

<table>
<thead>
<tr>
<th><strong>Signage / Public Service Announcements /</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet / Website Alerts</td>
</tr>
</tbody>
</table>

SPPD Special Events Unit (Revised 10/13/15)
St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

Event Fees, Costs and Insurance Requirements
A non-refundable application fee of Thirty Dollars ($30.00) is required by Section 25-75 of the City Code. It is to be paid at the time of filing the application. The costs of all City services for the event shall be paid by the applicant (or person responsible). A certificate of insurance is required by Section 25-76 of the City Code and should also be included with the application at the time of filing. The City of St. Petersburg shall be named as an additional insured party on all insurance certificates.

Waiver Request for Fees, Costs and Insurance Requirements
If the applicant is indigent and is engaged in public issue speech or conduct, as defined in Section 25-37 of the City Code, the application fee, City services costs and insurance requirements may be waived. The applicant shall apply to the City, and the City Administrator or the designee thereof, the City Attorney or the designee thereof, and the Administrator of Parks or the designee thereof shall determine if the applicant fulfills the public issue and indigency requirement, in order to receive a waiver of costs of the processing fee and City services. This application process will require a financial disclosure. The City Administrator shall make a recommendation to City Council who shall approve or deny the waiver. The applicant shall be notified of the council action.

Do you wish to apply to the City for a claim of indigence and request a waiver of fees, costs and insurance requirements?

Yes [X] No

Organization Sponsoring Event Information

<table>
<thead>
<tr>
<th>Applicant</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Mark Clem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>6295 Shown Ct, Frederick, MD 21703</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:M.Clem@corningSports.com">M.Clem@corningSports.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Cell: 240-674-1885</td>
<td>Home: 240-674-1885</td>
<td>Work: 240-674-1885</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organization</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Corning Sports</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>6725 South Brandon Ct, Elkhorn, MD 21025</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:M.Clem@corningSports.com">M.Clem@corningSports.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Cell:</td>
<td>Home: 610</td>
<td>Work: 605-9351</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>President or Head of Organization</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Richard Corning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>6725 South Brandon Ct, Suite 114, Elkhorn, MD 21025</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:R.Corning@corningSports.com">R.Corning@corningSports.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Cell: 443-605-8986</td>
<td>Home:</td>
<td>Work: 410-605-9351</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person or Entity Responsible for Payment of City Services</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Susan Wozniak</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>6725 South Brandon Ct, Suite 114, Elkhorn, MD 21025</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:S.Wozniak@corningSports.com">S.Wozniak@corningSports.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Cell: 443-605-8986</td>
<td>Home:</td>
<td>Work: 605-9351</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person Responsible for Event Conduct</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Mark Clem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>6725 South Brandon Ct, Suite 114, Elkhorn, MD 21025</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:M.Clem@corningSports.com">M.Clem@corningSports.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Cell: 240-674-1885</td>
<td>Home:</td>
<td>Work: 410-605-9351</td>
</tr>
</tbody>
</table>
St. Petersburg Police Department
Outdoor Assembly Permit Application

Signature and Notary

I, Richard L. Corrigan Jr., for myself/herself and for the other persons, organizations, firms and corporations listed in the Organization Sponsoring Event Information section of this application, do hereby contract and agree that they will jointly and severally indemnify and hold the City of St. Petersburg, Florida harmless against liability for any and all claims for damage or injury to or death of persons arising out of or resulting from the issuance of this permit, or the conduct of the event or its participants.

The event and expected conduct of the participants will conform to all requirements of law, including all ordinances of the City of St. Petersburg.

Richard L. Corrigan Jr. 12/19/2019
Applicant Signature (Authorized Representative) Date

The foregoing instrument was acknowledged before me this 9th day of December, 2019, by Richard L. Corrigan Jr., who is personally known to me or who has produced Maryland Driver’s License as proper identification.

KEVIN A. JORDAN
Notary Public - State of Maryland
Howard County
My Commission Expires Jan 13, 2021

Permit Approval

The application for this Outdoor Assembly Permit is hereby granted subject to the applicant’s acknowledgement that they will abide by all laws of the State of Florida and all ordinances of the City of St. Petersburg and Pinellas County. Further the applicant acknowledges they are responsible for the conduct of ALL participants of the event they have sponsored.

Authorized Signature (Police Department) Date of Approval
# Detail by Entity Name

**Foreign Profit Corporation**
CORRIGAN SPORTS ENTERPRISES, INC.

## Filing Information

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<td>REINSTATEMENT</td>
</tr>
<tr>
<td><strong>Event Date Filed</strong></td>
<td>11/01/2017</td>
</tr>
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## 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
<table>
<thead>
<tr>
<th>Annual Reports</th>
<th>Report Year</th>
<th>Filed Date</th>
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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 Detail
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
Title CFO

Frisch, Scott
601 E Street, NW
Washington, DC 20049
Title Director

Hoover, Jewell
601 E Street, NW
Washington, DC 20049
Title Director

Johnson, Lloyd E
601 E Street, NW
Washington, DC 20049
Title Director

Kelly, Timothy
601 E Street, NW
Washington, DC 20049
Title Director

Lane, Neal
601 E Street, NW
Washington, DC 20049
Title Director

Lorado, Jacob
601 E Street, NW
Washington, DC 20049

Title Director

O'Connor, Barbara
601 E Street, NW
Washington, DC 20049

Title Director

Penn, John
601 E Street, NW
Washington, DC 20049

Title Director

Porter, Janet E
601 E Street, NW
Washington, DC 20049

Title Director

Pratt, Diane
601 E Street, NW
Washington, DC 20049

Title Director

Raphael, Carol
601 E Street, NW
Washington, DC 20049

Title Director, Secretary, Treasurer

Ruff, Joan
601 E Street, NW
Washington, DC 20049

Title Director

Sartain, Libby
601 E Street, NW
Washington, DC 20049

Title Director

Torres-Gil, Fernando
601 E Street, NW
Washington, DC 20049

Title Director

Watson, Edward
601 E Street, NW
Washington, DC 20049

Annual Reports

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- 04/12/2017 - ANNUAL REPORT
- 04/05/2016 - ANNUAL REPORT
- 03/25/2010 - ANNUAL REPORT
- 04/29/2004 - ANNUAL REPORT
- 04/22/2002 - ANNUAL REPORT
- 04/28/2001 - ANNUAL REPORT
- 04/29/2000 - ANNUAL REPORT
- 04/13/2008 - ANNUAL REPORT
- 03/27/2007 - ANNUAL REPORT
- 01/25/2006 - ANNUAL REPORT
- 01/05/2005 - ANNUAL REPORT
- 04/30/2004 - ANNUAL REPORT
- 01/27/2003 - ANNUAL REPORT
- 05/15/2002 - ANNUAL REPORT
- 05/17/2001 - ANNUAL REPORT
- 05/26/2000 - ANNUAL REPORT
- 05/11/2000 - Name Change
- 05/11/1999 - ANNUAL REPORT
- 02/12/1998 - ANNUAL REPORT
- 05/12/1997 - ANNUAL REPORT
- 03/28/1996 - ANNUAL REPORT
- 05/01/1995 - ANNUAL REPORT

View image in PDF format
CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent

(name)

(Park and Recreation Department)

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

By (Signature)

(name)

(name)

Printed: 09 Jan 2020, 02:08 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:** Tampa Bay CureSearch Walk  
**Entity Name:** CureSearch for Children's Cancer  
**Federal I.D. Number:** 95-4132414

<table>
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<tr>
<th>Event Date(s):</th>
<th>Location:</th>
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<tbody>
<tr>
<td>Day 1 of Event: 10/3/20</td>
<td>Time Gates Open: 9am, Ending Time: 12pm</td>
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<tr>
<td>Day 2 of Event:</td>
<td></td>
</tr>
<tr>
<td>Day 3 of Event:</td>
<td></td>
</tr>
</tbody>
</table>

**Application Prepared by:** Cassie Zedlacher  
**Phone:** 240-235-2212

**Title:** Manager, Campaign Development  
**Cell Phone:** 804-350-8066

**Address:** 4800 Hampden Lane, Suite 200, PMB 64  
**City:** Bethesda  
**State:** MD  
**Zip:** 20814

**Email Address:** cassie.zedlacher@curesearch.org

**Additional Contact Person:** Jennifer Murphy  
**Day Phone:** 240-235-2211

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

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

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

**Describe your event with details.**

CureSearch is a national non-profit that raises money to support pediatric cancer research. Building on 30 years of experience, CureSearch is leading the development of better, less-toxic treatments for the 40,000 children who undergo treatment each year. CureSearch Walk brings together communities in the fight against pediatric cancer. We walk to celebrate the kids who beat cancer, to support those currently fighting, and to remember those who lost their battle. Setup will begin at 7:00 AM, registration at 9:00 AM, and the event will begin at 10:00 AM. We'll have an opening ceremony followed by a one mile walk. We'll have family friendly activities such as face painting, dancers, music, a silent auction, and more.

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

Pediatric patients, families, hospital staff, and supporters will come to the walk; in which many will visit shops, have breakfast/lunch in the area and experience the park.

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

**Does your group presently have liability insurance?** ☑ YES ☐ NO  
**How much?** $3 million general aggregate, $13,200

**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.curesearchevents.org/TampaBay

Please provide a phone number that can be advertised to the public.  
240-235-2212

**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>50</td>
<td>350</td>
<td>200</td>
</tr>
</tbody>
</table>

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

Recreation Equipment
Showmobile (Yes/No) TBD

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

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

Public Address System TBD

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

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

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

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

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

Name: Cassie Zedlacher
Co-Sign: Title: Manager, Campaign Development

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

<table>
<thead>
<tr>
<th>Condition</th>
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<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>
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<tr>
<td>Vendors / Exhibitors</td>
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</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>
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<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>
</tr>
<tr>
<td>Pyrotechnics</td>
<td>Fireworks Permit</td>
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<tr>
<td>Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
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<td>VIP Area</td>
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<tr>
<td>Staging</td>
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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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<td>Off-site Parking / Shuttle</td>
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<tr>
<td>Semitruck / Tractor Trailer</td>
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</tr>
<tr>
<td>How many?</td>
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<tr>
<td>What type?</td>
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<tr>
<td>What structure?</td>
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<td>Regular Units</td>
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<tr>
<td>Disabled Units</td>
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<tr>
<td>Hand Washing</td>
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Marketing: Please check all that apply.

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

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

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

If YES, check all that apply.

☐ RV’s  ☐ Coffee Vendors  ☐ Ice Bins  ☐ Freezers  ☐ Ice Cream Vendors  ☐ Catering Trucks

☐ Other:

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

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: Cassie Zedlacher

Address (including zip): 4800 Hampden Lane Suite 200, PMB 64, Bethesda, MD 20814

Phone: 240-235-2212

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

Family friendly music, 1 stage, TBD on bands - most likely DJ

List Vending Products. Name & Provider.

N/A

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

N/A

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

Oncologists, RNs, patients, family members, event sponsors. Supporting CureSearch and it's mission.

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

7am load in
2pm load out

Reserved parking needed for staff/equipment delivery. Will use parking lot near Walter Fuller Park Recreation Center.
Other Comments: Please describe your fee structure.

$60 - $30 application fee and a $30 park fee

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: Cassie Zedlacher     Title: Manager, Campaign Development     Date: 1/6/20
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.

Name of the **Nonprofit** Corporation: CureSearch for Children's Cancer

Name of Responsible Party (President or CEO ONLY): Kay Koehler

Title of Responsible Party: CEO

Physical Address of Responsible Party: 4800 Hampden Lane Suite 200, PMB 64 Bethesda, MD 20814

Phone Number of Responsible Party: 

Email Address of Responsible Party: kay.koehler@curesearch.org

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
- [ ] BY EMAIL

Contact Name
Address
City, State, Zip

Email Address: cassie.zedlacher@curesearch.org
# APPENDIX C

## STATEMENT OF REVENUE AND EXPENSES FORM

**PRIOR YEAR’S EVENT**

(Must be completed)

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

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**TOTAL GROSS REVENUE**

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

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**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

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

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

**TOTAL ALLOCATION OF NET INCOME**

---

Prepared by: Cassie Zedlacher, Manager, Campaign Development

Date: Jan 6, 2020
CURESEARCH FOR CHILDRENS CANCER
CANCER RESEARCH FOR CHILDREN
4600 EAST WEST HWY STE 600
BETHESDA MD 20814

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

Dear Taxpayer:

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

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

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

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

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

Sincerely yours,

Susan M. O'Neill
Susan M. O'Neill, Department Mgr.
Accounts Management Operations
Florida Department of State

Division of Corporations

Detail by Entity Name
Foreign Not For Profit Corporation
CURESEARCH FOR CHILDREN'S CANCER CORPORATION

Filing Information
Document Number: F13000001666
FEI/EIN Number: 95-4132414
Date Filed: 04/16/2013
State: CA
Status: ACTIVE
Last Event: NAME CHANGE AMENDMENT
Event Date Filed: 10/04/2016
Event Effective Date: NONE

Principal Address
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Mailing Address
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Registered Agent Name & Address
REGISTERED AGENTS LEGAL SERVICES, LLC
155 OFFICE PLAZA DR SUITE A
TALLAHASSEE, FL 32301

Officer/Director Detail
Name & Address

Title CEO
Koehler, Kay
4600 East West Highway
Suite 600
Bethesda, MD 20814

Title Chairman
SIEGEL, STUART, MD
4600 East West Highway
Suite 600
Bethesda, MD 20814

Florida Department of State

Division of Corporations
Title Treasurer
Rose, Walt
4600 East West Highway Suite 600
Bethesda, MD 20814

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

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

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

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

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

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

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

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

Title Director

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

Title Director

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

Title Director

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

Title Director

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

Title Director

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

Title Director

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

Title COO

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

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>01/16/2018</td>
</tr>
<tr>
<td>2018</td>
<td>09/20/2018</td>
</tr>
<tr>
<td>2019</td>
<td>04/24/2019</td>
</tr>
</tbody>
</table>

Document Images
Purpose of Use: TAMPA BAY CURESEARCH WALK

Expected: 400

Co-Sponsored Event

Contract Balance $60.00

Facility/Equipment: Walter Fuller Park

Day: Sat
Date: 03 Oct 2020
Time: 06:00 AM - 09:00 PM

Fee: $0.00
Extra Fee: $30.00
Tax: $0.00
Total: $30.00

Extra Fee - Bookings

Application Processing Fee - Parks

Hours: 15:00
Quantity: 1
Charge: $30.00
Tax: $0.00
Total: $30.00

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): CASSIE ZEDLACHER
(Print Name) CURESEARCH FOR CHILDRENS CANCER
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent
(Print Name) Parks and Recreation Department
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 Walk Like MADD Pinellas  
**Phone No.:** 8139352676  
**Fax No.:**  
**Entity Name:** Mothers Against Drunk Driving  
**Federal I.D. Number:** 94-2707273  
**Event Date(s):** October 10, 2020  
**Location:** Albert Whitted Park  
**Day 1 of Event:** 10/10/2020  
**Time Gates Open:** 8am  
**Ending Time:** 11am  
**Day 2 of Event:**  
**Time Gates Open:**  
**Ending Time:**  
**Day 3 of Event:**  
**Time Gates Open:**  
**Ending Time:**  
**Application Prepared by:** Larry E. Coggins, Jr.  
**Phone:** 8139352676x7285  
**Title:** Executive Director  
**Cell Phone:** 8638603263  
**Address:** 13902 North Dale Mabry Highway Suite 239  
**City:** Tampa  
**State:** FL  
**Zip:** 33618  
**Email Address:** larry.coggins@madd.org  
**Additional Contact Person:** Sharon Hall  
**Day Phone:** 8139352676x7283  
**What month/year were you incorporated as nonprofit?** November 1986  
**List all 501(c)3 entities that will benefit from this event.** MADD & other local non-profits who attend as a vendor  
**Name of the for-profit entity?** N/A  

**Describe your event with details.**

MADD is the nation's oldest and largest non-profits dedicated solely to eliminating impaired driving, supporting law enforcement's DUI enforcement initiatives, providing education and out reach in local schools and civic organizations, and providing victim support and advocacy for the victims. Our programs have in Pinellas County for over 30 years and holding this event in the City of St Petersburg for a 3rd year in a row has allowed us to find a permanent home for this annual event, now in it's 10th year that raises the necessary funds to continue MADD's mission in Pinellas County. The 1 mile memorial walk remembers the local victims and brings awareness to the community.

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

The event will draw over 300 people that participate in the walk and another 100 + that attend as a volunteer/attendee. MADD staff and volunteers, as well as some attendees, stay in local hotels for the event and local food establishments are utilized for events and meetings leading up to the event.

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

<table>
<thead>
<tr>
<th>Does your group presently have liability insurance?</th>
<th>YES</th>
<th>NO</th>
<th>How much?</th>
<th>1,000,000/2,000,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there plans to sell or distribute beer/wine at your event?</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will there be an admission / registration fee?</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Fee:</td>
<td>20.00</td>
<td>Day of:</td>
<td>25.00</td>
<td></td>
</tr>
</tbody>
</table>

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

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

What is the estimated attendance for this event? Spectators 100  
Participants 300  
Last Year's Total Attendance 325
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>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: Larry E. Coggins, Jr. Date: 01/13/2020
Co-Sign: Sharon Hall Date: 01/13/2020

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

PLEASE ATTACH THE FOLLOWING

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

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

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

Marketing: Please check all that apply.

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

Page 3 of 8
Electrical Requirements:

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

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

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

N/A

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

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

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

N/A

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

Name: MADD Phone: 813-935-2676

Address (including zip): 13902 N Dale Mabry Hwy Suite 239 Tampa, FL 33618

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

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

List Vending Products. Name & Provider.

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

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

N/A

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

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

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

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

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

Other comments:
Walk route will be same as in year's past and will not interfere with local street/traffic.

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

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

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

Name: Larry E. Coggins, Jr. Title: Executive Director Date: 01/13/2020
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>Mothers Against Drunk Driving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Adam Vanek</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>511 W John Carpenter Freeway Suite 700 Irving, TX 75062</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>469-420-4554</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:adam.vanek@madd.org">adam.vanek@madd.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>94-2707273</td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer?

- [x] BY EMAIL

Contact Name
Address
City, State, Zip

Email Address: larry.coggins@madd.org
### APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: 2019 Walk Like MADD Pinellas
Date(s) of Event: 10/12/2019 - 10/12/2019

---

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. Sponsorships</td>
<td>$17,000.00</td>
</tr>
<tr>
<td>2. Registration Fees</td>
<td>$3,922.00</td>
</tr>
<tr>
<td>3. Participant Donations</td>
<td>$20,844.00</td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE** $41,766.00

---

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. City of St. Petersburg</td>
<td>$230.00</td>
</tr>
<tr>
<td>2. City of St. Petersburg Police Dept.</td>
<td>$30.00</td>
</tr>
<tr>
<td>3. City of St. Petersburg Leisure Serv.</td>
<td>$1,176.57</td>
</tr>
<tr>
<td>4. Port-A-Potty</td>
<td>$438.00</td>
</tr>
<tr>
<td>5. Event Shirts</td>
<td>$1,426.00</td>
</tr>
<tr>
<td>6. DJ Services</td>
<td>$550.00</td>
</tr>
<tr>
<td>7. Staff Mileage</td>
<td>$587.00</td>
</tr>
<tr>
<td>8. Staff Meals</td>
<td>$435.00</td>
</tr>
<tr>
<td>9. Miscellaneous (banners, lodging, supplies)</td>
<td>$745.00</td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES** $5,617.57

**TOTAL NET INCOME** $36,148.43

---

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. Community Outreach and Education</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>2. Victim Advocacy</td>
<td>$16,000.00</td>
</tr>
<tr>
<td>3. Law Enforcement Support, training, and recognition</td>
<td>$7,500.00</td>
</tr>
<tr>
<td>4. Program Materials</td>
<td>$2,648.43</td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME** $36,148.43

---

Prepared by: Larry E. Coggins, Jr.  
Date: 01/13/2020
Florida Department of State

Division of Corporations

Detail by Entity Name
Foreign Not For Profit Corporation
MOTHERS AGAINST DRUNK DRIVING, INC.

Filing Information

Document Number: P11459
FEI/EIN Number: 94-2707273
Date Filed: 09/18/1986
State: DC
Status: ACTIVE
Last Event: EVENT CONVERTED TO
NOTES
Event Date Filed: 09/18/1986
Event Effective Date: 09/18/1986

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

Changed: 04/20/2009

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

Changed: 04/20/2009

Registered Agent Name & Address
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name Changed: 06/25/2018

Address Changed: 06/25/2018

Officer/Director Detail
Name & Address

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

Title Secretary, Director

McCartt, Anne
511 E. JOHN CARPENTER FRWY. 700
IRVING, TX 75062

Title PRESIDENT

Witty, Helen
511 E. JOHN CARPENTER FREEWY #700
IRVING, TX 75062

Title CFO

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

Title COO

Knox, Vicki
511 E. JOHN CARPENTER FREEWY #700
IRVING, TX 75062

Title VC, Director

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

Title Director

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

Title Director

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

Title Director

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

Title Director

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

Title Director

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

Title Director

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

Title Director

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

Title Director

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

Title Director, Treasurer

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

Title Director

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

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

Title Director

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

Title Chief Government Affairs Officer

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

Title Senior Director of Integrated Marketing

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

Title General Counsel

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

Title Director

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

Title Director

Hutchinson, Nicole
511 E. John Carpenter Fwy
Suite 700
Irving, TX 75062

Title CEO
Vanek, Adam  
511 E JOHN CARPENTER FRWY  
STE 700  
IRVING, TX 75062  

Annual Reports  

<table>
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Document Images  

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

Purpose of Use: 2020 WALK LIKE MAD PINELLAS  
Expected: 400  
Co-Sponsored Event

<table>
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<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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<td>09 Oct</td>
<td>06:00 am</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
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<tr>
<td>Park</td>
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Additional Fees:

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<td>$0.00</td>
<td>$0.00</td>
<td>$230.00</td>
<td>$230.00</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): LARRY COGGINS JR  
(Print Name) MOTHERS AGAINST DRUNK DRIVING  
Name of User Organization, If Applicable  

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): ____________________________  
(Park and Recreation Superintendent)

By (Sign Name): ____________________________  
(Park and Recreation Department)
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: Girls on the Run 5K - 2020 Fall
Entity Name: Girls on the Run Greater Tampa Bay
Event Date(s): December 5, 2020
Day 1 of Event: December 5, 2020
Time Gates Open: 7 AM
Ending Time: 11 AM
Day 2 of Event: Time Gates Open:
Ending Time:
Day 3 of Event: Time Gates Open:
Ending Time:

Application Prepared by: Laura Moore
Title: Executive Director
Address: 2519 N McMullen Booth, Suite 510145
Email Address: laura.moore@girlsontherun.org
What month/year were you incorporated as nonprofit? 2008
List all 501(c)(3) entities that will benefit from this event. Girls on the Run Greater Tampa Bay
How many supporters in attendance? 12000

Describe your event with details.
The Girls on the Run 5K Series is the largest 5K series in the country, with over 350 5K events held by GOTR Councils each year across the country! Our local Girls on the Run 5K is the most joyful 5K around! Held twice per year, our 5K is the culmination of our 10 week program and is open to the public for EVERYONE: girls, boys, young and old, and all abilities! We encourage walking, running, skipping, cartwheeling even dancing! to move forward. We anticipate over 300 GOTR girls, 800 Running Buddies, and over 400 Community Runners to joyfully cross our Finish Line at EACH EVENT. In addition, the event will draw hundreds of spectators including families, GOTR coaches, and friends, as well as community volunteers (100+) and supporters.

Describe what economic benefit and impact this event will bring to St. Petersburg.
All funds raised from the GOTR 5K go into our Scholarship Fund, so that all girls have the opportunity to participate in our life-changing program. In our 2019 Fall Season, over 50% of our 809 girls received scholarships. By providing this financial assistance, we remove the financial burden from participants, roughly one-third of which live in Pinellas County and include the following St. Pete schools: Sanderlin, Meadowlawn, Perkins, Woodlawn, Canterbury, Admiral Farragut, and Lakewood. The GOTR 5K brings participants from 70+ locations across Greater Tampa Bay (Hillsborough, Pasco, Pinellas and Sarasota Counties) to St. Pete, where many stay overnight in hotels, eat in restaurants, shop in local stores, visit local attractions and pay for street parking. We intentionally promote the city to our participants and their families to take advantage of all that St. Pete has to offer when they come for our event.
Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? YES NO
Are there plans to sell or distribute beer/wine at your event? YES NO
Will there be an admission / registration fee? YES NO
Advanced Fee: $30 Day of: $30
Please provide the website address for your event: www.gotrtampa.org/5K
Please provide a phone number that can be advertised to the public: (813) 832-2826
What is the estimated attendance for this event? Spectators 800 Participants 2000 Last Year’s Total Attendance 2500
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

<table>
<thead>
<tr>
<th>Showmobile (Yes/No)</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td># Bleacher(s) needed: Each bleacher approx. 180 people</td>
<td>1</td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>55</td>
</tr>
<tr>
<td>Chairs # needed</td>
<td>0</td>
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<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>

Special Events Facilities

<table>
<thead>
<tr>
<th>Non-City Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which Location?</td>
</tr>
<tr>
<td>Albert Whitted Park</td>
</tr>
</tbody>
</table>

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: Laura Moore
Title: Executive Director
Co-Sign: 
Title: 
Date: 1/13/20

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>
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<tr>
<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>
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<tr>
<td>☒ Vendors / Exhibitors</td>
<td>Alcohol Permit Additional insurance Required</td>
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<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>
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<tr>
<td>☒ Fence Installation</td>
<td>Temporary Structure Permit</td>
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<tr>
<td>☒ Other Structures</td>
<td>Fire Inspection Permit</td>
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<tr>
<td>☒ Open Flame Food Preparation</td>
<td>Fireworks Permit</td>
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<tr>
<td>☒ Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
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<tr>
<td>☒ VIP Area</td>
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<tr>
<td>☒ Staging</td>
<td>☐ Professional ☐ Showmobile ☐ Other</td>
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<tr>
<td>☒ Amplified Sound</td>
<td>☐ Performers ☐ Announcement Only</td>
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<tr>
<td>☒ Security</td>
<td>☐ Daytime - Private ☐ Overnight - Private ☐ Event Time Frame - SPPD</td>
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<tr>
<td>☒ Sanitary Facilities - Port-O-Lets</td>
<td>Regular Units ☐ 20 Disabled Units ☐ Hand Washing</td>
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<tr>
<td>☒ Off-site Parking / Shuttle</td>
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<tr>
<td>☒ Semitruck / Tractor Trailer</td>
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Marketing: Please check all that apply.

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

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

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

If YES, check all that apply. □ 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 □ 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?

<table>
<thead>
<tr>
<th>Name:</th>
<th>Girls on the Run Greater Tampa Bay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone:</td>
<td>(813) 832-2826</td>
</tr>
<tr>
<td>Address (including zip):</td>
<td>2519 N McMullen Booth, Suite 510145, Clearwater, FL 33761</td>
</tr>
</tbody>
</table>

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

We will have a DJ with speakers playing radio-friendly Top 40 hits

List Vending Products. Name & Provider.

| Tampa Bay Rays - Mascot Raymond, Tampa Bay Lightning- Street Team, Tampa Bay Rowdies - Street Team, FOX Sports Sun, PowerCrunch, Go Go Squeeze, MedExpress, Pure Barre and additional pending. |

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

n/a

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

GOTR will make an opening speech to welcome participants to event, honor selected Volunteer Coaches and invite 1-2 sponsors to also welcome the participants. GOTR will address the crowd again at the start of the 5k and once more at the end of the event thanking all for attending.

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

GOTR will begin setting up our Race Village (including Registration, Packet Pick Up Tents, etc.) and our Start/Finish Chute (barricades, signage, truss) on Friday 12/4. We will finish the set up on Saturday morning 12/5 (starting at 4:30 AM) to be ready for our participants at 7 AM. The event will be entirely cleaned up by 1 pm on 12/5.
The GOTR 5k Registration fee is $30, which includes entry, medal, t-shirt and swag bag. We offer a $5 discount to parents/guardians that have a girl currently enrolled in the program to encourage early online registration. Discount codes are not accepted on race morning.

Girls on the Run inspires girls to recognize their inner strength and celebrate what makes them one of a kind. Trained coaches lead small teams through our research-based curricula which includes dynamic discussions, activities and running games. Over the course of the ten-week season, girls in 3rd-8th grade develop essential skills to help them navigate their worlds and establish a lifetime appreciation for health and fitness. Each season culminates with girls positively impacting their communities through a service project and being physically and emotionally prepared to complete the Girls on the Run 5K. Completing the 5K gives the girls a tangible sense of achievement as well as a framework for setting and achieving life goals - making the seemingly impossible, possible.

We have hosted our last SEVEN 5k events in St. Petersburg (getting bigger each season) and have been absolutely THRILLED with our experience! The venue consistently exceeds both ours and our participant highest expectations. As we work towards our goal of a Disney-caliber race, we believe that the City of St. Pete is our partner and the most incredible home for our event.

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

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

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

Name: Laura Moore  Title: Executive Director  Date: 1/13/20
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>Girls on the Run Greater Tampa Bay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Laura Moore</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>2519 N McMullen Booth, Suite 510145, Clearwater, FL 33761</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>(813) 832-2826</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:laura.moore@girlsontherun.org">laura.moore@girlsontherun.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>82-1793509</td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer?

- [ ] BY Mail
- [ ] BY EMAIL
  
  Contact Name
  
  Address
  
  City, State, Zip
  
  Email Address: laura.moore@girlsontherun.org

Page 7 of 8
## APPENDIX C

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR'S EVENT**

(Must be completed)

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>Girls on the Run SK-2020 Fall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Event:</td>
<td>Dec 5, 2020</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 Fees</td>
<td>$23,000.00</td>
</tr>
<tr>
<td>2. Individual Donations</td>
<td>$1,200.00</td>
</tr>
<tr>
<td>3. GOTR Merch</td>
<td>$6,000.00</td>
</tr>
<tr>
<td>4. In-Kind Donations</td>
<td>$500.00</td>
</tr>
<tr>
<td>5. Sponsors</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**

$40,700.00

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Race Village Supplies</td>
<td>$2,800.00</td>
</tr>
<tr>
<td>2. T-Shirts</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>3. Medals</td>
<td>$2,800.00</td>
</tr>
<tr>
<td>4. Bibs</td>
<td>$800.00</td>
</tr>
<tr>
<td>5. DJ</td>
<td>$500.00</td>
</tr>
<tr>
<td>6. Rentals (Port-O-Lets, Barricades, Cones, Tables, etc.)</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>7. Marketing</td>
<td>$500.00</td>
</tr>
<tr>
<td>8. Police/Permits</td>
<td>$9,000.00</td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**

$24,400.00

**TOTAL NET INCOME**

$16,300.00

### 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. Girls on the Run Scholarships</td>
<td>$16,300.00</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**

$16,300.00

Prepared by: Laura Moore

Date: Jan 13, 2020
2020 FALL EVENT

January 13, 2020

Dear Co-Sponsor Committee,

We are so excited to apply to host our Girls on the Run 5K 2020 Fall event again in the gorgeous City of St. Petersburg! Please note: We have applied for December 5, 2020 as our preferred date. However, it is our understanding that the Boat Show may impact that day. In order, we would next prefer: December 12, 2020 or November 14, 2020.

Enclosed are the following items:

- Co-Sponsor Event Application
- 5K Route
- Race Village Map
- Event Timeline
- 501(c)3 Letter of Determination
- Application Fee Check
- Park Permit Fee Check
- Recap Report from 2019 Fall Event

Thank you for being our Partner in inspiring girls to be joyful, healthy and confident.

Sincerely,

Laura Moore
Executive Director
Girls on the Run 5K Run of Show

**Friday 12/4**
12:00 PM Port-O-Lets delivered
1:00 PM Barricades & Truss Set Up
3:00 PM Race Village tents and Stage set up

**Saturday 12/5**

<table>
<thead>
<tr>
<th>Time</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:30 AM</td>
<td>Arrive, walkies/gear handed out, break into Village and Course teams</td>
</tr>
<tr>
<td>4:40 AM</td>
<td>Set up Race Village</td>
</tr>
<tr>
<td>6:00 AM</td>
<td>Volunteers/Vendors begin arriving</td>
</tr>
<tr>
<td>6:45 AM</td>
<td>Committee Captains and Volunteers in place at stations</td>
</tr>
<tr>
<td>7:00 AM</td>
<td>Race Village opens</td>
</tr>
<tr>
<td>7:15 AM</td>
<td>Course Marshal volunteers arrive</td>
</tr>
<tr>
<td>7:30 AM</td>
<td>Course Marshals handed off to Course team for safety briefing and placement</td>
</tr>
<tr>
<td>8:30 AM</td>
<td>Opening Ceremony</td>
</tr>
<tr>
<td>8:50 AM</td>
<td>Teams lined up in chute</td>
</tr>
<tr>
<td>9:00 AM</td>
<td>5K begins</td>
</tr>
<tr>
<td>9:10 AM</td>
<td>Transition from Start to Finish</td>
</tr>
<tr>
<td>9:20 AM</td>
<td>First runner crosses</td>
</tr>
<tr>
<td>10:15 AM</td>
<td>Final runner crosses Immediately begin truss breakdown and re-opening of street</td>
</tr>
<tr>
<td>10:45 AM</td>
<td>Participants leave, venue is cleaned up</td>
</tr>
<tr>
<td>1:00 PM</td>
<td>Clean up complete, exit venue</td>
</tr>
</tbody>
</table>
November 12, 2019

Girls on the Run Greater Tampa Bay
2519 N McMullen Booth
Suite 510145
Clearwater, FL 33761

RE: EIN 82-1793509

To Whom It May Concern:

This letter is to verify that Girls on the Run Greater Tampa Bay is a subordinate organization in good standing and is covered under Girls on the Run International's Federal Group Tax Exemption Number 6150 as described in Section 501(c)(3) of the Internal Revenue Code. Detailed information regarding the group exemption process is available in IRS Publication 557 (entitled "Tax-Exempt Status for Your Organization" and is available on the IRS website at www.irs.gov/pub/irs-pdf/p557.pdf) and IRS Publication 4573 (entitled "Group Exemptions" and available on the IRS website at www.irs.gov/pub/irs-pdf/p4573.pdf).

How do donors verify that contributions are deductible under section 170 with respect to a subordinate organization in a section 501(c)(3) group exemption ruling? Donors should consult IRS Publication 78, Cumulative List of Organizations described in Section 170(c) of the Internal Revenue Code of 1986, or obtain a copy of the group exemption letter from the central organization. The central organization's listing in Publication 78 will indicate that contributions to its subordinate organizations covered by the group exemption ruling are also deductible, even though most subordinate organizations are not separately listed in Publication 78 or on the EO Business Master File. Donors should then verify with the central organization, by either of the methods indicated above, whether the particular subordinate is included in the central organization's group ruling. The subordinate organization need not itself be listed in Publication 78 or on the EO Business Master File. Donors may rely upon central organization verification with respect to deductibility of contributions to subordinates covered in a section 501(c)(3) group exemption ruling. – Publication 4573, page 4

Enclosed is a copy of the IRS Letter of Determination for the Group Exemption Ruling.
Please only use the FEIN for Girls on the Run Greater Tampa Bay.
(82-1793509). The FEIN listed in the enclosed Letter of Determination is only for Girls on the
Run International and should not be used for local council purposes other than verifying our
group exemption status.

Questions about this exemption should be directed to Heather Blake – hblake@girlsontherun.org.

Sincerely,

Heather Blake
CFO
Girls on the Run International

Enclosure
Internal Revenue Service
P. O. Box 2508
Cincinnati, OH 45201

Date: June 13, 2017

GIRLS ON THE RUN INTERNATIONAL
801 EAST MOREHEAD STREET SUITE 201
CHARLOTTE NC 28202

Dear Sir or Madam:

This is in response to your request dated May 26, 2017, for information about your tax-exempt status.

Our records indicate we issued a determination letter to you in October 2000, and that you're currently exempt under Internal Revenue Code (IRC) Section 501(c)(3).

For federal income tax purposes, donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106 and 2522.

Please refer to www.irs.gov/charities for information about filing requirements. Specifically, IRC Section 6033(j) provides that, if you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

In addition, each subordinate organization is subject to automatic revocation if it doesn't file a required return or notice for three consecutive years. Subordinate organizations can file required returns or notices individually or as part of a group return.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

Sincerely yours,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements
Detail by Entity Name
Florida Not For Profit Corporation
GIRLS ON THE RUN GREATER TAMPA BAY, INC.

Filing Information
Document Number: N17000006989
FEI/EIN Number: 82-1793509
Date Filed: 07/06/2017
Effective Date: 08/01/2017
State: FL
Status: ACTIVE

Principal Address
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Mailing Address
801 EAST MOREHEAD STREET
SUITE 201
CHARLOTTE, NC 28202

Registered Agent Name & Address
MOORE, LAURA
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Officer/Director Detail
Title Treasurer
Berger, Erin
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Chairman
Bruner, Christie
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759
Title Director

Agler, Jeremy, Dr.
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Barber, Melissa
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Burns, Kelli
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Blouvet, Kristy
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Howey, Jean
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Nehls, Courtney
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Noordstar, Christina
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Washington, Kim
1550 NORTH MCMULLEN BOOTH ROAD  
SUITE F3 #145  
CLEARWATER, FL 33759  

Title Director  
McGraw, Keara  
2519 N MCMULLEN BOOTH ROAD  
SUITE 510145  
Clearwater, FL 33761  

Title Director  
Lamore, Katie  
2519 N MCMULLEN BOOTH ROAD  
SUITE 510145  
Clearwater, FL 33761  

Title Secretary  
Collins, Jill  
2519 N MCMULLEN BOOTH ROAD  
SUITE 510145  
Clearwater, FL 33761  

Title CFO - Girls on the Run International  
Blake, Heather  
801 E. Morehead Street  
Suite 201  
Charlotte, NC 28202  

<table>
<thead>
<tr>
<th>Annual Reports</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Year</td>
<td>Filed Date</td>
</tr>
<tr>
<td>2018</td>
<td>02/01/2018</td>
</tr>
<tr>
<td>2019</td>
<td>05/14/2019</td>
</tr>
</tbody>
</table>

Document Images  
02/01/2018 - ANNUAL REPORT  
View image in PDF format  
05/14/2019 - ANNUAL REPORT  
View image in PDF format  
07/06/2017 - Domestic Non-Profit  
View image in PDF format  

Florida Department of State, Division of Corporations
GIRLS ON THE RUN INTERNATIONAL GOTR TA
LAURA MOORE
2519 N McMULLEN BOOTH STE 510-145
CLEARWATER FL 33761 USA

Purpose of Use: GIRLS ON THE RUN 5K - 2020 FALL
Expected: 2,500
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 04 Dec 20 12:00 am
Ending: Sat 05 Dec 20 11:59 pm

Facility/Equipment
Day Date Time Fee Extra Fee Tax Total
Special Programs
Fri 04 Dec 2020 12:00 AM $0.00 $200.00 $0.00 $200.00
Special Event
05 Dec 2020 11:59 PM

Additional Fees:
Extra Fee
Co-Sponsored Application Fee 1 $30.00 $0.00 $0.00 $30.00
Extra Fee - Bookings
Hours Quantity Charge Tax Total
Co-Sponsored Permit Fee 47:59 1 $200.00 $0.00 $200.00
1 $200.00 $0.00 $200.00

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

Balance of rental due and payable immediately.

Payments:
Date Amount Payment Type Reference Receipt Number
17 Jan 2020 $30.00 Check Rental 3508987
17 Jan 2020 $200.00 Check Rental 3508987

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

By (Sign Name): LAURA MOORE
(Print Name) GIRLS ON THE RUN INTERNATIONAL GOTR TA
Name of User Organization, If Applicable

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

Printed: 17 Jan 2020, 03:35 PM
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: Girls on the Run 5K - 2021 Spring
Entity Name: Girls on the Run Greater Tampa Bay
Date Received: 1/14/20
Check or Cash: 9
Application #: 2427
Packet #: 
Permit #: 

Event Date(s): May 1, 2021
Day 1 of Event: 5/1/2021
Time Gates Open: 7 AM
Ending Time: 11 AM
Day 2 of Event:
Time Gates Open:
Ending Time:
Day 3 of Event:
Time Gates Open:
Ending Time:

Application Prepared by: Laura Moore
Title: Executive Director
Phone: (813) 832-2826
Fax No.: 
Federal l.D. Number: 82-1793509

Address: 2519 N McMullen Booth, Suite 510145
City: Clearwater
State: FL
Zip: 33761

Email Address: laura.moore@girlsontherun.org

What month/year were you incorporated as nonprofit? 2008

List all 501(c)3 entities that will benefit from this event. Girls on the Run Greater Tampa Bay

Name of the for-profit entity? n/a

Describe your event with details.

The Girls on the Run 5K Series is the largest 5K series in the country, with over 350 5k events held by GOTR Councils each year across the country! Our local Girls on the Run 5K is the most joyful 5k around! Held twice per year, the culmination of our 10 week program and is open to the public for EVERYONE: girls, boys, young and old, encourage walking, running, skipping, cartwheeling even dancing! to move forward. We anticipate over 900 GC Running Buddies, and over 400 Community Runners to joyfully cross our Finish Line at EACH EVENT. In addition, we will draw hundreds of spectators including families, GOTR coaches, and friends, as well as community volunteer supporters.

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

All funds raised from the GOTR 5K go into our Scholarship Fund, so that all girls have the opportunity to participate in our life-changing program. In our 2019 Fall Season, over 50% of our 809 girls received scholarships. By providing this financial assistance, we remove the financial burden from participants, roughly one-third of which live in Pinellas County and include the following St. Pete schools: Sanderlin, Meadowlawn, Perkins, Woodlawn, Canterbury, Admiral Farragut, and Lakewood. The GOTR 5K brings participants from 70+ locations across Greater Tampa Bay (Hillsborough, Pasco, Pinellas and Sarasota Counties) to St. Pete, where many stay overnight in hotels, eat in restaurants, shop in local stores, visit local attractions and pay for street parking. We intentionally promote the city to our participants and their families to take advantage of all that St. Pete has to offer when they come for our event.

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

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

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

Will there be an admission / registration fee? YES NO
Advanced Fee: $30 Day of: $30

Please provide the website address for your event: www.gotrtampa.org/5K

Please provide a phone number that can be advertised to the public. (813) 832-2826

What is the estimated attendance for this event? Spectators 800 Participants 2000 Last Year's Total Attendance 2500
Please check the equipment and/or facilities you are requesting.

Recreation Equipment:
- Showmobile (Yes/No) [ ] No
- # Bleachers needed. Each bleacher approx. 180 people [ ] 1
- Tables (6 ft) # needed [ ] 55
- # of portable risers needed (4 in. x 8 in. x 16 in. sections) [ ] 0

Special Events Facilities:
- Mahaffey Theater
- Coliseum
- Sunken Gardens
- Boyd Hill

Public Address System [ ]

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

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

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

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

Name: Laura Moore
Co-Sign: [ ]
Title: Executive Director
Date: 1/13/20

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

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

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

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

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

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

n/a

Will you supply your own generators? □ YES □ NO

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

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

No

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

Name: Girls on the Run Greater Tampa Bay Phone: (813) 832-2826

Address (including zip): 2519 N McMullen Booth, Suite 510145, Clearwater, FL 33761

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

We will have a DJ with speakers playing radio-friendly Top 40 hits

List Vending Products. Name & Provider.

Tampa Bay Rays - Mascot Raymond, Tampa Bay Lightning- Street Team, Tampa Bay Rowdies - Street Team, FOX Sports Sun, PowerCrunch, Go Go Squeeze, MedExpress, Pure Barre and additional pending.

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

n/a

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

GOTR will make an opening speech to welcome participants to event, honor selected Volunteer Coaches and invite 1-2 sponsors to also welcome the participants. GOTR will address the crowd again at the start of the 5k and once more at the end of the event thanking all for attending.

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

GOTR will begin set up our Race Village (including Registration, Packet Pick Up Tents, etc.) and our Start/Finish Chute (barricades, signage, truss) on Friday 4/30. We will finish the set up on Saturday morning 5/1 (starting at 4:30 AM) to be ready for our participants at 7 AM. The event will be entirely cleaned up by 1 pm on 5/1.
The Girls on the Run registration fee is $30, which includes entry, medal, t-shirt and swag bag. We offer a $5 discount to parents/guardians that have a girl currently enrolled in the program to encourage early online registration. Discount codes are not accepted on race morning.

Other comments:

Girls on the Run inspires girls to recognize their inner strength and celebrate what makes them one of a kind. Trained coaches lead small teams through our research-based curricula which includes dynamic discussions, activities and running games. Over the course of the ten-week season, girls in 3rd-8th grade develop essential skills to help them navigate their worlds and establish a lifetime appreciation for health and fitness. Each season culminates with girls positively impacting their communities through a service project and being physically and emotionally prepared to complete the Girls on the Run 5K. Completing the 5K gives the girls a tangible sense of achievement as well as a framework for setting and achieving life goals - making the seemingly impossible, possible.

We have hosted our last SEVEN 5K events in St. Petersburg (getting bigger each season!) and have been absolutely THRILLED with our experience! The venue consistently exceeds both ours and our participant highest expectations. As we work towards our goal of a Disney-caliber race, we believe that the City of St. Pete is our partner and the most incredible home for our event.

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

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

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

Name: Laura Moore  Title: Executive Director  Date: 1/13/20
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>Girls on the Run Greater Tampa Bay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Laura Moore</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>2519 N McMullen Booth, Suite 51014S, Clearwater, FL 33761</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>(813) 832-2826</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:laura.moore@girlsontherun.org">laura.moore@girlsontherun.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>82-1793509</td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer?

- [ ] BY Mail
- [X] BY EMAIL

Contact Name: 
Address: 
City, State, Zip: 
Email Address: laura.moore@girlsontherun.org
APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: Girls on the Run 5K - 2020 Fall
Date(s) of Event: 6/1/2021

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Fees</td>
<td>$23,000.00</td>
</tr>
<tr>
<td>Individual Donations</td>
<td>$1,200.00</td>
</tr>
<tr>
<td>GOTR Merch</td>
<td>$6,000.00</td>
</tr>
<tr>
<td>In-Kind Donations</td>
<td>$500.00</td>
</tr>
<tr>
<td>Sponsors</td>
<td>$10,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL GROSS REVENUE</td>
<td>$40,700.00</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>Race Village Supplies</td>
<td>$2,800.00</td>
</tr>
<tr>
<td>T-Shirts</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>Medals</td>
<td>$2,800.00</td>
</tr>
<tr>
<td>Bibs</td>
<td>$800.00</td>
</tr>
<tr>
<td>DJ</td>
<td>$500.00</td>
</tr>
<tr>
<td>Rentals (Port-O-Lets, Barricades, Cones, Tables, etc.)</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>Marketing</td>
<td>$500.00</td>
</tr>
<tr>
<td>Police/Permits</td>
<td>$9,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td>$24,400.00</td>
</tr>
<tr>
<td>TOTAL NET INCOME</td>
<td>$16,300.00</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>Girls on the Run Scholarships</td>
<td>$16,300.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL ALLOCATION OF NET INCOME</td>
<td>$16,300.00</td>
</tr>
</tbody>
</table>

Prepared by: Laura Moore
Date: Jan 13, 2020
2021 SPRING EVENT

January 13, 2020

Dear Co-Sponsor Committee,

We are so excited to apply to host our Girls on the Run 5K 2021 Spring event again in the gorgeous City of St. Petersburg! Enclosed are the following items:

- Co-Sponsor Event Application
- 5K Route
- Race Village Map
- Event Timeline
- 501(c)3 Letter of Determination
- Application Fee Check
- Park Permit Fee Check

Thank you for being our Partner in inspiring girls to be joyful, healthy and confident.

Sincerely,

Laura Moore
Executive Director

Girls on the Run Greater Tampa Bay
2519 N McMullen Booth Road Suite 510145
Clearwater, FL 33761
(813) 832-2826 www.gottampa.org
Girls on the Run 5K
2020 Fall & 2021 Spring
Girls on the Run 5K Run of Show

Friday 12/4
12:00 PM Port-O-Lets delivered
1:00 PM Barricades & Truss Set Up
3:00 PM Race Village tents and Stage set up

Saturday 12/5

<table>
<thead>
<tr>
<th>Time</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:30 AM</td>
<td>Arrive, walkies/gear handed out, break into Village and Course teams</td>
</tr>
<tr>
<td>4:40 AM</td>
<td>Set up Race Village</td>
</tr>
<tr>
<td>6:00 AM</td>
<td>Volunteers/Vendors begin arriving</td>
</tr>
<tr>
<td>6:45 AM</td>
<td>Committee Captains and Volunteers in place at stations</td>
</tr>
<tr>
<td>7:00 AM</td>
<td>Race Village opens</td>
</tr>
<tr>
<td>7:15 AM</td>
<td>Course Marshal volunteers arrive</td>
</tr>
<tr>
<td>7:30 AM</td>
<td>Course Marshals handed off to Course team for safety briefing and placement</td>
</tr>
<tr>
<td>8:30 AM</td>
<td>Opening Ceremony</td>
</tr>
<tr>
<td>8:50 AM</td>
<td>Teams lined up in chute</td>
</tr>
<tr>
<td>9:00 AM</td>
<td>5K begins</td>
</tr>
<tr>
<td>9:10 AM</td>
<td>Transition from Start to Finish</td>
</tr>
<tr>
<td>9:20 AM</td>
<td>First runner crosses</td>
</tr>
<tr>
<td>10:15 AM</td>
<td>Final runner crosses Immediately begin truss breakdown and re-opening of street</td>
</tr>
<tr>
<td>10:45 AM</td>
<td>Participants leave, venue is cleaned up</td>
</tr>
<tr>
<td>1:00 PM</td>
<td>Clean up complete, exit venue</td>
</tr>
</tbody>
</table>
November 12, 2019

Girls on the Run Greater Tampa Bay
2519 N McMullen Booth
Suite 510145
Clearwater, FL 33761

RE: EIN 82-1793509

To Whom It May Concern:

This letter is to verify that Girls on the Run Greater Tampa Bay is a subordinate organization in good standing and is covered under Girls on the Run International’s Federal Group Tax Exemption Number 6150 as described in Section 501(c)(3) of the Internal Revenue Code. Detailed information regarding the group exemption process is available in IRS Publication 557 (entitled “Tax-Exempt Status for Your Organization” and is available on the IRS website at www.irs.gov/pub/irs-pdf/p557.pdf) and IRS Publication 4573 (entitled “Group Exemptions” and available on the IRS website at www.irs.gov/pub/irs-pdf/p4573.pdf).

How do donors verify that contributions are deductible under section 170 with respect to a subordinate organization in a section 501(c)(3) group exemption ruling? Donors should consult IRS Publication 78, Cumulative List of Organizations described in Section 170(c) of the Internal Revenue Code of 1986, or obtain a copy of the group exemption letter from the central organization. The central organization’s listing in Publication 78 will indicate that contributions to its subordinate organizations covered by the group exemption ruling are also deductible, even though most subordinate organizations are not separately listed in Publication 78 or on the EO Business Master File. Donors should then verify with the central organization, by either of the methods indicated above, whether the particular subordinate is included in the central organization’s group ruling. The subordinate organization need not itself be listed in Publication 78 or on the EO Business Master File. Donors may rely upon central organization verification with respect to deductibility of contributions to subordinates covered in a section 501(c)(3) group exemption ruling. – Publication 4573, page 4

Enclosed is a copy of the IRS Letter of Determination for the Group Exemption Ruling.

Girls on the Run International
801 East Morehead Street 704-376-9817 www.girlsontherun.org
Suite 201
Charlotte, NC 28202
Please only use the FEIN for Girls on the Run Girls on the Run Greater Tampa Bay. (82-1793509). The FEIN listed in the enclosed Letter of Determination is only for Girls on the Run International and should not be used for local council purposes other than verifying our group exemption status.

Questions about this exemption should be directed to Heather Blake – hblake@girlsontherun.org.

Sincerely,

Heather Blake
CFO
Girls on the Run International

Enclosure
Dear Sir or Madam:

This is in response to your request dated May 26, 2017, for information about your tax-exempt status.

Our records indicate we issued a determination letter to you in October 2000, and that you're currently exempt under Internal Revenue Code (IRC) Section 501(c)(3).

For federal income tax purposes, donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106 and 2522.

Please refer to www.irs.gov/charities for information about filing requirements. Specifically, IRC Section 6033(j) provides that, if you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

In addition, each subordinate organization is subject to automatic revocation if it doesn't file a required return or notice for three consecutive years. Subordinate organizations can file required returns or notices individually or as part of a group return.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

Sincerely yours,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements
<table>
<thead>
<tr>
<th><strong>Detail by Entity Name</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Florida Not For Profit Corporation</strong></td>
</tr>
<tr>
<td><strong>GIRLS ON THE RUN GREATER TAMPA BAY, INC.</strong></td>
</tr>
</tbody>
</table>

**Filing Information**

<table>
<thead>
<tr>
<th><strong>Document Number</strong></th>
<th>N17000006989</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FEI/EIN Number</strong></td>
<td>82-1793509</td>
</tr>
<tr>
<td><strong>Date Filed</strong></td>
<td>07/06/2017</td>
</tr>
<tr>
<td><strong>Effective Date</strong></td>
<td>08/01/2017</td>
</tr>
<tr>
<td><strong>State</strong></td>
<td>FL</td>
</tr>
<tr>
<td><strong>Status</strong></td>
<td>ACTIVE</td>
</tr>
</tbody>
</table>

**Principal Address**

1550 NORTH MCMULLEN BOOTH ROAD  
SUITE F3 #145  
CLEARWATER, FL 33759

**Mailing Address**

801 EAST MOREHEAD STREET  
SUITE 201  
CHARLOTTE, NC 28202

**Registered Agent Name & Address**

MOORE, LAURA  
1550 NORTH MCMULLEN BOOTH ROAD  
SUITE F3 #145  
CLEARWATER, FL 33759

**Officer/Director Detail**

**Name & Address**

**Title Treasurer**

Berger, Erin  
1550 NORTH MCMULLEN BOOTH ROAD  
SUITE F3 #145  
CLEARWATER, FL 33759

**Title Chairman**

Bruner, Christie  
1550 NORTH MCMULLEN BOOTH ROAD  
SUITE F3 #145  
CLEARWATER, FL 33759
Title Director

Agier, Jeremy, Dr.
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Barber, Melissa
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Burns, Kelli
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Blouvet, Kristy
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Howey, Jean
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Nehls, Courtney
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Noordstar, Christina
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Washington, Kim
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director
McGraw, Keara
2519 N MCMULLEN BOOTH ROAD
SUITE 510145
Clearwater, FL 33761

Title Director
Lamore, Katie
2519 N MCMULLEN BOOTH ROAD
SUITE 510145
Clearwater, FL 33761

Title Secretary
Collins, Jill
2519 N MCMULLEN BOOTH ROAD
SUITE 510145
Clearwater, FL 33761

Title CFO - Girls on the Run International
Blake, Heather
801 E. Morehead Street
Suite 201
Charlotte, NC 28202

Annual Reports
Report Year       Filed Date
2018             02/01/2018
2019             05/14/2019

Document Images
05/14/2019 – ANNUAL REPORT View image in PDF format
02/01/2018 – ANNUAL REPORT View image in PDF format
07/06/2017 – Domestic Non-Profit View image in PDF format

Florida Department of State, Division of Corporations
GIRLS ON THE RUN INTERNATIONAL GOTR TA
LAURA MOORE
2519 N MCMULLEN BOOTH STE 510-145 CLEARWATER FL 33761 USA

Purpose of Use: GIRLS ON THE RUN 5K - 2021 SPRING
Expected: 5,000

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Fri 30 Apr 2021 12:00 AM
Ending: Sat 01 May 2021 11:59 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>Special Programs</td>
<td>Fri</td>
<td>30 Apr 2021</td>
<td>12:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Special Event</td>
<td></td>
<td>01 May 2021</td>
<td>11:59 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Extra Fee - Bookings
- Co-Sponsored Permit Fee: Hours 47:59, Quantity 1, Charge $200.00, Tax $0.00, Total $200.00

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

Balance of rental due and payable immediately.

Payments:
Date | Amount | Payment Type | Reference | Receipt Number
--- | ------ | ------------ | --------- | ---------------
17 Jan 2020 | $30.00 | Check | Rental | 3508987
17 Jan 2020 | $200.00 | Check | Rental | 3508987

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

By (Sign Name): LAURA MOORE
(Print Name) GIRLS ON THE RUN INTERNATIONAL GOTR TA
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Printed: 17 Jan 2020, 03:35 PM
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: Savor St. Pete
Entity Name: Floridata Capital Assets Group, Inc.
Event Date(s): November 7-8, 2020
Location: North Straub Park
Day 1 of Event: November 7, Time Gates Open: 12n, Ending Time: 4p
Day 2 of Event: November 8, Time Gates Open: 2n, Ending Time: 4p
Day 3 of Event: [To be filled in]

Application Prepared by: Tammy Gall
Title: President
Address: 2085 CR 753 S.
City: Webster
State: FL
Zip: 33707
Phone: 813-477-6111
Email Address: tammyg@florida.net

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

List all 501(c)3 entities that will benefit from this event:
Art Institute of Tampa Foundation

Name of the for-profit entity? Floridata Capital Assets Group, Inc.

**Describe your event with details.**

This sensual and exotic culinary event has become the talk of Florida's foodie community - a market where food and libations are an integral part of the social scene of downtown St. Pete.

Savor St. Pete will excite the palate and senses with 180 degree views of stunning Tampa Bay, artfully blending local chef rock stars with national brand partners offering tastes and sips to please every appetite.

Guests will enjoy a weekend of great food, wine, and microbrews while tantalizing your taste buds and soothing your soul. Stay for the weekend and explore all the exciting facets of downtown St. Petersburg. A percentage of ticket sales from the event will benefit The Art Institute of Tampa.

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

The study of the 2019 Savor St. Pete Festival was implemented to document the economic impact of the event. Attendance estimates provided by event organizers indicate that some 3,900 people attended Savor St. Pete over November 2 - 3, 2019. Based on these attendance statistics, the total economic impact of out-of-county visitors to the 2019 event is estimated to be $1,007,400.

This estimate includes the spending of tourist/visitors, people staying with friends and relatives, and day-trippers who traveled to Pinellas for the event.

Event attendees average 41.9 years of age. Respondents report median household incomes of $138,424.

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: $75/$100

Day of: $85/$125

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

Please provide a phone number that can be advertised to the public: [To be filled in]

What is the estimated attendance for this event? Spectators [ ] NA Participants 3,700

Last Year's Total Attendance 3,700

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

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
<th>Non-City Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td>Mahaffey Theater</td>
<td>Which Location?</td>
</tr>
<tr>
<td># Bleacher(s) needed. Each bleacher approx. 180 people</td>
<td>Coliseum</td>
<td>TBD</td>
</tr>
<tr>
<td>Tables (6 ft) # needed 100</td>
<td>Chairs # needed 100</td>
<td></td>
</tr>
<tr>
<td>Public Address System Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of portable risers needed (4 in. x 8 in. x 16 in. sections) 6</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: Tammy Gail
Co-Sign: 
Title: President
Date: 1/6/2020

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

Marketing: Please check all that apply:

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

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

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

Will your event be requesting any variances from City policies or procedures? If YES, please explain.
No

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

Name: Tammy Gail
Address (including zip): 2085 CR 753 S., WEBster FL 33597
Phone: 813-477-6111

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

List Vending Products. Name & Provider.
no vendors will be selling at event

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

Explain subject/purpose of all speeches/demonstrations which will occur.
Cooking demonstrations with national and local chefs

Discuss your load in/load out parking needs. Include times and dates.
Tent set up - November 2nd 8am - Break down - November 8th by 12noon. Parking spaces needed from November 5th-7th at 10pm
I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

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

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

Name: Tammy Gail
Title: President
Date: 1-6-20
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the <strong>Nonprofit</strong> Corporation:</th>
<th>Art Institute of Tampa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Clyde Tanner</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>4401 N Himes Ave #150, Tampa, FL 33614</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>813-393-5391</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:crtanner@aii.edu">crtanner@aii.edu</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>81-5126041</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the <strong>For-profit</strong> Corporation:</th>
<th>Floridata Capital Assets Group, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Tammy Gail</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>2085 CR 753 South, Webster, FL 33597</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>813-477-6111</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:tammyg@floridata.net">tammyg@floridata.net</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td>59-3328318</td>
</tr>
</tbody>
</table>

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

**What method of invoicing would your organization prefer?**

- [x] BY Mail

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Floridata Capital Assets Group, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>2085 CR 753 South</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Webster, FL 33597</td>
</tr>
</tbody>
</table>

- [x] BY EMAIL

| Email Address: | tammyg@floridata.net |

Page 7 of 8
**APPENDIX C**

**STATEMENT OF REVENUE AND EXPENSES FORM**

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

---

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

<table>
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<tr>
<th>Source</th>
<th>Amount</th>
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<tr>
<td>Sponsorships</td>
<td>$175,000.00</td>
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<tr>
<td>Tickets</td>
<td>$155,000.00</td>
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<td><strong>TOTAL GROSS REVENUE</strong></td>
<td><strong>$340,000.00</strong></td>
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### II. EXPENSES (attach sheet if more space is needed)

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<td>$37,000.00</td>
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<tr>
<td>Labor</td>
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<tr>
<td>Charitable donation</td>
<td>$10,000.00</td>
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<tr>
<td>Marketing/Media</td>
<td>$35,000.00</td>
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<tr>
<td>Publix in-store campaign (150 Publix stores)</td>
<td>$50,000.00</td>
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<tr>
<td>Branded Giveaways (wine glasses, tote bags, lanyards, etc)</td>
<td>$18,000.00</td>
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<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td><strong>$185,000.00</strong></td>
</tr>
<tr>
<td><strong>TOTAL NET INCOME</strong></td>
<td><strong>$155,000.00</strong></td>
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### III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

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<tr>
<td><strong>TOTAL ALLOCATION OF NET INCOME</strong></td>
</tr>
</tbody>
</table>

---

Prepared by: Tammy Gail

Date: Jan 16, 2020
FLORIDATA CONTACT:  
Jeannette Adelman - 813.777.0113

OPERATIONS CONTACT:  
Gary Hallas - 561.789.3699
Detail by Entity Name
Florida Profit Corporation
FLORIDA DATA CAPITAL ASSETS GROUP, INC.

Filing Information
Document Number: P95000060025
FEI/EIN Number: 59-3328318
Date Filed: 08/03/1995
State: FL
Status: ACTIVE
Last Event: AMENDMENT
Event Date Filed: 04/01/2019
Event Effective Date: NONE

Principal Address
2085 COUNTY RD 753 SOUTH
WEBSTER, FL 33597

Changed: 01/30/2001

Mailing Address
2085 COUNTY RD 753 SOUTH
WEBSTER, FL 33597

Changed: 01/30/2001

Registered Agent Name & Address
Gail, Tammy
2085 COUNTY RD 753 S
WEBSTER, FL 33597

Name Changed: 01/23/2018

Address Changed: 01/30/2001

Officer/Director Detail
Name & Address
Title: P
GAIL, TAMMY
2085 CR 753 S
WEBSTER, FL 33597
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<th>Annual Reports</th>
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<tbody>
<tr>
<td><strong>Report Year</strong></td>
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<td>2017</td>
</tr>
<tr>
<td>2018</td>
</tr>
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<td>2019</td>
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</table>

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<th>Document images</th>
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<tr>
<td>04/01/2019 - Amendment</td>
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<tr>
<td>02/11/2019 - ANNUAL REPORT</td>
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<td>01/23/2018 - ANNUAL REPORT</td>
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<td>01/10/2017 - ANNUAL REPORT</td>
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<td>03/05/2016 - ANNUAL REPORT</td>
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<td>03/11/2015 - ANNUAL REPORT</td>
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<td>01/16/2014 - ANNUAL REPORT</td>
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<td>01/29/2013 - ANNUAL REPORT</td>
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<td>02/11/2012 - ANNUAL REPORT</td>
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<td>02/18/2011 - ANNUAL REPORT</td>
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<td>01/11/2010 - ANNUAL REPORT</td>
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<tr>
<td>12/08/2009 - Amendment</td>
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<td>03/07/2009 - ANNUAL REPORT</td>
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<td>02/20/2008 - ANNUAL REPORT</td>
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<td>01/12/2007 - ANNUAL REPORT</td>
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<td>03/21/2006 - ANNUAL REPORT</td>
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<td>02/03/2005 - ANNUAL REPORT</td>
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<td>01/27/2004 - ANNUAL REPORT</td>
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<td>03/03/2002 - ANNUAL REPORT</td>
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<tr>
<td>12/18/2000 - Reg. Agent Change</td>
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<tr>
<td>01/21/2000 - ANNUAL REPORT</td>
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<td>04/22/1999 - Reg. Agent Change</td>
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<td>07/23/1999 - ANNUAL REPORT</td>
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<td>04/14/1998 - ANNUAL REPORT</td>
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<td>04/17/1997 - ANNUAL REPORT</td>
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<td>03/07/1996 - ANNUAL REPORT</td>
</tr>
<tr>
<td>08/03/1995 - DOCUMENTS PRIOR TO 1997</td>
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</table>
**Detail by Entity Name**

Florida Limited Liability Company
THE ART INSTITUTE OF TAMPA, LLC

**Filing Information**

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<th>Document Number</th>
<th>L17000065679</th>
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<td>State</td>
<td>FL</td>
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<tr>
<td>Status</td>
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<td>LC NAME CHANGE</td>
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<td>Event Date Filed</td>
<td>12/17/2019</td>
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<tr>
<td>Event Effective Date</td>
<td>NONE</td>
</tr>
</tbody>
</table>

**Principal Address**

4401 N. HIMES AVE., STE. 150
STE 150
TAMPA, FL 33614-7086

Changed: 07/31/2017

**Mailing Address**

615 McMichael Road
Pittsburgh, PA 15205

Changed: 03/11/2019

**Registered Agent Name & Address**

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301

Name Changed: 07/31/2017

Address Changed: 07/31/2017

**Authorized Person(s) Detail**

**Name & Address**

Title MBR

DC MIAMI INTERNATIONAL UNIVERSITY OF ART & DESIGN, LLC 1501 BISCAYNE BLVD, STE 100
MIAMI, FL 33132
<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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<td>03/05/2018</td>
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<td>2019</td>
<td>03/11/2019</td>
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**Document Images**

<table>
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<tr>
<th>Date</th>
<th>Document Name</th>
<th>View image in PDF format</th>
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<td>12/17/2019</td>
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<tr>
<td>03/11/2019</td>
<td>ANNUAL REPORT</td>
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<tr>
<td>03/05/2017</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>07/31/2017</td>
<td>CORLCRACHG</td>
<td></td>
</tr>
<tr>
<td>03/23/2017</td>
<td>Florida Limited Liability</td>
<td></td>
</tr>
</tbody>
</table>
FLORIDATA CAPITAL ASSETS GROUP  
TAMMY GAIL  
2085 CR 753 S  
WEBSTER FL 33597 USA

**Purpose of Use:** SAVOR ST. PETE  
**Expected:** 4,000  
**Co-Sponsored Event:** Contract Balance $430.00

**Conditions of Use:** Insurance Required

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

**Date(s) and Time(s) of Use:**
- **Starting:** Mon 02 Nov 20 06:00 am
- **Ending:** Mon 09 Nov 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>
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<tr>
<td>North Straub Park</td>
<td>Mon</td>
<td>02 Nov 20</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$400.00</td>
<td>$0.00</td>
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<tr>
<td>Park</td>
<td>09 Nov 20</td>
<td>09:00 PM</td>
<td></td>
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</tr>
</tbody>
</table>

**Additional Fees:**
- **Extra Fee - Bookings**
  - **Co-Sponsored Permit Fee**
    - Hours: 183:00
    - Quantity: 2
    - Charge: $400.00
    - Tax: $0.00
    - Total: $400.00

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

Balance of rental due and payable immediately.

**Payments:**

**Additional Notes:**

---

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

By:(Sign Name)  
TAMMY GAIL  
FLORIDATA CAPITAL ASSETS GROUP  
Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name)  
Parks and Recreation Superintendent

(Print Name)  
Parks and Recreation Department

Printed: 17 Jan 2020, 03:35 PM  
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: Making Strides Against Breast Cancer

Entity Name: American Cancer Society

Event Date(s):
- Day 1 of Event: October 16
- Time Gates Open: 8 AM
- Ending Time: 7 PM
- Day 2 of Event: October 17
- Time Gates Open: 6 AM
- Ending Time: 12 PM
- Day 3 of Event: (no details provided)

Application Prepared by: Cindi Crisci

Title: Sr. Community Development Manager

Address: 3709 West Jetton Avenue

City: Tampa

State: FL

Zip: 33629

Email Address: cindi.crisci@cancer.org

Additional Contact Person: Liz Evans

Day Phone: 248-703-7290

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

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

Name of the for-profit entity: n/a

Describe your event with details.

Making Strides is our community’s opportunity to honor breast cancer survivors and those fighting the disease, educate the public about breast cancer prevention and early detection, and raise funds and awareness for the fight against breast cancer. We are celebrating 22 years in downtown St. Petersburg. Thank you City of St. Petersburg

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

Event participants pay to park, meet for breakfast and lunch, visit the Saturday Morning Market, shop downtown and stay in hotels in downtown St. Petersburg.

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

Does your group presently have liability insurance? ☑ YES ☐ 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: $0 Day of: 12 PM

Please provide the website address for your event. www.MakingStridesWalk.org/Pinellas

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

What is the estimated attendance for this event? Spectators 6000 Participants 6000 Last Year’s Total Attendance 4000
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>Yes</td>
<td>Coliseum</td>
</tr>
<tr>
<td># Bleacher(s) needed. Each bleacher approx. 180 people</td>
<td>Sunken Gardens</td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>Boyd Hill</td>
</tr>
<tr>
<td>Chairs # needed</td>
<td></td>
</tr>
</tbody>
</table>

Public Address System

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

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: Cynthia Crisci
Co-Sign: 
Title: Sr. Dev. Community Manager
Date: 1/15/20

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

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

Marketing: Please check all that apply.

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

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

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

YES ☑ NO ☐

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

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

We will have an ice cooler on site and may have food trucks at the event this year. Food trucks have not been confirmed.

Will you supply your own generators? 

YES ☑ NO ☐

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

YES ☑ NO ☐ If YES, who?

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

Parade permit will be needed from Police

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

Name: American Cancer Society
Phone: 813-253-0541

Address (including zip): 3709 West Jetton Avenue, Tampa, FL 33629

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

Deejay
Requesting Showmobile for this event if available
One band - PAL Drumline at the start/finish line

List Vending Products. Name & Provider.

Complimentary giveaways, snacks and water provided by event sponsors

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

n/a

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

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

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

All day set up on Friday before Saturday morning event: Tent, tables and sign/banner set up on Friday before. Portable toilets, water and ice to be delivered on Friday as well. Storage Unit (POD) delivered on Friday. Sponsors to unload (some on Friday) and prior to the event on Saturday (7AM).
Other Comments: Please describe your fee structure.

Donations/Fundraising Event. No fee to participate

Other comments:
We have been in downtown St. Petersburg the last 21 years. Our walkers love being downtown.
We are requesting Albert Whitted or Vinoy Park (where we have held the event the last several years). Preferences on dates would be Oct. 16/17 or Oct. 23/24. Thank you for being an awesome partner.

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

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

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

Name: Cynthia (Cindi) Crisci
Title: Sr. Community Dev. Manager
Date: 1/15/20
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation: American Cancer Society
Name of Responsible Party (President or CEO ONLY): Gary Reedy
Title of Responsible Party: CEO
Physical Address of Responsible Party: 250 Williams Street NW, Atlanta, GA 30303
Phone Number of Responsible Party: 813-349-5080
Email Address of Responsible Party: cindi.crisci@cancer.org
Nonprofit (Employee Identification Number): 13-1788491

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 
Address 
City, State, Zip

☐: BY EMAIL
Email Address: cindi.crisci@cancer.org
**APPENDIX C**

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR'S EVENT**

(Must be completed)

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>Making Strides Against Breast Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) of Event:</td>
<td>Nov 8, 2019 - Nov 8, 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>Sponsorship</td>
<td>$70,550.00</td>
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<tr>
<td>Teams/Individual Walkers</td>
<td>$185,177.55</td>
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<tr>
<td>General Donations</td>
<td>$1,143.51</td>
</tr>
<tr>
<td>Portable Toilets</td>
<td>$940.00</td>
</tr>
<tr>
<td>Print Materials and Event T-shirts</td>
<td>$3,504.47</td>
</tr>
<tr>
<td>Rentals: Tents/Tables/Chairs</td>
<td>$3,630.75</td>
</tr>
<tr>
<td>Entertainment: DJ</td>
<td>$400.00</td>
</tr>
<tr>
<td>Logistics: Site Fees/City</td>
<td>$5,386.07</td>
</tr>
<tr>
<td>Decorations</td>
<td>$300.00</td>
</tr>
<tr>
<td>Signage</td>
<td>$370.02</td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE** $256,871.06

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portable Toilets</td>
<td>$940.00</td>
</tr>
<tr>
<td>Print Materials and Event T-shirts</td>
<td>$3,504.47</td>
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<tr>
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<tr>
<td>Decorations</td>
<td>$300.00</td>
</tr>
<tr>
<td>Signage</td>
<td>$370.02</td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES** $14,531.31

**TOTAL NET INCOME** $242,339.75

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

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

Prepared by: Cynthia Crisci

Date: Jan 15, 2020
Detail by Entity Name
Foreign Not For Profit Corporation
AMERICAN CANCER SOCIETY, INC.

Filing Information
Document Number: F01000002790
FEI/EIN Number: 13-1788491
Date Filed: 05/24/2001
State: NY
Status: ACTIVE
Last Event: CORPORATE MERGER
Event Date Filed: 08/30/2012
Event Effective Date: 09/01/2012

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

Changed: 03/19/2019

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

Changed: 03/19/2019

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

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

Officer/Director Detail
Name & Address
Title Director
Crozier, Jennifer R.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

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

Title Director

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

Title Director

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

Title Director

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

Title Director

Marlow, Brian A.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Marquardt, Michael T.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Meuller, Scarlott K.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034
Title Director

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

Title Director

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

Title Director

Agresta, Joseph A., Jr.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Secretary, Treasurer

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

Title Director

Barron, Bruce N.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Benz, Edward J.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Pemberton, Gregory L.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Assistant Secretary

Philips, Timothy B.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Shedlin, Gary S.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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<tbody>
<tr>
<td>2017</td>
<td>04/07/2017</td>
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<tr>
<td>2018</td>
<td>04/09/2018</td>
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<tr>
<td>2019</td>
<td>03/19/2019</td>
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Document Images

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<th>Date</th>
<th>Document Type</th>
<th>View Image in PDF format</th>
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<tbody>
<tr>
<td>03/19/2019</td>
<td>ANNUAL REPORT</td>
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<td>04/06/2018</td>
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<td>04/07/2017</td>
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<tr>
<td>04/06/2016</td>
<td>ANNUAL REPORT</td>
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<td>03/30/2014</td>
<td>ANNUAL REPORT</td>
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<td>04/03/2014</td>
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<td>03/22/2013</td>
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<tr>
<td>12/13/2012</td>
<td>Reg. Agent Change</td>
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<td>08/30/2012</td>
<td>Merger</td>
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<td>03/14/2012</td>
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<td>02/23/2010</td>
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<td>03/30/2009</td>
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<td>04/14/2006</td>
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<td>09/10/2005</td>
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<td>06/28/2005</td>
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<td>07/14/2003</td>
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<td>04/09/2002</td>
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<tr>
<td>05/24/2001</td>
<td>Foreign Non-Profit</td>
<td></td>
</tr>
</tbody>
</table>
**Contract/Permit**

**Contract #:** 29275  
**Date:** 17 Jan 2020  
**User:** JSBENNIN  
**Status:** Firm

**AMERICAN CANCER SOCIETY**  
**CINDI CRISCI**  
**3709 W JETTON AVE**  
**TAMPA, FL 33629 5111 USA**

**Purpose of Use:** MAKING STRIDES AGAINST BREAST CANCER  
**Expected:** 6,000  
**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 16 Oct 2020 06:00 AM  
- **Ending:** Sat 17 Oct 2020 09:00 PM

**Facility/Equipment**

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vinoy Park</td>
<td>Fri</td>
<td>16 Oct 2020</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
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<tr>
<td>Mole</td>
<td>17 Oct 2020</td>
<td>09:00 PM</td>
<td></td>
<td></td>
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**Additional Fees:**

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

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

Balance of rental due and payable immediately.

**Payments:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Payment Type</th>
<th>Reference</th>
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<tbody>
<tr>
<td>16 Jan 2020</td>
<td>$230.00</td>
<td>Visa/MasterCard</td>
<td>Rental</td>
<td>3508393</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)  
CINDI CRISCI  
AMERICAN CANCER SOCIETY  
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Printed: 17 Jan 2020, 03:35 PM  
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.

<table>
<thead>
<tr>
<th>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>
Event Title: The Florida Orchestra Pops in the Park
Entity Name: The Florida Orchestra
Event Date(s): 10.17.20
Location: Vinoy Park
Time Gates Open:
Ending Time:

Application Prepared by: Kelly Edwards
Title: Operations Manager
Address: 244 2nd Ave. N. Suite 420
City: St. Petersburg
State: FL
Zip: 33701
Email Address: kedwards@floridaorchestra.org
Additional Contact Person: Edward Parsons
Day Phone: 727.362.5470
Phone: 7273625466
Cell Phone: 609.649.3440

What month/year were you incorporated as nonprofit? 1967
List all 501(c)3 entities that will benefit from this event.
Tampa Bay Harvest, Saturday Morning Market, Great Explorations
Name of the for-profit entity? None

Describe your event with details.
TFO’s Pops in the Park is a one-of-a-kind annual event that brings live symphonic music to the public for free in an outdoor concert.

Describe what Economic benefit and impact this event will bring to St. Petersburg.
This cultural event unites the people and businesses of St. Petersburg, and helps St. Pete be a vibrant and attractive place to visit and live.

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

Does your group presently have liability insurance? ☑ YES ☐ NO
How much? $1 million

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

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

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

Please provide a phone number that can be advertised to the public: 727.892.3337

What is the estimated attendance for this event? Spectators 14000 Participants 150 Last Year’s Total Attendance n/a

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

Recreation Equipment
- Showmobile (Yes/No) [ ] Yes [ ] No
- # Bleacher(s) needed. Each bleacher approx. 180 people
- Tables (6 ft) # needed
- Chairs # needed
- Public Address System

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

Non-City Locations
- [ ] Which Location?

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

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

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

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

Name: [ ] Kelly Edwards
Title: Operations Manager
Date: [ ] 01/14/19

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

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

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

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

Please attach the following:

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

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

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>How many? 21 - 30 Vendors / Exhibitors</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Alcohol Permit Additional Insurance Required</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td></td>
</tr>
<tr>
<td>Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td></td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
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</tr>
<tr>
<td>Professional</td>
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<tr>
<td>Showmobile</td>
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</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 26</td>
<td></td>
</tr>
<tr>
<td>Disabled Units 4</td>
<td></td>
</tr>
<tr>
<td>Hand Washing 5</td>
<td></td>
</tr>
<tr>
<td>City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

- Invitations
- Posters / Flyers
- Newspaper / Internet
- Radio
- Television
- Remote Broadcast
Electrical Requirements:
Does your event require any power needs using more than the standard 110/20amp located in the parks? [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.

Power 100 amp single phase w/ camlocks

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? [Union crew/city provides]

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

No

If City permits, licenses, or services are required for event, who will pay for them?
Name: [The Florida Orchestra] Phone: 727.362.5466
Address (including zip): [244 2nd Ave. N. Suite 420, St. Petersburg, FL 33701]

Type of music, # of stages, and # of bands.
Classical orchestra w/3-4 opening local groups

List Vending Products. Name & Provider.
A variety of food and non-alcoholic beverage providers arranged through partnership with Saturday Morning Market and Gulf to Bay Food Truck association

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

Explain subject/purpose of all speeches/demonstrations which will occur.
Thanking sponsors, introducing orchestra and other performers

Discuss your load in/load out parking needs, include times and dates.
Load in for stage beginning 10.15.20. TFO Truck and ESI truck load in on 10.17.20 in the morning. Vendors load in 10.17.20 until street closures.
Other Comments: Please describe your fee structure.

Free concert, no tickets, open seating.

Other comments:

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

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

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

Name:   Kelly Edwards       Title:   Operations Manager       Date:   01.14.20
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>The Florida Orchestra</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Mark Cantrell</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>244 2nd Ave. N. Suite 420, St. Petersburg, FL 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727.362.5440</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:mcantrell@floridaorchestra.org">mcantrell@floridaorchestra.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-1223691</td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer?

- [ ] BY Mail

<table>
<thead>
<tr>
<th>Contact Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip</td>
<td></td>
</tr>
</tbody>
</table>

- [x] BY EMAIL

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

Name of Event: The Florida Orchestra Pops in the Park
Date(s) of Event: 10.17.20

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>See attached project income statement</td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<td>7.</td>
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<td>8.</td>
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</table>

TOTAL GROSS REVENUE

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

<p>| | |</p>
<table>
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<tbody>
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<td>9.</td>
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<td>10.</td>
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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)  

<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: Kelly Edwards
Date: 01.14.20
<table>
<thead>
<tr>
<th>Account Groupings description</th>
<th>Vinoy Park</th>
</tr>
</thead>
<tbody>
<tr>
<td>401 - Earned Revenue</td>
<td></td>
</tr>
<tr>
<td>403 - Other Revenue</td>
<td>-532.78</td>
</tr>
<tr>
<td>501 - Artist &amp; Conductor</td>
<td>$47</td>
</tr>
<tr>
<td>502 - Contract Musician Wages &amp; Benefits</td>
<td>14148.89</td>
</tr>
<tr>
<td>503 - Non-Contract Musicians</td>
<td>5250.36</td>
</tr>
<tr>
<td>504 - Hall Expenses</td>
<td>67573.53</td>
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<tr>
<td>505 - Other Direct Expense</td>
<td>398.51</td>
</tr>
<tr>
<td>507 - Single Ticket Marketing</td>
<td>51.5</td>
</tr>
<tr>
<td>510 - Administrative</td>
<td>328.73</td>
</tr>
<tr>
<td>512 - Travel</td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total Expenses</strong></td>
<td><strong>87265.90</strong></td>
</tr>
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</table>
**Detail by Entity Name**

Florida Not For Profit Corporation
THE FLORIDA ORCHESTRA, INC.

**Filing Information**

<table>
<thead>
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<th>Field</th>
<th>Information</th>
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<td>FEI/EIN Number</td>
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<td>Date Filed</td>
<td>11/02/1967</td>
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<td>FL</td>
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<td>Last Event</td>
<td>AMENDMENT</td>
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<tr>
<td>Event Date Filed</td>
<td>06/12/2017</td>
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<tr>
<td>Event Effective Date</td>
<td>NONE</td>
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</tbody>
</table>

**Principal Address**

244 2ND AVENUE N
SUITE 420
ST PETERSURG, FL 33701

Changed: 04/13/2009

**Mailing Address**

244 2ND AVENUE N
SUITE 420
ST PETERSURG, FL 33701

Changed: 04/13/2009

**Registered Agent Name & Address**

GARCIA, MIGUEL ANGEL, CFO
244 2ND AVE N
SUITE 420
ST PETERSURG, FL 33701

Name Changed: 01/12/2017

Address Changed: 04/13/2009

**Officer/Director Detail**

**Name & Address**

Title C

PAROO, JANET
180 BEACH DRIVE NE
UNIT 1501
SAINT PETERSBURG, FL 33701

Title PCEO

CANTRELL, JOHN MARK
244 2ND AVENUE N
SUITE 420
ST PETERSBURG, FL 33701

Title Secretary

SALAMONE, RON
1 BEACH DRIVE SE
#2603
ST PETERSBURG, FL 33701

Title CFO

GARCIA, MIGUEL ANGEL, CFO
6219 GREENWICH DRIVE
TAMPA, FL 33647

Title Treasurer

NURSE, KARL
176 21st AVENUESE
ST. PETERSBURG, FL 33705

Title VC

GREG, YADLEY
2907 RUBIDEAUX STREET
TAMPA, FL 33629

Annual Reports

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<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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<td>04/02/2018</td>
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<tr>
<td>2018</td>
<td>08/01/2018</td>
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<tr>
<td>2019</td>
<td>04/03/2019</td>
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Document Images

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<td>04/03/2019</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>08/01/2018</td>
<td>AMENDED ANNUAL REPORT</td>
</tr>
<tr>
<td>04/02/2018</td>
<td>ANNUAL REPORT</td>
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<tr>
<td>10/03/2017</td>
<td>AMENDED ANNUAL REPORT</td>
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<tr>
<td>08/12/2017</td>
<td>Amendment</td>
</tr>
<tr>
<td>01/12/2017</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>05/17/2016</td>
<td>AMENDED ANNUAL REPORT</td>
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<tr>
<td>03/10/2016</td>
<td>ANNUAL REPORT</td>
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</table>
FLORIDA ORCHESTRA
KELLY EDWARDS
244 2ND AVE N STE 420
ST PETERSBURG FL 33701 USA

Purpose of Use: THE FLORIDA ORCHESTRA POPS IN THE PARK

Expected: 15,000

Co-Sponsored Event

Contract Balance $330.00

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
- Starting: Mon 12 Oct 20 06:00 am
- Ending: Mon 19 Oct 2009 09:00 pm

Facility/Equipment
- Vinoy Park
- Park

Fee Extra Fee Tax Total
$0.00 $300.00 $0.00 $300.00
$0.00 $300.00 $0.00 $300.00

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

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

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By: (Sign Name) KELLY EDWARDS
(Pin Name) FLORIDA ORCHESTRA
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

The Chief of Police and/or his/her designee will have the authorization for issuing, amending, rescinding, or denying Street Closure Permits for events such as block parties, street dances or other not-for-profit events where a street closure is necessary for public safety. Applications for such permits can be obtained at the Police Department, 1300 First Avenue North, St. Petersburg, Florida, 33705. Applications must be submitted to the Special Events Unit of the St. Petersburg Police Department at least ten (10) business days prior (weekends and holidays are not counted) to the scheduled event. This time is necessary as other City Departments must approve the closure, order, and schedule the delivery of the barricades. THERE WILL BE NO EXCEPTIONS TO THIS TIME REQUIREMENT. A completed application will include the following:

1. Name(s) of the person, group or not-for-profit organization sponsoring the event.

2. Date, time and duration of event. (In accordance with City Ordinances governing excessive noise, events associated with an approved Street Closure must end by 11:00 PM. Other City Ordinances and Florida Statutes governing noise, alcohol, traffic, parking, and disorderly conduct will still be in effect and will be enforced.)

3. Desired location (including a map).

4. Abutting property owner(s) approval.

5. A check or Money Order in the amount of $30.00 (change effective 10/1/07) payable to: The City of St. Petersburg. Cash will not be accepted as payment. This covers the cost for barricades, which are required for the street closure. The cost could be higher as determined by the Department of Transportation and Parking Services if more than the usual number of barricades are needed.

6. If Alcoholic Beverages are to be sold or served, proof of Liquor Liability Insurance will be required.

Applicants will provide adequate supervision for the activity, insuring the safety of the participants and the protection of City property. Applicants will also be responsible for cleaning-up the affected area after the event. The applicant will also insure that the event complies with City Ordinances and Florida State Statutes, and that there will be NO vending (sale of foods, beverages, etc.) without the proper City permits and/or licenses. Barricades will be dropped at the designated locations and it will be the responsibility of the applicant to place the barricades across the street during the event and removal at the conclusion.

Should the location for the event be determined to be unsuitable, an alternate site may be recommended. If approved, the applicant will be mailed a copy of the Street Closure permit as well as an instruction sheet regarding the delivery of barricades. The applicant should retain this approved copy until the event has concluded. The original permit and check will be sent by the Special Events Unit to the Department of Transportation and Parking Services. Staff, in this department, are responsible for delivery of the barricades and depositing the check. If the application is denied, the applicant will be notified of the denial and its justification.

The City may deny an application, or amend or revoke an approved application at any time. Reasons for denial may include, but not be limited to: submission after the 10 business day limit, incomplete application, problems with previous closures, or another event which takes precedence. Reasons for amendment or revocation may include, but not be limited to: numerous or repeated complaints regarding the closure, violations of any statute or ordinance, falsification of the application, or another event which takes precedence.

KEEP THIS SHEET FOR YOUR RECORDS

Police Special Events Unit  Revised 10-01-2007
APPLICATION FOR STREET CLOSURE PERMIT

In accordance with the provisions set forth by the Mayor of the City of St. Petersburg, the undersigned hereby applies for a Street Closure Permit, and provides the following information and represents that it is true and correct, and accepts that the City may at any time, amend or revoke this application:

1. NAME OF PERSON OR ORGANIZATION SPONSORING STREET CLOSURE
   a). Name: Kelly Edwards
      Address: 244 2nd Ave. N. Suite 420
      City/State: St. Petersburg, FL Zip: 33701
      Phone No.: Work: 727-362-5466 Home: 
   b). Name of Person Applying For This Permit (if same as above, indicate "SAME")
      Name: SAME
      Address:  
      City/State:  
      Zip:  
      Phone No.: Work: Home: 

2. EVENT INFORMATION
   a. Date of Event: Saturday, October 17, 2020
   b. Time Event Begins: 3:00pm Ends: 9:00pm
   c. Street to Be Closed: see site map
   d. Purpose of Event: orchestra concert
   e. Estimated Attendance: 17,500
   f. Will beer, wine or any alcoholic beverages be served or sold as part of this event? No

3. The applicant, for himself, and for other persons, organizations, firms and corporation, if any listed in Section 1(a) of this application does hereby contract and agree that he (and they) will, jointly and severally, indemnify and hold the City of St. Petersburg, Florida, harmless against liability for any and all claims for damage to property, or injury to, or death of persons, arising out of, or resulting from the issuance of this permit, or the conduct of the event or its participants.

Date of Signature: 01/14/2020, 2022

Signature of Applicant

Sworn before me and subscribed in my presence this __________ day of __________, 20__

Notary Public

Approval:

Chief of Police or Designee  Date Approved  
Page 1 of 3

Police Special Events Unit  Revised 10-01-2007
Application for Street Closure Permit
SPPD Special Events Unit

Property Owner Approval Sheet

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

STREET(S) TO BE CLOSED: __________________ BETWEEN _________ & _________
DATE OF REQUESTED CLOSURE: ____________ TIME SPAN: From _______ to _______

PRINTED NAME       SIGNATURE       ADDRESS

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
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_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
SPPD Special Events Unit

Site Map

Please complete a map indicating the area you wish to have closed. Be sure to label the streets to be closed and include surrounding streets, alleys and any other vehicular accesses to the area. Please also provide any other details which need to be considered in approving this application.

Drawn by: ____________________________  Date: ____________

Page 3 of 3

Police Special Events Unit   Revised 10-01-2007
STREET CLOSURE APPLICATION CHECKLIST

KEEP THIS SHEET FOR YOUR RECORDS

Be sure to review the following items prior to returning your Application for Street Closure Permit:

- Completed section 1 - Name(s) of the person or group sponsoring the event.

- Completed section 2 - Date, time, duration, location and estimated attendance of the event. Please be as specific as possible when listing the location you are requesting to be closed. Example: 25th Avenue North between 1st and 2nd Streets, or the 3200 block of 9th Avenue South.

- Completed section 3 (Page 1) - Must be completed by a Notary Public. The application may be notarized at the front desk of the Police station. Please make sure that the information on the top of the Property Owner Approval Sheet matches that in Section 2 of the Application.

- Completed - Property Owner Approval Sheet (Page 2). NOTE: any vacant residence or property for sale must be indicated on this sheet. If you encounter difficulty in getting all signatures, please contact the Special Events Office as soon as possible (893-7154).

- Completed site map (Page 3) - signed and dated.

- Provide proof of Liquor Liability Insurance, if alcoholic beverages are to be sold or served.
St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

Procedures for Issuing Outdoor Assembly Permits

The Chief of Police or his/her designee shall be the authorized agent for issuing, tendering an alternative, rescinding or denying Outdoor Assembly Permits. Applications for such permits can be obtained at the St. Petersburg Police Department or electronically via email or online on the Department’s website. Applications must be submitted to the Special Events Unit of the St. Petersburg Police Department at least thirty (30) days prior to the scheduled event, but not more than 180 days prior to the event. This time is necessary as other City Departments are involved in the permitting process. Event organizers are encouraged to contact the Special Events Unit prior to completing this application to discuss the specifics of their event. A completed application should include the following:

1. The name or names of the person or organization sponsoring the event.
2. The date, time and duration of the event.
3. A check or money order in the amount of $30.00 made payable to “The City of St. Petersburg.” Cash will not be accepted as payment. This non-refundable application fee is required by Section 25-75 of the City Code and is to be paid at the time of the filing of this application. Actual event costs will be in addition to this application fee and shall be determined prior to the date of the event.
4. If alcoholic beverages are to be sold or served, proof of Liquor Liability Insurance will be required.

Applicants will provide adequate supervision for the event, ensuring the safety of all participants and the protection of any City property. Applicants are responsible for cleaning-up the affected area after the event. The applicant will also ensure that the event complies with all City Ordinances and Florida State Statutes and that there will be NO vending (sale of foods, beverages, etc.) without the proper City permits and/or licenses.

Should the location for the event be determined to be unsuitable, an alternate site may be recommended. If the permit is approved, the applicant will be provided a copy of the permit for their records. The applicant should retain this approved copy until the event has concluded. The original permit will be retained by the Special Events Unit. If the application is denied, the applicant will be notified of the denial and its justification.

The City may deny an application, tender an alternative permit or revoke an approved permit at any time. Reasons for denial may include, but are not limited to: submission after the 30 day limit, an incomplete application, traffic control and/or public safety concerns, failure of the applicant to secure adequate City services or another event which takes precedence. Reasons for tendering an alternative permit may include, but are not limited to: traffic control and/or public safety concerns or another event which takes precedence. Reasons for revocation may include, but are not limited to: falsification of the application, violation of one or more of the conditions or standards for issuance, or when a public emergency arises where the police resources are required for that emergency.

KEEP THIS SHEET FOR YOUR RECORDS
## St. Petersburg Police Department  
### Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

### Event Information

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>The Florida Orchestra Pops in the Park</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Event:</td>
<td>10/17/20</td>
</tr>
<tr>
<td>Assembly Time:</td>
<td>3pm</td>
</tr>
<tr>
<td>Start Time:</td>
<td>7pm</td>
</tr>
<tr>
<td>End Time:</td>
<td>9pm</td>
</tr>
</tbody>
</table>

### Event Specifics

**Specify the purpose of the outdoor assembly and provide a general description of the proposed event, to include the activities that will take place during the event:**  
The main event is an orchestra concert, which begins at 7pm. Opening performances begin around 4pm. Public arrives beginning 3pm.
Food trucks load in until just before road closures and stay throughout duration of event.
Community booths and activities set up along Bayshore.

**Proposed Route to include Assembly Area, Start and End Points and Dispersal Area. Attach Route Map.**
All activities take place in Vinoy Park and the surrounding sidewalks, and streets.

**Specify any Public Facilities, Parks and/or Equipment to be used:**
Vinoy Park

**Provide a description of all recording equipment, signs, banners, etc. This should include a description of the materials used for any of these items.**
Signage and banners for sponsors (TBC), in addition to The Florida Orchestra signage and banners.

**Will alcoholic beverages be SOLD or CONSUMED as part of this event?**
- [X] Yes
- [ ] No

**Estimated number of people taking part is the event.**
- [ ]

**Estimated number and type of animals taking part in the event.**
- [ ]

**Will this event take place in the roadway?**
- [X] Yes
- [ ] No

**If Yes, will the entire event be in the roadway or just a portion of the event?**
- [ ]

**Will this event take place on the sidewalks?**
- [X] Yes
- [ ] No

**If Yes, will the entire event be on the sidewalks or just portion of the event?**
- [ ]

**Estimated number of volunteers or Parade Marshals that will be assisting with this event.**
- [ ]

**Parades, Sporting Events and other similar types of events typically disrupt the normal flow of traffic and inconvenience area businesses and/or residents. The City will endeavor to assist the event organizers and promoters in notifying the community about the event; however the responsibility for informing the public and affected commerce rests with the applicant.**

**What steps will the applicant(s) take to ensure the community is properly notified?**
- [ ]

SPPD Special Events Unit (Revised 10/13/15)  
Page 1 of 3
St. Petersburg Police Department
Outdoor Assembly Permit Application

Event Fees, Costs and Insurance Requirements
A non-refundable application fee of Thirty Dollars ($30.00) is required by Section 25-75 of the City Code. It is to be paid at the time of filing the application. The costs of all City services for the event shall be paid by the applicant (or person responsible). A certificate of insurance is required by Section 25-76 of the City Code and should also be included with the application at the time of filing. The City of St. Petersburg shall be named as an additional insured party on all insurance certificates.

Waiver Request for Fees, Costs and Insurance Requirements
If the applicant is indigent and is engaged in public issue speech or conduct, as defined in Section 25-37 of the City Code, the application fee, City services costs and insurance requirements may be waived. The applicant shall apply to the City, and the City Administrator or the designee thereof, the City Attorney or the designee thereof, and the Administrator of Parks or the designee thereof shall determine if the applicant fulfills the public issue and indigency requirement, in order to receive a waiver of costs of the processing fee and City services. This application process will require a financial disclosure. The City Administrator shall make a recommendation to City Council who shall approve or deny the waiver. The applicant shall be notified of the council action.

Do you wish to apply to the City for a claim of indigence and request a waiver of fees, costs and insurance requirements?

Yes ☑ No

Organization Sponsoring Event Information

<table>
<thead>
<tr>
<th>Applicant</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Kelly Edwards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>244 2nd Ave. N. Suite 420 St. Petersburg, FL 33701</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:kedwards@floridaorchestra.org">kedwards@floridaorchestra.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Cell: 609.649.3440</td>
<td>Home:</td>
<td>Work:</td>
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<table>
<thead>
<tr>
<th>Organization</th>
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<tbody>
<tr>
<td>Name:</td>
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<td></td>
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<td>Home:</td>
<td>Work: 727.362.5466</td>
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<table>
<thead>
<tr>
<th>President or Head of Organization</th>
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<tbody>
<tr>
<td>Name:</td>
<td>Mark Cantrell</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>244 2nd Ave. N. Suite 420 St. Petersburg, FL 33701</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:mcantrell@floridaorchestra.org">mcantrell@floridaorchestra.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Cell:</td>
<td>Home:</td>
<td>Work: (727) 362-5454</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person or Entity Responsible for Payment of City Services</th>
<th></th>
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<tbody>
<tr>
<td>Name:</td>
<td>Kelly Edwards</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Person Responsible for Event Conduct</th>
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<th></th>
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St. Petersburg Police Department
Outdoor Assembly Permit Application

I, Kelly Edwards, for himself/herself and for the other persons, organizations, firms and corporations listed in the Organization Sponsoring Event Information section of this application, do hereby contract and agree that they will jointly and severally indemnify and hold the City of St. Petersburg, Florida harmless against liability for any and all claims for damage or injury to or death of persons arising out of or resulting from the issuance of this permit, or the conduct of the event or its participants.

The event and expected conduct of the participants will conform to all requirements of law, including all ordinances of the City of St. Petersburg.

 Applicant Signature (Authorized Representative)  Date

The foregoing instrument was acknowledged before me this __________ day of ______________________ 20__, by __________________________, who is personally known to me or who has produced __________________________ as proper identification.

Notary Public: __________________________

Permit Approval

The application for this Outdoor Assembly Permit is hereby granted subject to the applicant's acknowledgement that they will abide by all laws of the State of Florida and all ordinances of the City of St. Petersburg and Pinellas County. Further the applicant acknowledges they are responsible for the conduct of ALL participants of the event they have sponsored.

Authorized Signature (Police Department)  Date of Approval
CITY OF ST. PETERSBURG/COMMUNITY AFFAIRS DIVISION
ACCESSIBILITY CHECKLIST AND EVENT APPLICATION

Event Name: The Florida Orchestra: Pops in the Park
Event Date(s): 10/17/20
Event Location: Vinoy Park
Event Representative: Kelly Edwards
Address: 244 2nd Ave. N. Suite 420, St. Petersburg, FL 33701
Phone: 727-362-5466 Fax: E-Mail: kedwards@floridaorchestra.org
Event Website: floridaorchestra.org

1. Parking:
   a. If you expect that participants will be parking in city-owned parking facilities for your event, have you contacted the parking manager in the Department of Transportation and Parking to discuss your needs?
      Yes. ________ No. ________ N/A ________
   b. If you are using private property for additional parking, you will need to follow the guidelines below:

      **The number of accessible parking spaces per lot or parking facility shall comply with the table below:

      | Total Spaces in Parking Lot | Accessible Spaces Required |
      |-----------------------------|-----------------------------|
      | 1 to 25                     | 1                           |
      | 26 to 50                    | 2                           |
      | 51 to 75                    | 3                           |
      | 76 to 100                   | 4                           |
      | 101 to 150                  | 5                           |
      | 151 to 200                  | 6                           |
      | 201 to 300                  | 7                           |
      | 301 to 400                  | 8                           |
      | 401 to 500                  | 9                           |
      | 501 to 1,000                | 2% of total                 |
      | Over 1,000                  | 20 plus 1 for each 100 over 1000 |

      **Please note that there are also specific size requirements and signage requirements for parking spaces that can be found in Ch. 553.5041 of the Florida Statutes or Chapter 11 of the Florida Building Code.

   c. Are your private parking facilities in compliance with Ch. 553.5041 of the Florida Statutes or the Florida Building Code?
      Yes. ________ No. ________ N/A ________ X ________

Page 1 of 4
2. **Portable Toilet Units:**
   **For single user portable toilet or bathing units clustered at a single location, at least five percent (5%) but no less than one accessible toilet unit shall be installed in each grouping and they should be placed on an accessible route.** If only one is provided in a location, it should be accessible.
   a. Total Number of Portable Units: 
   b. Total Number of Accessible Portable Units: 
   c. Is there at least one accessible unit in each group including accessible hand washing facilities (even if the group is a single unit)?
      Yes. X No. _______ N/A _______

3. **Accessible Routes:**
   a. Do you plan to have any entrance or exit areas to the event, or is the event open to the public with no restricted access?
      Open: X Restricted/Ticketed: _______
   b. If restricted, are your entrances and exits (means of egress, including emergency exits) at least 44 inches wide and free from barriers to provide an accessible route? In addition, the "gate" or entry "door" must provide a minimum of a 32" clear opening.
      Yes. _______ No. _______
   * If any of your entrances and/or exits do not have the 32-inch minimum clearance, please document the reasons for the restriction and whether you have alternative entrances and exits that are marked with signs.

   c. If you have a passenger loading/unloading zone, is it accessible?
      Yes. X No. _______ N/A _______
   d. Is the route of travel through the event stable, firm, free from obstructions, slip resistant and at least 36 inches wide?
      Yes. X No. _______
   *If you are using ancillary ramps to provide access, please document that below (all ramps shall be at a ratio of no more than 1:12 - 1 inch incline to each foot in length):
      Check Here: _______
   * City of St. Petersburg Parks and Recreation Department have for your use the following for an additional fee to install by city staff: Mobi-Mats - They are used to create an equal access pathway for all recreational users if needed.

4. **Vendors and Activities:**
   **The tops of accessible tables and counters should be between 28 – 34 inches above the finished floor or ground and should be on an accessible route.**
   a. Are all of the vendors and planned activities accessible to persons with disabilities?
      Yes. X No. _______
   *If no, please provide a necessary reason why they are not all located on an accessible pathway or do not have displays that conform to guidelines.
b. Will your food and other counters/vendors have accessible displays?
   Yes. X No. ________ N/A ________

c. Is there any seating available for dining?
   Yes. ________ No. X ________

d. If yes, is at least 5% of the seating accessible? (For example, has space available for a wheelchair; table has at least 27 inches of knee clearance.)
   Yes. ________ No. ________

e. Do you plan to have any seating available for viewing concerts or other performances?
   Yes. ________ No. X ________ N/A ________

f. If yes, do you have a section reserved with accessible, unobstructed viewing for persons with disabilities and their companions?
   Yes. ________ No. ________

g. Do you plan to have sign-language interpreters or any other auxiliary aids or services available for persons with disabilities?
   Yes. ________ No. X ________ N/A ________

*If yes, please provide details about those below:

h. KE ________ (Please initial here.) Yes, I am prepared and willing to grant all reasonable requests for accommodations for this event.

** All reasonable requests for accommodations must be granted pursuant to applicable laws, unless a request would result in a fundamental alteration in the nature of services or activities, or would result in undue financial and administrative burdens. Prior to denying any request for accommodation, you must contact the Community Affairs Division for a review of compliance with applicable laws.

5. Signage and Marketing:

** Appropriately sized signs with the international symbol of accessibility illustrated below help people identify facilities that are accessible at your event. Directional signs should be provided in highly contrasting colors, such as white on black or black on white. The characters on the signs should be at least between 5/8 and 2 inches in length, and the signs should be highly visible and not blocking accessible routes of travel.

a. Will you have appropriate, visible signage to inform people with disabilities about all accessible facilities at your event?
   Yes. X No. ________ N/A ________

*Please add the following language or similar language to event marketing materials, including your Web site.

“This event was designed to provide equal opportunity for enjoyment by all participants. If you would like to request any particular aids or services pursuant to disability laws, please contact the event planner at (EVENT PHONE NUMBER) or City of St Petersburg Community Affairs Division at (727) 893-7345 or (727) 892-5259 TDD/TTY”
b. Will you have appropriate, visible signage to inform people with disabilities about all accessible facilities at your event?

Yes. X No. ________ N/A ________

c. KE (Please initial here.) Printed and/or Web event announcements created by the organization/event I represent will include accessibility language similar to that noted above.

Please list a contact name and phone number for someone who will be present during the event and can respond to requests related to accessibility issues:

Contact Name: Kelly Edwards

Phone: 727-362-5466

Email Address: kedwards@floridaorchestra.org

Thank you for completing this form. Please return it to the Community Affairs Division with your event accessibility layout diagram/map for signature no later than 15 days prior to your event.

Please note that compliance with this checklist/application may not ensure compliance with all of the applicable laws, regulations, ordinances or codes addressing accessibility. These guidelines are provided to enhance accessibility and usability for citizens with disabilities. For more information about accessibility guidelines, please refer to Chapter 553 of the Florida Statutes, Chapter 11 of the Florida Building Code or contact us at 727-893-7345. We look forward to working with you on this event!

I certify that the answers above are true to the best of my knowledge and intentions:

Signature, Event Representative

Date: 01.19.20

Kelly Edwards

Print Name, Event Representative

This event has been approved by the Community Affairs Division:

ADA Coordinator

Date

PLEASE RETURN THIS FORM WITH YOUR EVENT LAYOUT MAP TO:

City of St. Petersburg
Community Affairs Division
P.O. Box 2842, St. Petersburg, FL 33731-2842
Phone: 727-893-7345 Fax: 727-551-3247
E-Mail: Lendel.Bright@stpete.org

Additional copies of this form can be found on our Web site at www.stpete.org/caforms.htm
Event Title: SPIFFS 46th Annual International Folk Fair

Entity Name: St. Petersburg International Folk Fair Society, Inc. (SPIFFS)

Event Date(s): October 22-25, 2020

Location: Vinoy Park

Day 1 of Event: Time Gates Open: 9 am Ending Time: 3 pm
Day 2 of Event: Time Gates Open: 9 am Ending Time: 3 pm
Day 3 of Event: Time Gates Open: 10 am Ending Time: 8 pm

Application Prepared by: Lotta Baumann

Title: Executive Director

Address: 1330 Fifth Street North

City: St. Petersburg

State: FL

Zip: 33701

Email Address: folkfair@ij.net

Additional Contact Person:

Day Phone:

What month/year were you incorporated as nonprofit? 1975

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

Name of the for-profit entity? N/A

Describe your event with details.

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

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

Folk Fair draws 10-15,000 visitors each year. About half of them are students from the Tampa Bay area.

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

Does your group presently have liability insurance? [X] YES [□] NO

How much? $1,000,000

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

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

Advanced Fee: Day of: 10.00

Please provide the website address for your event.

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

What is the estimated attendance for this event? Spectators: 10,000 Participants: 1,000 Last Year's Total Attendance: 12,000
Please check the equipment and/or facilities you are requesting.

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

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

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

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

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title: Executive Director</th>
<th>Date: 1/17/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Sign:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:**

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

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

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

**PLEASE ATTACH THE FOLLOWING**

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

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

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

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

<table>
<thead>
<tr>
<th>Obligation</th>
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<tbody>
<tr>
<td>General Liability Insurance</td>
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<td>☒ Occupational License</td>
</tr>
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<td>☒ Health Inspection</td>
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</tr>
<tr>
<td>☒ Additional insurance Required</td>
</tr>
<tr>
<td>☒ Temporary Structure Permit</td>
</tr>
<tr>
<td>☒ Temporary Structure Permit</td>
</tr>
<tr>
<td>☒ Temporary Structure Permit</td>
</tr>
<tr>
<td>☒ Fire Inspection Permit</td>
</tr>
<tr>
<td>☒ Fireworks Permit</td>
</tr>
<tr>
<td>☒ Parade or Street Closure Permit(s)</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: SPIFFS
Address (including zip): 330 Fifth Street North, St. Petersburg, FL 33701
Phone: 727-552-1896

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

List Vending Products. Name & Provider.
SPIFFS member groups

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

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

Discuss your load in/load out parking needs, include times and dates.
Our tent contractor needs to start setting up on Saturday, October 17, 2020, in order to complete set-up by afternoon Tuesday, October 21, when our members begin set-up of their villages. Tear-down will be completed by Tuesday, October 27, 2020.
Other Comments: Please describe your fee structure.

Students: $6.00
Children under 6: Free
Adults: $10.00
Military: $6.00

Other comments:

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

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

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

Name: [Signature] Title: Executive Director Date: 1/17/2020
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation: St. Petersburg International Folk Fair Society, Inc. (SPIFFS)
Name of Responsible Party (President or CEO ONLY): Lotta Baumann
Title of Responsible Party: Executive Director
Physical Address of Responsible Party: 330 Fifth Street North, St. Petersburg, FL 33701
Phone Number of Responsible Party: 727-552-1896
Email Address of Responsible Party: folkfair@ij.net
Nonprofit (Employee Identification Number): 59-1674880

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

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

What method of invoicing would your organization prefer?

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

[ ] BY EMAIL
Email Address: folkfair@ij.net
## APPENDIX C

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR’S EVENT**

(Must be completed)

---

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Grants/Sponsorships</td>
<td>$12,577.00</td>
</tr>
<tr>
<td>2. Ticket sales</td>
<td>$61,349.00</td>
</tr>
<tr>
<td>3. Souvenir program</td>
<td>$4,665.00</td>
</tr>
<tr>
<td>4. Village space</td>
<td>$22,465.00</td>
</tr>
<tr>
<td>5. Outside vendors</td>
<td>$1,875.00</td>
</tr>
<tr>
<td>6. Beverage sales</td>
<td>$17,231.00</td>
</tr>
<tr>
<td>7. Miscellaneous</td>
<td>$3,034.00</td>
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<tr>
<td>8.</td>
<td></td>
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</tbody>
</table>

**TOTAL GROSS REVENUE** $123,196.00

---

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Admin/Office</td>
<td>$1,020.00</td>
</tr>
<tr>
<td>2. Equipment/Park</td>
<td>$20,856.00</td>
</tr>
<tr>
<td>3. Stage/Sound</td>
<td>$16,004.00</td>
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<tr>
<td>4. Private security</td>
<td>$4,833.00</td>
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<tr>
<td>5. Marketing/printing</td>
<td>$11,812.00</td>
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<tr>
<td>6. Liability insurance</td>
<td>$2,695.00</td>
</tr>
<tr>
<td>7. Beverages/Ice</td>
<td>$7,700.00</td>
</tr>
<tr>
<td>8. Student awards</td>
<td>$500.00</td>
</tr>
<tr>
<td>9. Park rental</td>
<td>$32,781.00</td>
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<tr>
<td>10. Miscellaneous</td>
<td>$2,164.00</td>
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<tr>
<td>11.</td>
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<tr>
<td>12.</td>
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</tbody>
</table>

**TOTAL OPERATING EXPENSES** $100,365.00

**TOTAL NET INCOME** $22,831.00

---

### 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>1. Operating funds for SPIFFS</td>
<td>$22,831.00</td>
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<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
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<td>5.</td>
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<tr>
<td>6.</td>
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</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME** $22,831.00

---

Prepared by: Lotta Baumann

Date: 1/16/2020
In reply refer to: 0240222118
Jan. 11, 2008 LTR 4168C ED
59-1674088 000000 00 000
00009534
BODC: TE

ST PETERSBURG INTERNATIONAL FOLK
FAIR SOCIETY INC
330 5TH ST N
ST PETERSBURG FL 33701-2812300

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

Dear TAXPAYER:

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

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

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

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

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

Sincerely yours,

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

Florida Not For Profit Corporation

ST. PETERSBURG INTERNATIONAL FOLK FAIR SOCIETY, INC.

### Filing Information

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<tr>
<td>Date Filed</td>
<td>11/20/1975</td>
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<td>AMENDMENT</td>
</tr>
<tr>
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</tr>
<tr>
<td>Event Effective Date</td>
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</tbody>
</table>

### Principal Address

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

Changed: 06/02/2003

### Mailing Address

330 FIFTH ST N
SAINT PETERSBURG, FL 33701

Changed: 05/30/2001

### Registered Agent Name & Address

Parsons, William H
330 5TH STREET N
ST PETERSBURG, FL 33701

Name Changed: 05/16/2016

Address Changed: 04/22/2011

### Officer/Director Detail

**Name & Address**

Title P

WHITE, GEORGE, VP
4511-67TH AVENUE N
PINELLAS PARK, FL 33781
Title T
KEARNEY, ILSE
5039 35TH AVE. NO
SAINT PETERSBURG, FL 33710

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

Title S
HO, JANET
1412 STEWART BLVD
CLEARWATER, FL 33764

Title D
JOHNSON, FRED
4322 4TH AVENUE SOUTH
ST. PETERSBURG, FL 33711

Annual Reports

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<th>Report Year</th>
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<td>2017</td>
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<tr>
<td>2018</td>
<td>03/19/2018</td>
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<tr>
<td>2019</td>
<td>04/09/2019</td>
</tr>
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Document Images

- 06/23/2019 -- Amendment
- 04/09/2019 -- ANNUAL REPORT
- 02/19/2018 -- ANNUAL REPORT
- 02/13/2017 -- ANNUAL REPORT
- 05/16/2016 -- ANNUAL REPORT
- 04/12/2015 -- ANNUAL REPORT
- 04/01/2014 -- ANNUAL REPORT
- 04/22/2013 -- ANNUAL REPORT
- 03/20/2012 -- ANNUAL REPORT
- 04/22/2011 -- ANNUAL REPORT
- 01/06/2010 -- ANNUAL REPORT
- 05/01/2009 -- ANNUAL REPORT
- 05/27/2008 -- ANNUAL REPORT
- 08/17/2007 -- ANNUAL REPORT
- 05/08/2007 -- ANNUAL REPORT
- 06/14/2006 -- ANNUAL REPORT
- 04/20/2005 -- ANNUAL REPORT
- 05/03/2004 -- ANNUAL REPORT
ST PETERSBURG INTERNATIONAL FOLK FAIR
LOTTA BAUMANN
330 5TH ST N
ST PETERSBURG FL 33701 2812 USA

Purpose of Use: SPIFFS 46TH ANNUAL INTERNATIONAL FOLK FAIR

Expected: 12,000

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Tue 20 Oct 20 06:00 am
Ending: Mon 26 Oct 20 09:00 pm

Facility/Equipment | Day | Date | Time | Fee | Extra Fee | Tax | Total
--- | --- | --- | --- | --- | --- | --- | ---
Vinoy Park | Tue | 20 Oct 2020 | 06:00 AM | $0.00 | $900.00 | $0.00 | $900.00
Vinoy Park | 26 Oct 2020 | 09:00 PM | $0.00 | $900.00 | $0.00 | $900.00

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

- Co-Sponsored Permit Fee (Vinoy)
  - Hours: 159:00
  - Quantity: 3
  - Charge: $900.00
  - Tax: $0.00
  - Total: $900.00

Charges:
- Fees: $0.00
- Extra Fees: $930.00
- Tax: $0.00
- Total: $930.00
- Deposit: $0.00
- Total Applied: $930.00
- Contract Balance: $0.00
- Account Balance: ($299.50)

Balance of rental due and payable immediately.

Payments:
- Date: 02 Dec 2019
  - Amount: $84.00
  - Payment Type: Check
  - Reference: Rental
  - Receipt Number: 3477897
- Date: 10 Jan 2020
  - Amount: $245.50
  - Payment Type: Check
  - Reference: Rental
  - Receipt Number: 3504483
- Date: 17 Jan 2020
  - Amount: $600.50
  - Payment Type: Check
  - Reference: Rental
  - Receipt Number: 3509012

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

By (Sign Name): LOTTA BAUMANN

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

(Print Name): LOTTA BAUMANN
(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.
Event Title: St. Petersburg Power & Sailboat Show  
Entity Name: Yachting Promotions Inc.  
Event Date(s): December 3 - 6  
Location: 400 1st Street South, St. Petersburg, FL 33701

Day 1 of Event:  
- Time Gates Open: 10:00AM  
- Ending Time: 7:00PM

Day 2 of Event:  
- Time Gates Open: 10:00AM  
- Ending Time: 7:00PM

Day 3 of Event:  
- Time Gates Open: 10:00AM  
- Ending Time: 7:00PM

Application Prepared by: Jacqueline Deffler  
Phone: 954-676-1858

Title: Executive Administrative Assistant  
Cell Phone: 954-599-2126

Address: 1650 SE 17th Street, Suite 412  
City: Fort Lauderdale  
State: FL  
Zip: 33304

Email Address: Jacqueline.Deffler@Informa.com

Additional Contact Person: Dan Christopher Fleming  
Day Phone: 561-312-2998

What month/year were you incorporated as nonprofit? May 1978

List all 501(c)3 entities that will benefit from this event: The Brothers Project

Name of the for-profit entity? Yachting Promotions Inc.

Describe your event with details.

To bring the best products and saving to the community to shop and buy and enjoy our best natural resource, the water.

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

There will be a 30 million dollar economic impact in services such as hotels, restaurants and taxes.

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

Does your group presently have liability insurance?  
- YES  
- NO  
How much? 9,000,000.00

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

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

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

Please provide a phone number that can be advertised to the public. 954-463-6762

What is the estimated attendance for this event?  
- Spectators  
- Participants  
- Last Year's Total Attendance 20,000+
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

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

Special Events Facilities

- Mahaffey Theater
- Coliseum
- Sunken Gardens
- Boyd Hill
- Albert Whitted Park

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 cosponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: Dane Christopher Fleming
Co-Sign: Earl Wayne Powell

<table>
<thead>
<tr>
<th>Title: Director of Business Development</th>
<th>Date: 1/16/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Date: 1/16/19</td>
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727-893-7766 or EMAIL: StPeteEvents@stpete.org

Page 2 of 8
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<td></td>
</tr>
<tr>
<td>Security</td>
<td></td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td></td>
</tr>
<tr>
<td>Showmobile</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Performers</td>
<td></td>
</tr>
<tr>
<td>Announcement Only</td>
<td></td>
</tr>
<tr>
<td>Daytime - Private</td>
<td></td>
</tr>
<tr>
<td>Overnight - Private</td>
<td></td>
</tr>
<tr>
<td>Event Time Frame - SPPD</td>
<td></td>
</tr>
<tr>
<td>Regular Units</td>
<td></td>
</tr>
<tr>
<td>Disabled Units</td>
<td></td>
</tr>
<tr>
<td>Hand Washing</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

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

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

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

[ ] YES  [ ] NO

If YES, check all that apply.  

[ ] RV'S  [ ] Coffee Vendors  [ ] Ice Bins  [ ] Freezers  [ ] Ice Cream Vendors  [ ] Catering Trucks  

[ ] Other:

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

We use the existing transformers that are on site at Albert Whitted Park. They are 750 KVA each as 400 Amp disconnects.

Will you supply your own generators?  

[ ] YES  [ ] NO

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

[ ] YES  [ ] NO If YES, who?  

[ ] Other:

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

No

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

Name:  [ ] Yachting Promotions Inc.  

Phone: 954-463-6762

Address (including zip): 1650 SE 17th Street, Suite 412 Fort Lauderdale FL 33316

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

Light music on floating cocktail barge from noon to 7PM.

List Vending Products. Name & Provider.

Marine Accessories and boats on display

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

The Brothers Project - 8298 SW 173rd Terrace Miami, FL 3315. Phone 305-796-3495

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

N/A

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

Dock Install - 11/23 - 12/2
Dock Removal - 12/8
Boat Move In - 12/1 - 12/2
Boat Move Out - 12/7
Other Comments: Please describe your fee structure.

Adults $17.00 And Children 15 and under are free

Other comments:

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

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

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

Name: Dane Christopher Fleming  Title: Director of Business Development  Date: 1/16/20
# 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 Brothers Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Earl Wayne Powell</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>8298 SW 173rd Terrace, Miami FL 33157</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>305-796-3495</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:Ewp@thebrothersproject.org">Ewp@thebrothersproject.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Name of the <strong>For-profit</strong> Corporation:</th>
<th>Yachting Promotions Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Andrew Doole</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1650 SE 17th Street, Suite 412 Fort Lauderdale, FL 33316</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>954-463-6762</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:Andrew.Doole@Informa.Com">Andrew.Doole@Informa.Com</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number)</td>
<td>59-1652459</td>
</tr>
</tbody>
</table>

---

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

What method of invoicing would your organization prefer?

- [X] BY Mail
- [ ] BY EMAIL

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Dana Centifanti</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>1650 SE 17th Street, Suite 412</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Fort Lauderdale, FL 33316</td>
</tr>
</tbody>
</table>

| Email Address: | Dana.Centifanti@Informa.com |

---

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

Name of Event: St. Petersburg Power & Sailboat Show
Date(s) of Event: Dec 3 - Dec 6

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>10 X 10 Booths</td>
<td>$24,365.25</td>
</tr>
<tr>
<td>2.</td>
<td>In Water</td>
<td>$13,125.00</td>
</tr>
</tbody>
</table>

TOTAL GROSS REVENUE $37,490.25

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Association Fees</td>
<td>$87,550.00</td>
</tr>
</tbody>
</table>

TOTAL OPERATING EXPENSES $87,550.00
TOTAL NET INCOME ($50,059.75)

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Travel &amp; Lodging</td>
<td>$8,547.93</td>
</tr>
</tbody>
</table>

TOTAL ALLOCATION OF NET INCOME $8,547.93

Prepared by: Jacqueline Deffler
Date: Jan 16, 2020
WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-2615814. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

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

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

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

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

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

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

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

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

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

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

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

Keep this part for your records. CP 575 E (Rev. 7-2007)

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

 YOUR TELEPHONE NUMBER Best Time to Call
( ) -

DATE OF THIS NOTICE: 11-26-2018
EMPLOYER IDENTIFICATION NUMBER: 83-2615814
FORM: SS-4

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

BROTHERS PROJECT
8298 SW 173 TERRACE
MIAMI, FL 33157
Detail by Entity Name
Florida Profit Corporation
YACHTING PROMOTIONS, INC.

Filing Information
Document Number 498855
FEI/EIN Number 59-1652459
Date Filed 03/15/1976
State FL
Status ACTIVE
Last Event CORPORATE MERGER
Event Date Filed 12/14/2006
Event Effective Date 01/01/2007

Principal Address
1650 S. E. 17th Street, Ste. 412
FORT LAUDERDALE, FL 33316

Changed: 03/19/2019

Mailing Address
101 Paramount Drive, Ste. 100
Sarasota, FL 34232

Changed: 04/03/2017

Registered Agent Name & Address
CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301

Name Changed: 04/04/2017
Address Changed: 04/04/2017

Officer/Director Detail
Name & Address
Title Director, President

McCurdy, Charles
5 Howick Place
London SW1P 1WG GB
Title Director, Senior Vice President, Secretary

Etter, Thomas C.
605 3rd Avenue, 21st Floor
New York, NY 10158

Title VP

Levine, Marc
101 Paramount Drive, Ste. 100
Sarasota, FL 34232

Title Asst. Secretary

Peter, Patricia
605 3rd Avenue, 21st Floor
New York, NY 10158

Title VP

McAvoy, Ken
1650 S. E. 17th Street, Ste. 412
FORT LAUDERDALE, FL 33316

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>04/03/2017</td>
</tr>
<tr>
<td>2018</td>
<td>04/13/2018</td>
</tr>
<tr>
<td>2019</td>
<td>03/19/2019</td>
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</table>

Document Images

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/19/2019</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/13/2018</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/04/2017</td>
<td>Reg. Agent Change</td>
</tr>
<tr>
<td>04/03/2017</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/28/2016</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/03/2015</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/30/2014</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>06/12/2013</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>03/21/2012</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/27/2011</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/23/2010</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>11/17/2009</td>
<td>Reg. Agent Change</td>
</tr>
<tr>
<td>04/30/2009</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>03/16/2008</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>05/04/2007</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>12/14/2006</td>
<td>Merger</td>
</tr>
<tr>
<td>09/28/2006</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>05/12/2006</td>
<td>Reg. Agent Change</td>
</tr>
</tbody>
</table>
Detail by Entity Name
Florida Not For Profit Corporation
THE BROTHERS' PROJECT, INC.

Filing Information
Document Number: N18000012494
FEI/EIN Number: 83-2615814
Date Filed: 11/27/2018
Effective Date: 01/01/2019
State: FL
Status: ACTIVE
Last Event: AMENDMENT
Event Date Filed: 05/06/2019
Event Effective Date: NONE

Principal Address
8298 SW 173 TERRACE
MIAMI, FL 33157

Mailing Address
8298 SW 173 TERRACE
MIAMI, FL 33157

Registered Agent Name & Address
POWELL, EARL W
8298 SW 173 TERRACE
MIAMI, FL 33157

Officer/Director Detail
Name & Address
Title: P
POWELL, EARL W
8298 SW 173 TERRACE
MIAMI, FL 33157

Title: VP
POWELL, COLETTE
8298 SW 173 TERRACE
MIAMI, FL 33157

Title: SEC
Contract Permit

Contract #: 29279
Date: 17 Jan 2020

YACHTING PROMOTIONS INC
JACQUELINE DEFFLER
1650 SE 17TH ST STE 412
FORT LAUDERDALE FL 33316 USA

Primary #: (954) 784-7642
Secondary #: ()
Other #: ()

Purpose of Use: ST. PETERSBURG POWER & SAILBOAT SHOW

Expected: 20,000

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Mon 23 Nov 2020 06:00 am
Ending: Thu 10 Dec 2020 09:00 pm

Facility/Equipment
<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albert Whitted Park</td>
<td>Mon</td>
<td>23 Nov 2020</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>10 Dec 2020</td>
<td>09:00 PM</td>
<td></td>
<td>$0.00</td>
<td>$600.00</td>
<td>$0.00</td>
<td>$600.00</td>
</tr>
</tbody>
</table>

Additional Fees:
- Extra Fee - Co-Sponsored Application Fee: Quantity 1, Charge $30.00, Tax $0.00, Total $30.00
- Extra Fee - Bookings - Co-Sponsored Permit Fee: Hours 423:00, Quantity 3, Charge $600.00, Tax $0.00, Total $600.00
- Extra Fee - Bookings: Total 3, Charge $600.00, Tax $0.00, Total $600.00

Charges:
- Fees $0.00, Extra Fees $630.00, Tax $0.00, Total $630.00

Deposit $0.00, Total Applied $630.00, Contract Balance $0.00, Account Balance ($30.00)

Balance of rental due and payable immediately.

Payments:
- Date 05 Feb 2019, Amount $30.00, Payment Type Check, Reference Rental, Receipt Number 3239942
- Date 17 Jan 2020, Amount $600.00, Payment Type Check, Reference Rental, Receipt Number 3509015

Additional Notes:

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

By: (Sign Name) JACQUELINE DEFFLER
(Print Name) YACHTING PROMOTIONS INC
Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): ____________________________
Parks and Recreation Superintendent

(Print Name) ____________________________
Parks and Recreation Department

Printed: 17 Jan 2020, 03:35 PM
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
### Event Fees, Costs and Insurance Requirements

A non-refundable application fee of **Thirty Dollars ($30.00)** is required by Section 25-75 of the City Code. It is to be paid at the time of filing the application. The costs of all City services for the event shall be paid by the applicant (or person responsible). A certificate of insurance is required by Section 25-76 of the City Code and should also be included with the application at the time of filing. The City of St. Petersburg shall be named as an additional insured party on all insurance certificates.

### Waiver Request for Fees, Costs and Insurance Requirements

If the applicant is indigent and is engaged in **public issue speech or conduct**, as defined in Section 25-37 of the City Code, the application fee, City services costs and insurance requirements may be waived. The applicant shall apply to the City, and the City Administrator or the designee thereof, the City Attorney or the designee thereof, and the Administrator of Parks or the designee thereof shall determine if the applicant fulfills the public issue and indigency requirement, in order to receive a waiver of costs of the processing fee and City services. This application process will require a financial disclosure. The City Administrator shall make a recommendation to City Council who shall approve or deny the waiver. The applicant shall be notified of the council action.

**Do you wish to apply to the City for a claim of indigence and request a waiver of fees, costs and insurance requirements?**

- [ ] Yes  
- [ ] No

### Organization Sponsoring Event Information

**Applicant**

Name: The Brothers Project  
Address: 8298 SW 173 Terrace, Miami FL 33157  
Email: Ewp@thebrothersproject.org  
Phone: Cell: 305-796-3495  
Home:  
Work:  

**Organization**

Name: Yachting Promotions Inc.  
Address: 1650 SE 17th Street, Suite 412 Fort Lauderdale, FL 33316  
Email: Jacqueline.Deffler@Infora.com  
Phone: Cell: 954-599-2126  
Home:  
Work: 954-676-1858

**President or Head of Organization**

Name: Andrew Doole  
Address: 1650 SE 17th Street, Suite 412 Fort Lauderdale, FL 33316  
Email: Andrew.Doole@Infora.com  
Phone: Cell: 954-325-6552  
Home:  
Work: 954-676-1858

**Person or Entity Responsible for Payment of City Services**

Name: Dana Centifanti  
Address: 1650 SE 17th Street, Suite 412 Fort Lauderdale, FL 33316  
Email: Dana.Centifanti@Infora.com  
Phone: Cell: 954-847-1567  
Home:  
Work: 954-463-6762

**Person Responsible for Event Conduct**

Name: Dane Christopher Fleming  
Address: 1650 SE 17th Street, Suite 412  Fort Lauderdale, FL 33316  
Email: Chris.Fleming@Infora.com  
Phone: Cell: 561-312-2998  
Home:  
Work: 954-463-6762
St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

<table>
<thead>
<tr>
<th>Event Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Event:</td>
</tr>
<tr>
<td>Date of Event:</td>
</tr>
<tr>
<td>Assembly Time:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Event Specifics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify the purpose of the outdoor assembly and provide a general description of the proposed event, to include the activities that will take place during the event:</td>
</tr>
<tr>
<td>Proposed Route to include Assembly Area, Start and End Points and Dispersal Area. Attach Route Map.</td>
</tr>
<tr>
<td>Specify any Public Facilities, Parks and/or Equipment to be used:</td>
</tr>
<tr>
<td>Provide a description of all recording equipment, signs, banners, etc. This should include a description of the materials used for any of these items.</td>
</tr>
<tr>
<td>Will alcoholic beverages be sold or consumed as part of this event? X Yes No</td>
</tr>
<tr>
<td>Estimated number of people taking part in the event. 20,000</td>
</tr>
<tr>
<td>Estimated number and type of animals taking part in the event. N/A</td>
</tr>
<tr>
<td>Will this event take place in the roadway? X Yes No</td>
</tr>
<tr>
<td>If Yes, will the entire event be in the roadway or just a portion of the event?</td>
</tr>
<tr>
<td>Will this event take place on the sidewalks? X Yes No</td>
</tr>
<tr>
<td>If Yes, will the entire event be on the sidewalks or just of portion of the event? Just a portion</td>
</tr>
<tr>
<td>Estimated number of volunteers or Parade Marshals that will be assisting with this event. 0</td>
</tr>
</tbody>
</table>

Parades, Sporting Events and other similar types of events typically disrupt the normal flow of traffic and inconvenience area businesses and/or residents. The City will endeavor to assist the event organizers and promoters in notifying the community about the event; however the responsibility for informing the public and affected commerce rests with the applicant.

What steps will the applicant(s) take to ensure the community is properly notified?
Advertent and Social Media
St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

Signature and Notary

Andrew Doole

I, ____________________________, for himself/herself and for the other persons, organizations, firms and corporations listed in the Organization Sponsoring Event Information section of this application, do hereby contract and agree that they will jointly and severally indemnify and hold the City of St. Petersburg, Florida harmless against liability for any and all claims for damage or injury to or death of persons arising out of or resulting from the issuance of this permit, or the conduct of the event or its participants.

The event and expected conduct of the participants will conform to all requirements of law, including all ordinances of the City of St. Petersburg.

Applicant Signature (Authorized Representative) ____________________________ Date: __/__/20

The foregoing instrument was acknowledged before me this __ day of __________________, 20__, by __________________, who is personally known to me or who has produced __________________________________________ as proper identification.

Notary Public: ____________________________

Permit Approval

The application for this Outdoor Assembly Permit is hereby granted subject to the applicant’s acknowledgement that they will abide by all laws of the State of Florida and all ordinances of the City of St. Petersburg and Pinellas County. Further the applicant acknowledges they are responsible for the conduct of ALL participants of the event they have sponsored.

Authorized Signature (Police Department) ____________________________ Date of Approval: __/__/20
Event Name: St. Petersburg Power & Sailboat Show  
Event Date(s): DEC 3 to DEC 6

Event Location: Albert Whitted Park - 400 1st Street South, St. Petersburg FL 33701

Event Representative: Dane Christopher Fleming

Address: 1650 SE 17th Street, Suite 412 Ft. Lauderdale, FL 33316

Phone: 954-463-6762  Fax: 954-462-4142  E-Mail: Chris.Fleming@Informa.com

Event Website: www.St.Peteboatshow.com

1. Parking:
   a. If you expect that participants will be parking in city-owned parking facilities for your event, have you contacted the parking manager in the Department of Transportation and Parking to discuss your needs?
   - Yes. [ ] ______ No. [ ] ______ N/A [ ] √
   b. If you are using private property for additional parking, you will need to follow the guidelines below:

   **The number of accessible parking spaces per lot or parking facility shall comply with the table below:

<table>
<thead>
<tr>
<th>Total Spaces in Parking Lot</th>
<th>Accessible Spaces Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 25</td>
<td>1</td>
</tr>
<tr>
<td>26 to 50</td>
<td>2</td>
</tr>
<tr>
<td>51 to 75</td>
<td>3</td>
</tr>
<tr>
<td>76 to 100</td>
<td>4</td>
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<tr>
<td>101 to 150</td>
<td>5</td>
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<tr>
<td>150 to 200</td>
<td>6</td>
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<tr>
<td>201 to 300</td>
<td>7</td>
</tr>
<tr>
<td>301 to 400</td>
<td>8</td>
</tr>
<tr>
<td>401 to 500</td>
<td>9</td>
</tr>
<tr>
<td>501 to 1000</td>
<td>2% of total</td>
</tr>
<tr>
<td>1001 and Over</td>
<td>20 Plus 1 for Each 100 Over 1000</td>
</tr>
</tbody>
</table>

   **Please note that there are also specific size requirements and signage requirements for parking spaces that can be found in Ch. 553.5041 of the Florida Statutes or Chapter 11 of the Florida Building Code.
   
   c. Are your private parking facilities in compliance with Ch. 553.5041 of the Florida Statutes or the Florida Building Code?
   - Yes. [ ] ______ No. [ ] ______ N/A [ ] √
b. Will your food and other counters/vendors have accessible displays?
   Yes ☑ No _______ N/A _______

c. Is there any seating available for dining?
   Yes ☑ No _______

d. If yes, is at least 5% of the seating accessible? (For example, has space available for a wheelchair; table has at least 27 inches of knee clearance.)
   Yes ☑ No _______

e. Do you plan to have any seating available for viewing concerts or other performances?
   Yes _______ No _______ N/A ☑

f. If yes, do you have a section reserved with accessible, unobstructed viewing for persons with disabilities and their companions?
   Yes _______ No _______

g. Do you plan to have sign-language interpreters or any other auxiliary aids or services available for persons with disabilities?
   Yes _______ No _______ N/A ☑

   *If yes, please provide details about those below:

h. (Please initial here.) Yes, I am prepared and willing to grant all reasonable requests for accommodations for this event.

   ** All reasonable requests for accommodations must be granted pursuant to applicable laws, unless a request would result in a fundamental alteration in the nature of services or activities, or would result in undue financial and administrative burdens. Prior to denying any request for accommodation, you must contact the Community Affairs Division for a review of compliance with applicable laws.

5. Signage and Marketing:
   ** Appropriately sized signs with the international symbol of accessibility illustrated below help people identify facilities that are accessible at your event. Directional signs should be provided in highly contrasting colors, such as white on black or black on white. The characters on the signs should be at least between 5/8 and 2 inches in length, and the signs should be highly visible and not blocking accessible routes of travel.

   a. Will you have appropriate, visible signage to inform people with disabilities about all accessible facilities at your event?
      Yes _______ No _______ N/A ☑

      *Please add the following language or similar language to event marketing materials, including your Web site.
      "This event was designed to provide equal opportunity for enjoyment by all participants. If you would like to request any particular aids or services pursuant to disability laws, please contact the event planner at (EVENT PHONE NUMBER) or City of St Petersburg Community Affairs Division at (727) 893-7345 or (727) 892-5259 TDD/TTY"
APPLICATION FOR STREET CLOSURE PERMIT

In accordance with the provisions set forth by the Mayor of the City of St. Petersburg, the undersigned hereby applies for a Street Closure Permit, and provides the following information and represents that it is true and correct, and accepts that the City may at any time, amend or revoke this application:

1. NAME OF PERSON OR ORGANIZATION SPONSORING STREET CLOSURE

a). Name: Yachting Promotions Inc.
Address: 1650 SE 17th Avenue, Suite 412
City/State: Fort Lauderdale, FL Zip: 33316
Phone No.: Work: 954-463-6762 Home: 954-850-6085

b). Name of Person Applying For This Permit (if same as above, indicate “SAME”)
Name: Same
Address: ________________________
City/State: ________________________ Zip: ____________
Phone No.: Work: ________________ Home: ______________

2. EVENT INFORMATION

a. Date of Event: December 3 to December 6
b. Time Event Begins: 10:00AM Ends: 7:00PM
c. Street to Be Closed: Bayshore Drive - Sunday, November 29th to Monday, December 7
d. Purpose of Event: St. Petersburg Power and Sailboat Show
e. Estimated Attendance: 20,000
f. Will beer, wine or any alcoholic beverages be served or sold as part of this event? Yes

If yes, proof of Liquor Liability Insurance must be included with application.

3. The applicant, for himself, and for other persons, organizations, firms and corporation, if any listed in Section 1(a) of this application does hereby contract and agree that he (and they) will, jointly and severally, indemnify and hold the City of St. Petersburg, Florida, harmless against liability for any and all claims for damage to property, or injury to, or death of persons, arising out of, or resulting from the issuance of this permit, or the conduct of the event or its participants.

January 16, 2020
Date of Signature

Signature of Applicant

Sworn before me and subscribed in my presence this _____ day of January, 2020

Notary Public

Approval:

Chief of Police or Designee

Date Approved
Application for Street Closure Permit
SPPD Special Events Unit

Property Owner Approval Sheet

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

STREET(S) TO BE CLOSED: Bayshore Drive BETWEEN 1st Ave & Dali Blvd

DATE OF REQUESTED CLOSURE: Nov 29 to Dec 7

TIME SPAN: From 24th to ______

<table>
<thead>
<tr>
<th>PRINTED NAME</th>
<th>SIGNATURE</th>
<th>ADDRESS</th>
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<tbody>
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</tbody>
</table>
SPPD Special Events Unit

Site Map

Please complete a map indicating the area you wish to have closed. Be sure to label the streets to be closed and include surrounding streets, alleys and any other vehicular accesses to the area. Please also provide any other details which need to be considered in approving this application.

Drawn by: David Paternina  Date: 1/16/20
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA, INC.
501 MERRITT 7
NORWALK, CT 06856-6010

CN102991220-YPI-GAUWL-19-21 INSURER

DESCRIPTION OF OPERATIONS

RE: CERTIFICATE HOLDER CANCELLATION

ADDITIONAL COVERAGE

CERTIFICATE OF LIABILITY INSURANCE

CERTIFICATE NUMBER: NYC-01081431-01

REVISION NUMBER: 0

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSN | POLICY NUMBER | POLICY EFF DATE (MM/DD/YYYY) | POLICY EXP DATE (MM/DD/YYYY) | LIMITS |
--------|------------------|----------------|---------------|-----------------------------|-----------------------------|--------|
A X     | COMMERCIAL GENERAL LIABILITY |               | US0081988L20A | 01/01/2020 | 01/01/2021 | EACH OCCURRENCE $1,000,000 |
        | CLAIMS-MADE | OCCUR | CLAIMS-MADE |               |               | DAMAGE TO RENTED PREMISES (At occurrence) $1,000,000 |
        | POLICY | PROJECT | LOC |               |               | MED EXP (Any one person) $5,000 |
B X     | AUTOMOBILE LIABILITY |               | FA18BAPC02010404 | 01/01/2020 | 01/01/2021 | COMBINED SINGLE LIMIT (At accident) $1,000,000 |
        | ANY AUTO | OWNED AUTOS ONLY | SCHEDULED AUTOS |               |               | BODILY INJURY (Per person) $1,000,000 |
        | HIRED AUTOS ONLY | X | NON-OWNED AUTOS ONLY |               |               | BODILY INJURY (Per accident) $1,000,000 |
A X     | UMBRELLA LIABILITY |               | US0081989L20A | 01/01/2020 | 01/01/2021 | EACH OCCURRENCE $5,000,000 |
        | EXCESS LIABILITY | OCCUR | CLAIMS-MADE | EXCLUDES LIQUOR LIABILITY |               | AGGREGATE $5,000,000 |
B X     | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | 13 WE ACT1HMF | 10/01/2019 | 10/01/2020 | X PER STATUTE OTHER | E.L. EACH ACCIDENT $1,000,000 |
        | ANY PROPRIETOR PARTNER EXECUTIVE OFFICER MEMBER EXCLUDED | | | | | E.L. DISEASE - EA EMPLOYEE $1,000,000 |
        | (Mandatory in NH) | | | | | E.L. DISEASE - POLICY LIMIT $1,000,000 |
D | LIQUOR LIABILITY | | IEG0072462L20A | 01/01/2020 | 01/01/2021 | Limit: | 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: St. Petersburg Power and Sailboat Show. City of St. Petersburg is included as additional insured where required by written contract with respects to the general liability policy.

CERTIFICATE HOLDER
City of St. Petersburg
PO Box 2042
St. Petersburg, FL 33731

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE of Marsh USA Inc.

© 1988-2016 ACORD CORPORATION. All rights reserved.
### Event Application

**Date Received:** 11/7/20  
**Check or Cash:** A  
**Application #:** 15  
**Packet:**  
**Permit #:** 29280

<table>
<thead>
<tr>
<th>Event Title:</th>
<th>BungalowFest</th>
<th>Phone No.: 941-350-7531 Fax No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entity Name:</td>
<td>Historic Kenwood Neighborhood Association (HKNA)</td>
<td>Federal I.D. Number: 57-0953652</td>
</tr>
<tr>
<td>Event Date(s):</td>
<td>November 7th, 2020</td>
<td>Location: Seminole Park</td>
</tr>
<tr>
<td>Day 1 of Event:</td>
<td>11/7/20</td>
<td>Time Gates Open: 10 a.m Ending Time: 4 p.m</td>
</tr>
<tr>
<td>Day 2 of Event:</td>
<td></td>
<td>Time Gates Open: Ending Time:</td>
</tr>
<tr>
<td>Day 3 of Event:</td>
<td></td>
<td>Time Gates Open: Ending Time:</td>
</tr>
<tr>
<td>Application Prepared by:</td>
<td>Nicole Carlisle</td>
<td>Phone: 941-350-7531</td>
</tr>
<tr>
<td>Title:</td>
<td>President</td>
<td>Cell Phone: same</td>
</tr>
<tr>
<td>Address:</td>
<td>P.O. Box 15134</td>
<td>City: St. Pete State: FL Zip: 33733</td>
</tr>
<tr>
<td>Email Address:</td>
<td><a href="mailto:president@historickenwood.org">president@historickenwood.org</a></td>
<td></td>
</tr>
<tr>
<td>Additional Contact Person:</td>
<td>Darrel Gordon</td>
<td>Day Phone: 722-485-6712</td>
</tr>
</tbody>
</table>

**What month/year were you incorporated as nonprofit?**  
October 2010

**List all 501(c)3 entities that will benefit from this event.**  
HKNA

**Name of the for-profit entity?**

**Describe your event with details.**

Annual home tour in Historic Kenwood that showcases our ongoing home and neighborhood improvements. We usually have around 300 people come through the tour each year.

**Describe what economic benefit and impact this event will bring to St. Petersburg.**

One of HKNA's biggest fundraisers, helps support our many events, programs, and projects.

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?**  
\[ \surd \] YES \[ \] NO \[ \] How much? $0.00

**Are there plans to sell or distribute beer/wine at your event?**  
\[ \] YES \[ \surd \] NO

**Will there be an admission / registration fee?**  
\[ \surd \] YES \[ \] NO Advanced Fee: $2 Day of: 11/25

**Please provide the website address for your event.**  
www.bungalowsfest.org

**Please provide a phone number that can be advertised to the public.**  
\[ \] |

**What is the estimated attendance for this event?**  
Spectators 800 Participants 50 Last Year's Total Attendance 850
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 [ ]

Special Events Facilities

Mahaffey Theater

Coliseum

Sunken Gardens

Boyd Hill

[ ] Non-City Locations

Which Location?

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services

TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)

FIRE: Paramedics, Inspectors

PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration

RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: [Nicole Carlisle]

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.

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>
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<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>
</tr>
<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>
</tbody>
</table>

Marketing: Please check all that apply.

✓ Invitations  ✓ Radio  
✓ Posters / Flyers  ✓ Television  
✓ Newspaper / Internet  ✓ Remote Broadcast  

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks?  

☐ YES  ☐ NO

If YES, check all that apply.  

☐ RV'S  ☐ Coffee Vendors  ☐ Ice Bins  ☐ Freezers  ☐ Ice Cream Vendors  ☐ Catering Trucks  

☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.  

_/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.  

_/a

If City permits, licenses, or services are required for event, who will pay for them?

Name: [ ]

Address (including zip): P.O. Box 1531, St. Pete, FL 33703

Phone: 941-352-2531

Type of music, # of stages, and # of bands.  

_/a

List Vending Products. Name & Provider.  

_/a

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.  

_/a

Explain subject/purpose of all speeches/demonstrations which will occur.  

_/a

Discuss your load in/load out parking needs, include times and dates.  

_/a
I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: [signature] Nicole Carlisle
Title: President
Date: 12/20/20
Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>Historic Kenwood Neighborhood Association</th>
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<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Nicole Carlisle</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>3210 7th Ave N, St. Pete, FL 33713</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>941-350-7531</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:President@historickenwood.org">President@historickenwood.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td></td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
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<tr>
<td>Physical Address of Responsible Party:</td>
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<td>Phone Number of Responsible Party:</td>
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<tr>
<td>Email Address of Responsible Party:</td>
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<tr>
<td>For-profit (Employee Identification Number):</td>
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</tbody>
</table>

Please include a copy of the current IRS Nonprofit Affidavit / For Profit

What method of invoicing would your organization prefer?

- [ ] BY Mail

  Contact Name
  Address
  City, State, Zip

- [ ] BY EMAIL

  Email Address:
### 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>Ticket sales</td>
<td>$14,905</td>
</tr>
<tr>
<td>Brochure and sales</td>
<td>$2,650</td>
</tr>
<tr>
<td>Canceled activity passes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Gross Revenue</strong></td>
<td>$17,555</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>Portable sanitation</td>
<td>$275.00</td>
</tr>
<tr>
<td>T-shirts</td>
<td>$925.00</td>
</tr>
<tr>
<td>Brochures and postcards</td>
<td>$2,671.50</td>
</tr>
<tr>
<td>Social media</td>
<td>$400.00</td>
</tr>
<tr>
<td>Volunteer lunch/thank-you party</td>
<td>$900.00</td>
</tr>
<tr>
<td>Homeowner reception</td>
<td>$375.00</td>
</tr>
<tr>
<td>Homeowner plaques</td>
<td>$150.00</td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>$5,716.00</td>
</tr>
<tr>
<td><strong>Total Net Income</strong></td>
<td>$11,984</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>ENA project, programs, and activities</td>
<td>$11,984</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Allocation of Net Income</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Prepared by:** Nicole Carlisle

**Date:** 11/17/20
Date: MAY 18 2011

HISTORIC KENWOOD NEIGHBORHOOD ASSOCIATION INC
PO BOX 15134
ST PETERSBURG, FL  33733-5134

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.
HISTORIC KENWOOD NEIGHBORHOOD

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC
ADDENDUM

The effective date of your exemption under IRC 501(c)(3) begins September 10, 2010, the postmark date of your application for exemption. Donations made prior to this date are not deductible to the donor.
**Detail by Entity Name**

Florida Not For Profit Corporation
HISTORIC KENWOOD NEIGHBORHOOD ASSOCIATION, INC.

**Filing Information**

<table>
<thead>
<tr>
<th>Document Number</th>
<th>N38463</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEI/EIN Number</td>
<td>57-0953652</td>
</tr>
<tr>
<td>Date Filed</td>
<td>06/01/1990</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>Status</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>Last Event</td>
<td>AMENDMENT</td>
</tr>
<tr>
<td>Event Date Filed</td>
<td>01/18/2011</td>
</tr>
<tr>
<td>Event Effective Date</td>
<td>NONE</td>
</tr>
</tbody>
</table>

**Principal Address**

2750 BURLINGTON AVE. N.
ST. PETERSBURG, FL 33713

Changed: 03/07/2019

**Mailing Address**

POST OFFICE BOX 15134
ST. PETERSBURG, FL 33733-5134

Changed: 04/08/2005

**Registered Agent Name & Address**

Aude, Kay W
2750 Burlington Ave. N
ST. PETERSBURG, FL 33713

Name Changed: 04/09/2019

Address Changed: 04/09/2019

**Officer/Director Detail**

**Name & Address**

Title PRES

Carlisle, Caroline Nicole
POST OFFICE BOX 15134
ST. PETERSBURG, FL 33733-5134
## Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>01/06/2017</td>
</tr>
<tr>
<td>2018</td>
<td>02/14/2018</td>
</tr>
<tr>
<td>2019</td>
<td>04/09/2019</td>
</tr>
</tbody>
</table>

## Document Images

<table>
<thead>
<tr>
<th>Date</th>
<th>Report Type</th>
<th>Access Link</th>
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</thead>
<tbody>
<tr>
<td>04/09/2019</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
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<tr>
<td>02/14/2018</td>
<td>ANNUAL REPORT</td>
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</tr>
<tr>
<td>01/08/2017</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/09/2016</td>
<td>ANNUAL REPORT</td>
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<tr>
<td>01/10/2015</td>
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<tr>
<td>01/04/2014</td>
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<td>01/18/2013</td>
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<tr>
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<td>01/18/2011</td>
<td>Amendment</td>
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<td>02/05/2009</td>
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</tr>
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<td>04/03/2001</td>
<td>Name Change</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>03/27/2001</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/22/2000</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
</tbody>
</table>
Contract/Permit

Contract #: 29280  
Date: 17 Jan 2020

HISTORIC KENWOOD NEIGHBORHOOD ASSOC  
NICOLE CARLISLE  
PO BOX 15134  
ST PETERSBURG FL 33733 5134 USA

Purpose of Use: BUNGALOWFEST  
Expected: 800

Conditions of Use: Insurance Required

Other Information:
- Use of beer and wine: No
- Use of fencing: No
- Use of liquor: No

Date(s) and Time(s) of Use:
Starting: Sat 07 Nov 20 06:00 am
Ending: Sat 07 Nov 20 09:00 pm

Facility/Equipment  
Seminole Park

Fee  Extra Fee  Tax  Total
$0.00  $30.00  $0.00  $30.00

Extra Fee - Bookings
Application Processing Fee - Parks
Hours  Quantity  Charge  Tax  Total
15:00  1  $30.00  $0.00  $30.00
1  $30.00  $0.00  $30.00

Charges:
Fees  Extra Fees  Tax  Total  Deposit  Total Applied  Contract Balance  Account Balance
$0.00  $60.00  $0.00  $60.00  $0.00  $60.00  $0.00  ($110.00)

Balance of rental due and payable immediately.

Payments:
Date  Amount  Payment Type  Reference  Receipt Number
05 Feb 2019  $30.00  Check  Rental  3239946
27 Feb 2019  $30.00  Check  Rental  3258504

Additional Notes:
I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By (Print Name) NICOLE CARLISLE  
HISTORIC KENWOOD NEIGHBORHOOD ASSOC

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent

By (Sign Name): Parks and Recreation Department

Printed: 17 Jan 2020, 03:36 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: St Pete Run Fest
Entity Name: EndorFun Sports (owner of St Pete Run Fest)

Event Date(s): 11/13/20-11/15/20
Location: Albert Whitted Park

Day 1 of Event: 11/13/20 Time Gates Open: 2:00 PM Ending Time: 7:00 PM
Day 2 of Event: 11/14/20 Time Gates Open: 5:30 AM Ending Time: 3:00 PM
Day 3 of Event: 11/15/20 Time Gates Open: 5:30 AM Ending Time: 3:00 PM

Application Prepared by: Ryan Jordan
Title: Co-Founder
Address: PO Box 2106
City: St Petersburg State: FL Zip: 33731
Email Address: ryan@stpeterunfest.org

Application #:
Packet #:
Permit #:
Date Received: 1/12/20
Check or Cash:

Event Title:
Entity Name:

Event Date(s):
Location:

Day 1 of Event:
Day 2 of Event:
Day 3 of Event:

Application Prepared by:

Title:
Address:
Email Address:

What is the estimated attendance for this event?
Spectators 4,000
Participants 6,500
Last Year's Total Attendance 10,000

The St Pete Run Fest is 4th year event bringing together the local community and visitors from outside the Tampa Bay area. The event includes running distances of half marathon, 10K, 5K and kids race. By highlighting the local businesses and activities that make St. Pete unique, we will give our participants a one-of-a-kind St. Pete experience. We aim to encourage health/fitness by offering St. Pete residents the opportunity to participate in our running races, as well as our Health & Fitness Expo. (Health & Fitness Expo is free to all) The St. Pete Run Fest will be a great addition to the "Healthy St. Pete" initiative.

Describe what economic benefit and impact this event will bring to St. Petersburg.
The St. Pete Run Fest will draw visitors from outside the Tampa Bay area, filling local hotels and restaurants, and providing an influx of outside money to local businesses. Over 1,000 registered from over 100 miles away in 2019 netting over 1,400 bed nights. Run Fest sources a majority of supplies for event locally.

Describe your event with details.

Please provide the website address for your event. www.stpeterunfest.org

Please provide a phone number that can be advertised to the public. 727-417-4294

What month/year were you incorporated as nonprofit?
N/A

List all 501(c)3 entities that will benefit from this event.
St Pete Free Clinic, American Cancer Society, Jump for Kids, Salvation Army

Name of the for-profit entity?
EndorFun Sports

Does your group presently have liability insurance? YES NO
How much? $1 million per occ/$2 million agg

Are there plans to sell or distribute beer/wine at your event?
YES NO

Will there be an admission / registration fee? YES NO
Advanced Fee: varies Day of: varies

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? YES NO
How much? $1 million per occ/$2 million agg

Are there plans to sell or distribute beer/wine at your event? YES NO

Will there be an admission / registration fee? YES NO

Please provide the website address for your event. www.stpeterunfest.org

Please provide a phone number that can be advertised to the public. 727-417-4294

What is the estimated attendance for this event?
Spectators 4,000
Participants 6,500
Last Year's Total Attendance 10,000
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td># Bleacher(s) needed. Each bleacher approx. 180 people</td>
<td>No</td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>Chairs # needed</td>
</tr>
<tr>
<td>Public Address System</td>
<td></td>
</tr>
<tr>
<td># of portable risers needed (4 in. x 8 in. x 16 in. sections)</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<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.

<table>
<thead>
<tr>
<th>POLICE:</th>
<th>Public Safety Personnel, Marine Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRAFFIC:</td>
<td>Personnel, Equipment (cones, barricades, no parking signs)</td>
</tr>
<tr>
<td>FIRE:</td>
<td>Paramedics, Inspectors</td>
</tr>
<tr>
<td>PARKS SERVICES:</td>
<td>Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration</td>
</tr>
<tr>
<td>RECREATION SERVICES:</td>
<td>On-site Presence, Logistics Help, Liaison with Other Departments</td>
</tr>
</tbody>
</table>

**Note:** The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name:       Co-Sign:       Title:       Co Founder       Date:       1/9/20

Co-Sign:       Co-Sign:       Title:       President, St. Petersburg       Date:       1/9/20

**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>☒ 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>☒ Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>☒ Vending Beer / Wine</td>
<td></td>
</tr>
<tr>
<td>☒ Erecting Tents - Larger than 10ft x 12ft</td>
<td></td>
</tr>
<tr>
<td>☒ Fence Installation</td>
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<tr>
<td>☒ Other Structures</td>
<td></td>
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<tr>
<td>☒ Open Flame Food Preparation</td>
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<td>☒ Pyrotechnics</td>
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<td></td>
</tr>
<tr>
<td>☒ Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>☒ Semitruck / Tractor Trailer</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

<table>
<thead>
<tr>
<th>Marketing</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Invitations</td>
<td>Radio</td>
</tr>
<tr>
<td>☒ Posters / Flyers</td>
<td>Television</td>
</tr>
<tr>
<td>☒ Newspaper / Internet</td>
<td>Remote Broadcast</td>
</tr>
<tr>
<td>☒ Invitations</td>
<td></td>
</tr>
<tr>
<td>☒ Posters / Flyers</td>
<td></td>
</tr>
<tr>
<td>☒ Newspaper / Internet</td>
<td></td>
</tr>
</tbody>
</table>

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20 amp located in the parks? □ YES □ NO
If YES, check all that apply. □ RV'S □ Coffee Vendors □ Ice Bins □ Freezers □ Ice Cream Vendors □ Catering Trucks □ Other:

Please explain the details of the above Items checked. Tell us how much and what type of power they would require.

Requirements should mirror 2019 needs.

Will you supply your own generators? □ YES □ NO

Will your event have a licensed electrician on-site during the event? □ YES □ NO
If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

Noise ordinance for course to allow for moderate sounds from on-course entertainment

If City permits, licenses, or services are required for event, who will pay for them?

Name: EndorFun Sports
Address (Including zip): PO Box 2106, St Petersburg, FL 33731
Phone: 727-417-4294

Type of music, # of stages, and # of bands.

Dj/announcer at finish line with music. Showmobile stage with live music/band at Albert Whitted. Musicians/entertainers along the course.

List Vending Products. Name & Provider.

Complete list to be added later. Products will include Running gear - clothing, shoes, accessories; health/fitness products.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

Jump for Kids, Jeff Pope, info@jumpforkidsfl.org and phone number: 727-512-5679

Explain subject/purpose of all speeches/demonstrations which will occur.

None

Discuss your load in/load out parking needs, include times and dates.

Load in Wednesday, Nov 11 morning starting at 8am at Al Lang Park and along Bayshore Drive. Race start/finish line structure set-up on Bayshore Blvd. Load-out will be on Sunday, afternoon November 15th.
Half-marathon, 10K, 5K and Kids Run have different entry fee prices ranging from $15-$120. Health & Wellness expo vendors price is on average $400 for a 10x10 booth space.

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: Ryan Jordan  Title: Co-Founder  Date: 1/9/20
Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>Jump for Kids Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Jeff Pope</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>850 21st Avenue North, St Petersburg, FL 33704</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-512-5679</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:info@jumpforkidsfl.org">info@jumpforkidsfl.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>46-2587239</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
<th>EndorFun Sports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Ryan Jordan</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>131 Giralda Blvd NE, St Petersburg, FL 33704</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-417-4294</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:ryan@stpeterunfest.org">ryan@stpeterunfest.org</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td>04-3590391</td>
</tr>
</tbody>
</table>

Please include a copy of the 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: ryan@stpeterunfest.org
I. REVENUE SOURCES (attach sheet if more space is needed) | Amount
---|---
1. Race Registration, Sponsorship and Vendor Fees | $430,110.00

II. EXPENSES (attach sheet if more space is needed) | Amount
---|---
1. City Services, Athlete Amenities, Race Operations, Charity Contributions | $393,626.00

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed) | Amount
---|---
1. Reinvestment in Event | 

TOTAL GROSS REVENUE | $430,110.00
TOTAL OPERATING EXPENSES | $393,626.00
TOTAL NET INCOME | $36,484.00
TOTAL ALLOCATION OF NET INCOME | 

Prepared by: Ryan Jordan  
Date: Jan 9, 2020
START ON DALI BLVD
STRAIGHT ON 5TH AVE S
LEFT ON 3RD ST S
RIGHT ON 19TH AVE S
RIGHT ON 4TH ST S
LEFT ON 1ST AVE S
RIGHT ON 21ST ST S
LEFT THROUGH 3 DAUGHTERS BREWING
RIGHT ON 22ND ST S
LEFT ON CENTRAL AVE
TURNAROUND ON CENTRAL AVE
LEFT THROUGH BAUM AVE MARKET
RIGHT ON BAUM AVE
RIGHT ON 11TH ST
LEFT ON CENTRAL AVE
LEFT ON BAYSHORE DR
RIGHT ON 5TH AVE NE
LEFT ON BAYSHORE DR
LEFT ON 7TH AVE NE
RIGHT ON NORTHSHORE DR NE
RIGHT ON SNELL ISLE BLVD
TURNAROUND ON SNELL ISLE BLVD KEYHOLE
### Foreign Limited Liability Company
ENDORFUN SPORTS, LLC

#### Filing Information
- **Document Number**: M16000008965
- **FEI/EIN Number**: 04-3590391
- **Date Filed**: 11/07/2016
- **State**: NH
- **Status**: ACTIVE

#### Principal Address
1200 EDEN ISLE BLVD. NE
ST. PETERSBURG, FL 33704

#### Mailing Address
1200 EDEN ISLE BLVD. NE
ST. PETERSBURG, FL 33704

#### Registered Agent Name & Address
- **Name**: Jordan, Paula P
- **Address**: 6401 1st Ave S, Ste 2
ST. PETERSBURG, FL 33707

**Name Changed**: 01/13/2020

**Address Changed**: 01/13/2020

#### Authorized Person(s) Detail

**Name & Address**

**Title CEO**

JORDAN, KEITH
1200 EDEN ISLE BLVD. NE
ST. PETERSBURG, FL 33704

**Title CFO**

JORDAN, CLAIRE
1200 EDEN ISLE BLVD. NE
ST. PETERSBURG, FL 33704
Title: CBDO

Jordan, Ryan
PO Box 2106
ST. PETERSBURG, FL 33731

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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</thead>
<tbody>
<tr>
<td>2018</td>
<td>02/07/2018</td>
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<tr>
<td>2019</td>
<td>02/11/2019</td>
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<tr>
<td>2020</td>
<td>01/13/2020</td>
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Document images

<table>
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<tr>
<th>Date</th>
<th>Description</th>
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<tbody>
<tr>
<td>02/11/2019</td>
<td>ANNUAL REPORT View image in PDF format</td>
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<tr>
<td>01/13/2020</td>
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<td>06/03/2017</td>
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</tr>
<tr>
<td>11/07/2016</td>
<td>Foreign Limited View image in PDF format</td>
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</table>
**Detail by Entity Name**

Florida Not For Profit Corporation  
**JUMP FOR KIDS, INC**

### Filing Information

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<td>Effective Date</td>
<td>04/20/2013</td>
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<td>FL</td>
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<td>Last Event</td>
<td>REINSTATEMENT</td>
</tr>
<tr>
<td>Event Date Filed</td>
<td>01/19/2015</td>
</tr>
</tbody>
</table>

### Principal Address

850 21 ave N  
St Petersburg, FL 33704  

Changed: 01/19/2015

### Mailing Address

850 21 ave N  
St Petersburg, FL 32225  

Changed: 01/19/2015

### Registered Agent Name & Address

POPE, JEFFREY M  
850 21 ave N  
St Petersburg, FL 33704  

Name Changed: 01/19/2015

Address Changed: 01/19/2015

### Officer/Director Detail

### Name & Address

**Title President**

POPE, JEFFREY  
850 21 ave N  
St Petersburg, FL 33704
Title Officer

MICOLUCCI, VICTOR
1707 strand st
Neptune Beach, FL 32266

Title Officer

WEBER, SUZIE M
13150 ANNANDLE DR. S
JACKSONVILLE, FL 32225

Title VP

Burger, Andrew Vinh
341 14th avenue NE
St Petersburg, FL 33704

Title Officer

Hughes, Zachary
116 44th AVN NE
St Petersburg, FL 33703

Title Officer

Dianne, Cohors
508 Santa Cruz Place
Unit D
Saint Petersburg, FL 33703

Title Officer

Gerleve, Dominic
2308 Alta Canada Lane
apt 1237
Fort Worth, TX 76177

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
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<tr>
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<td>01/11/2018</td>
</tr>
<tr>
<td>2019</td>
<td>02/11/2019</td>
</tr>
</tbody>
</table>

Document Images

02/11/2019 – ANNUAL REPORT
01/11/2018 – ANNUAL REPORT
01/16/2017 – ANNUAL REPORT
01/07/2016 – ANNUAL REPORT
01/19/2015 – REINSTATEMENT
Contract/Permit

Contract #: 29267
Date: 17 Jan 2020

ENDORFUN SPORTS LLC
CLAIRED JORDAN
1200 EDEN ISLAND BLVD NE
ST PETERSBURG FL 33704 USA

Primary #: (727) 417-4294
Secondary #: (727)
Other #: ()

Purpose of Use: ST PETE RUN FEST
Expected: 10,000
Co-Sponsored Event

Conditions of Use: Insurance Required

Other Information:
- Use of beer and wine: Yes
- Use of fencing: Yes
- Use of liquor: No

Date(s) and Time(s) of Use:
Starting: Wed 11 Nov 20 06:00 am
Ending: Mon 16 Nov 20 09:00 pm

Facility/Equipment
Day Date Time Fee Extra Fee Tax Total
Albert Whitted Park Wed 11 Nov 2020 06:00 AM $0.00 $400.00 $0.00 $400.00
Park 16 Nov 2020 09:00 PM
Al Lang Park Sat 14 Nov 2020 06:00 AM $0.00 $0.00 $0.00 $0.00
Park 15 Nov 2020 09:00 PM

Additional Fees:
- Extra Fee Co-Sponsored Application Fee
  Quantity Charge Tax Total
  1 $30.00 $0.00 $30.00
- Extra Fee - Bookings Co-Sponsored Permit Fee
  Hours Quantity Charge Tax Total
  135:00 2 $400.00 $0.00 $400.00
  2 $400.00 $0.00 $400.00

Charges:
- Fees $0.00 $430.00 $0.00 $430.00
- Extra Fees $0.00 $0.00 $0.00 $0.00
- Tax $0.00 $0.00 $0.00 $0.00
- Total $430.00 $0.00 $0.00 $430.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By/(Sign Name): CLAIRED JORDAN
(Part Name) ENDORFUN SPORTS LLC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA
By/(Sign Name):
(Part Name) Parks and Recreation Superintendent
(Part Name) Parks and Recreation Department

Printed: 17 Jan 2020, 03:35 PM
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: Shopapalooza Festival
Entity Name: LocalShops1 (dba for Local Shopper, LLC)
Event Date(s): Nov 28-29, 2020
Location: Vinoy Park
Day 1 of Event: Nov 28
Time Gates Open: 10 am
Ending Time: 5 pm
Day 2 of Event: Nov 29
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 Pete
State: FL
Zip: 33747
Email Address: ester@localshops1.com
Day Phone: 727-637-6983

What month/year were you incorporated as nonprofit? LocalShops1 incorporated in 2008; we are not a non-profit

List all 501(c)3 entities that will benefit from this event. First Party Coalition, CONA, and more TBD

Name of the for-profit entity? LocalShops1

Describe your event with details.
Shopapalooza Festival is the biggest Small Business Saturday (and Sunday!) celebration in the Southeast perhaps even in the entire nation. The festival features 250 artists, makers, and other locally owned businesses, plus free live entertainment (stage as well as strolling entertainers), free crafts and other activities for children as well as adults, an outdoor food hall, a neighborhood Christmas tree display, and much more.

Admission is free and open to the public. Shopapalooza 2020 will be the 11th annual celebration!

(We checked yes on beer/wine to keep option open; will let you know if we go ahead with it as event gets closer)

Describe what economic benefit and impact this event will bring to St. Petersburg.
Shopapalooza Festival brings 15,000+ shoppers to downtown St. Petersburg, many traveling from Hillsborough, Sarasota and other surrounding counties, as well, as from throughout Florida, and making a weekend out of it. For many it’s their first time in St. Pete!

Results from our vendor survey from Shopapalooza 2019 shows that vendors on average each generated between $1,500 and $7,000 in sales, so we estimate the total money pumped DIRECTLY into the local economy to be at minimum $500,000. That’s money going to local businesses, who are re-investing it locally. Many vendors report that Shopapalooza is their most profitable event of the year. In addition, many local businesses are discovered during Palooza, and result in new business at our local brick-and-mortars.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? YES NO

Are there plans to sell or distribute beer/wine at your event? YES NO

Will there be an admission / registration fee? YES NO

Advanced Fee: 
Day of:

Please provide the website address for your event. www.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 15,000 Participants 250 Last Year’s Total Attendance 15,000?
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
<th>Non-City Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td>Mahaffey Theater</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coliseum</td>
<td></td>
</tr>
<tr>
<td># Bleacher(s) needed. Each bleacher approx. 180 people</td>
<td>Sunken Gardens</td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>Boyd Hill</td>
<td></td>
</tr>
<tr>
<td>Chairs # needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Address System</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of portable risers needed (4 in. x 8 in. x 16 in. sections)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services
TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)
FIRE: Paramedics, Inspectors
PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

**Note:** The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

**Name:**
**Co-Sign:**

**Date:** 12/27/2019

**Local Sponsor**
**President, First Park Coalition**

**Date:** 1/27/2019

**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

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>
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<td>Other Structures</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>
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<td>Security</td>
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<td>Sanitary Facilities - Port-O-Lets</td>
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<td>Off-site Parking / Shuttle</td>
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<td>Announce Only</td>
<td>Other</td>
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<tr>
<td>Daytime - Private</td>
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<td>Overnight - Private</td>
<td>Event Time Frame - SPPD</td>
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<tr>
<td>Regular Units</td>
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<td>Disabled Units</td>
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</tr>
<tr>
<td>Hand Washing</td>
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</tr>
</tbody>
</table>

Marketing: Please check all that apply.

- Invitations
- Posters / Flyers
- Newspaper / Internet
- Radio
- Television
- Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? □ YES □ NO

If YES, check all that apply. □ RV'S □ Coffee Vendors □ Ice Bins □ Freezers □ Ice Cream Vendors □ Catering Trucks □ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

4 30 amp connections

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: Ester Venouziou/LocalShops1 Phone: 727-637-5586

Address (including zip): PO Box 530144, St Pete FL 33747

Type of music, # of stages, and # of bands.

Local musicians/bands: Original music and cover bands
DJ: holiday tunes, top 40
Community performances: St Pete Music Factory, other community groups

List Vending Products. Name & Provider.

Local artists, makers and small businesses. List of 2019 vendors is on our website, and will be updated with the 2020 vendors by early summer.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

TBD -- We should know by end of February if we’re going ahead with a beer/wine garden, and can update information then.

Explain subject/purpose of all speeches/demonstrations which will occur.

No speeches/demonstrations. This is a fun holiday festival to help our local businesses kick off the season!

Discuss your load in/load out parking needs, include times and dates.

Vendor setup Friday Nov 27, starting early in the morning.
Our fee structure:
Vendor fees vary from $175 to $400 for a 10 by 10 space, and that includes a LocalShops1 annual membership ($100 value); sponsorships available starting at $500.

Admission to the event is absolutely free.

Other comments:
Thank you to the City of St Petersburg for hosting Shopapalooza Festival! We're looking forward to celebrating our festival's 11th year downtown!

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

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I certify that the facts contained in this application are accurate.

Name: [Signature] Title: President, LocalShops Date: 12/23/2019
Appendix A

Co-Sponsored Event Park Fee Structure

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* 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>Nonprofit Corporation</th>
<th>First Party Coalition, Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party</td>
<td>Moises Venouziou</td>
</tr>
<tr>
<td>Title of Responsible Party</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address</td>
<td>234 68th St N, St. Petersburg FL 33710</td>
</tr>
<tr>
<td>Phone Number</td>
<td>727-686-3565</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:mvenouziou@gmail.com">mvenouziou@gmail.com</a></td>
</tr>
<tr>
<td>Nonprofit Identification</td>
<td>38-4092094</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For-profit Corporation</th>
<th>LocalShops1 (dba for Local Shopper, LLC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party</td>
<td>Ester Venouziou</td>
</tr>
<tr>
<td>Title of Responsible Party</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address</td>
<td>4913 28th Ave S, Gulfport FL 33707</td>
</tr>
<tr>
<td>Phone Number</td>
<td>727-637-5586</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:ester@localshops1.com">ester@localshops1.com</a></td>
</tr>
<tr>
<td>For-profit Identification</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: 
Address: 
City, State, Zip: 
Email Address: ester@localshops1.com
**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 30, 2019 - Dec 1, 2019

<table>
<thead>
<tr>
<th>I. <strong>REVENUE SOURCES</strong> (attach sheet if more space is needed)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Vendor and Sponsor Fees</td>
<td><strong>40,000</strong></td>
</tr>
<tr>
<td>2.</td>
<td></td>
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<td>3.</td>
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<td>8.</td>
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**TOTAL GROSS REVENUE**

<table>
<thead>
<tr>
<th>II. <strong>EXPENSES</strong> (attach sheet if more space is needed)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>3.</td>
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</tr>
<tr>
<td>4.</td>
<td>TBD - Awaiting final bills from the city</td>
</tr>
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<td>11.</td>
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<td>12.</td>
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**TOTAL OPERATING EXPENSES**  
**TOTAL NET INCOME**

<table>
<thead>
<tr>
<th>III. <strong>ALLOCATION OF NET INCOME</strong> (attach sheet if more space is needed)</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<td>5.</td>
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<tr>
<td>6.</td>
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</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by:  
Date:
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.
FIRST PARTY COALITION INC

Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements

Letter 947
Detail by Entity Name
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
--- | ---
2018 | 01/19/2018
2019 | 02/12/2019
2020 | 01/17/2020

Document Images
01/17/2020 - ANNUAL REPORT
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<th>Date</th>
<th>Report Type</th>
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<td>02/08/2015</td>
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<td>-- Florida Limited Liability</td>
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Florida Department of State, Division of Corporations
Florida Not For Profit Corporation
FIRST PARTY COALITION, INC.

Filing Information

Document Number: N18000007485
FEI/EIN Number: 38-4092094
Date Filed: 07/09/2018
Effective Date: 07/04/2018
State: FL
Status: ACTIVE
Last Event: AMENDMENT
Event Date Filed: 08/22/2018
Event Effective Date: NONE

Principal Address
234 68TH ST N
ST PETERSBURG, FL 33710

Mailing Address
234 68TH ST N
ST PETERSBURG, FL 33710

Registered Agent Name & Address
VENOUZIOU, MOISES
234 68TH ST N
ST PETERSBURG, FL 33710

Officer/Director Detail

Name & Address

Title President, Secretary

VENOUZIOU, MOISES
234 68TH ST N
ST PETERSBURG, FL 33710

Title VP

BILAL-STRUBLE, DILARA
4039 2ND AVE NE
SEATTLE, WA 98105

Title Treasurer
<table>
<thead>
<tr>
<th>Annual Reports</th>
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<tr>
<td>Report Year</td>
<td>Filed Date</td>
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**Document Images**

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<tr>
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<td>ANNUAL REPORT</td>
<td>View in PDF format</td>
</tr>
<tr>
<td>09/22/2018</td>
<td>Amendment</td>
<td>View in PDF format</td>
</tr>
<tr>
<td>07/06/2018</td>
<td>Domestic Non-Profit</td>
<td>View in PDF format</td>
</tr>
</tbody>
</table>
LOCAL SHOPPER LLC  
ester venouziou  
4913 28TH AVE S  
gulfport fl 33707 usa  

**Purpose of Use:** SHOPAPALOOZA FESTIVAL  
**Expected:** 15,000  
**Co-Sponsored Event:**  
**Contract Balance:** $0.00  

**Conditions of Use:** Insurance Required  

**Other Information:**  
- Use of beer and wine: Yes  
- Use of fencing: Yes  
- Use of liquor: No  

**Date(s) and Time(s) of Use:**  
- Starting: Fri 27 Nov 20 06:00 am  
- Ending: Mon 30 Nov 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>Fri</td>
<td>27 Nov 2020</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>Vinoy Park</td>
<td>30 Nov 2020</td>
<td>09:00 PM</td>
<td>$0.00</td>
<td>$600.00</td>
<td>$0.00</td>
<td>$600.00</td>
<td></td>
</tr>
</tbody>
</table>

**Additional Fees:**  
- Extra Fee  
  - Co-Sponsored Application Fee  
    - Quantity: 1  
    - Charge: $30.00  
    - Tax: $0.00  
    - Total: $30.00  
- Extra Fee - Bookings  
  - Co-Sponsored Permit Fee (Vinoy)  
    - Hours: 87:00  
    - Quantity: 2  
    - Charge: $600.00  
    - Tax: $0.00  
    - Total: $600.00

**Charges:**  
- Total: $600.00  
- Deposit: $0.00  
- Total Applied: $630.00  
- Contract Balance: $0.00  
- Account Balance: ($200.00)

**Balance of rental due and payable immediately.**

**Payments:**  
- Date: 19 Feb 2019  
  - Amount: $200.00  
  - Payment Type: Check  
  - Reference: Rental  
  - Receipt Number: 3251840  
- Date: 09 Jan 2020  
  - Amount: $430.00  
  - Payment Type: Check  
  - Reference: Rental  
  - Receipt Number: 3503744

**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)  
(Pin Name)  
LOCAL SHOPPER LLC  
Name of User Organization, If Applicable

---

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name)  
Parks and Recreation Superintendent

(Pin Name)  
Parks and Recreation Department

---

Printed: 09 Jan 2020, 02:08 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.
CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

Event Title: St. Petersburg Science Festival (SPSF) and MarineQuest Phone No.: 727.873.4332 Fax No.: [BLANK]
Entity Name: St. Pete Innovation District Federal I.D. Number: [BLANK]
Event Date(s): October 16-17, 2020 Location: Poynter Park
Day 1 of Event: October 16 Time Gates Open: 9:00 am Ending Time: 3:00 pm
Day 2 of Event: October 17 Time Gates Open: 10:00 am Ending Time: 4:00 pm
Application Prepared by: Allison Stribling Phone: 727.873.4332
Title: Festival Director Cell Phone: 850.228.8070
Address: 140 7th Ave S, LPH 314 City: St. Petersburg State: FL Zip: 33701
Email Address: info@stpetescifest.org
Additional Contact Person: Alison Barlow Day Phone: 727.873.4332

What month/year were you incorporated as nonprofit? [BLANK]
List all 501(c)3 entities that will benefit from this event. University of South Florida/State of Florida
Name of the for-profit entity? N/A

Describe your event with details.
Public understanding of science and technology is one of the most important challenges of our times. For our nation and its many communities, science and technology are deeply tied to issues of economic competitiveness, industrial advancement, health, justice, environmental protection and social welfare. Acting as an informed consumer, preparing for the demands of the 21st Century workplace, and weighing decisions as an engaged citizen, all require individuals to grapple with the rapid pace of scientific discovery and technological innovation. Developments in science and technology represent the cutting edge of what we know and can do, making their understanding a crucial component of full and meaningful participation in society. Science Festivals make science and technology a part of the cultural calendar in much the same way that art, music, film and sports festivals engage whole communities. The SPSF and MarineQuest positions St. Petersburg as the premier epicenter for science in the SE United States.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Festival attendees were also asked about whether they were planning to eat out or do any shopping before, during, or after attending the St. Petersburg Science Festival. The results show that a majority of respondents either already had or were planning to eat out or shop.
Among all of the respondents, a significant part (75%) already had or planned to spend over $20 on food or shopping after the festival. Many (20%) already had or were looking to spend over $50.
Fishing, boating and nature activities generate millions of dollars for the St. Petersburg community. All of these activities rely on a healthy population of fish and wildlife species and conservation of our natural environments.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? [X] YES [ ] NO How much? [ ] 1,000,000
Are there plans to sell or distribute beer/wine at your event? [ ] YES [X] NO
Will there be an admission / registration fee? [ ] YES [X] NO Advanced Fee: [BLANK] Day of: [BLANK]
Please provide the website address for your event. www.scifest.org
Please provide a phone number that can be advertised to the public. 727.873.4332
What is the estimated attendance for this event? Spectators [BLANK] Participants 20,000 Last Year’s Total Attendance 15,000
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) [yes]
# Bleacher(s) needed. Each bleacher approx. 180 people) [TBD]
Tables (6 ft) # needed [TBD] Chairs # needed [TBD]
Public Address System [yes]
# of portable risers needed (4 in. x 8 in. x 16 in. sections) [8]

Special Events Facilities
- Mahaffey Theater
- Coliseum
- Sunken Gardens
- Boyd Hill

Non-City Locations
Which Location?
Poynter Park

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services
TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)
FIRE: Paramedics, Inspectors
PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: E. Howard Rutherford
Co-Sign: Alison Barlow
Title: Festival Co-Chair
Date: 1/17/2020
Title: Festival Co-Chair
Date: 1/17/2020

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>
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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></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>
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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>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>How many? 20</td>
<td>Temporary Structure Permit</td>
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<tr>
<td>What type? bike racks</td>
<td>Temporary Structure Permit</td>
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<tr>
<td>What structure?</td>
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<td>Fencing</td>
<td>Fireworks Permit</td>
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<tr>
<td>Other Structures</td>
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<td>Daytime - Private</td>
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<td>Overnight - Private</td>
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<td>Event Time Frame - SPPD</td>
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<tr>
<td>Regular Units</td>
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<tr>
<td>Disabled Units</td>
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<tr>
<td>Hand Washing</td>
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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. □ RVs □ Coffee Vendors □ Ice Bins □ Freezers □ Ice Cream Vendors □ Catering Trucks □ Other:
Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Will you supply your own generators? ☒ YES □ NO
Will your event have a licensed electrician on-site during the event? □ YES ☒ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

If City permits, licenses, or services are required for event, who will pay for them?
Name: St. Pete Innovation District
Address (including zip): 104 7th Ave S, LPH 314, St. Petersburg, FL 33701
Phone: 727.873.4332
Type of music, # of stages, and # of bands.
One stage (Showmobile) for science demonstrations, small acts and emcee

List Vending Products, Name & Provider.
N/a

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.
N/a

Explain subject/purpose of all speeches/demonstrations which will occur.
Science demonstrations

Discuss your load in/load out parking needs, include times and dates.
TBD
I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Alison Barlow
Title: Festival Co-Chair
Date: 1/17/2020
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: St. Pete Innovation District

Name of Responsible Party (President or CEO ONLY): Alison Barlow

Title of Responsible Party: Executive Director

Physical Address of Responsible Party: 140 7th Ave S, LPH 314, St. Petersburg, FL 33701

Phone Number of Responsible Party: 727.873.4332

Email Address of Responsible Party: abarlow@stpeteinnovationdistrict.com

For-profit (Employee Identification Number) 81-2230884

Please include a copy of the current IRS Nonprofit Affidavit / For Profit

What method of invoicing would your organization prefer?

☐ BY Mail

Contact Name Alison Barlow, St. Pete Innovation District

Address 140 7th Ave S, LPH 314

City, State, Zip St. Petersburg, FL 33701

☐ BY EMAIL

Email Address: 

Page 7 of 8
## APPENDIX C

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR'S EVENT**

(Must be completed)

### I. REVENUE SOURCES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Cash Sponsorships</th>
<th>$80,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Sponsorships</td>
<td>$150,000</td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**

### II. EXPENSES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Cash Expenditures</th>
<th>$75,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Expenditures</td>
<td>$150,000</td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

### III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

Prepared by: Allison Stribling

Date: 1/17/2020
Detail by Entity Name
Florida Not For Profit Corporation
ST. PETERSBURG INNOVATION DISTRICT, INC.

Filing Information
Document Number: N16000003743
FEI/EIN Number: 81-2230884
Date Filed: 04/11/2016
State: FL
Status: ACTIVE
Last Event: AMENDMENT
Event Date Filed: 08/12/2016
Event Effective Date: NONE

Principal Address
140 7th Avenue South
LPH 314
St. Petersburg, FL 33701

Changed: 04/22/2019

Mailing Address
140 7th Avenue South
LPH 314
St. Petersburg, FL 33701

Changed: 04/22/2019

Registered Agent Name & Address
Barlow, Alison
140 7th Avenue South
LPH 314
St. Petersburg, FL 33701

Name Changed: 03/07/2018
Address Changed: 04/22/2019

Officer/Director Detail
Name & Address
Title Treasurer

RUSSELL, RANDALL
Title President
TADLOCK, MARTIN
140 7TH AVENUE SOUTH
ST. PETERSBURG, FL 33701

Title Executive Director, Secretary
Barlow, Alison
140 7TH AVENUE SOUTH
LPH 314
ST. PETERSBURG, FL 33701

Title VP
Kapusta, Robert, Jr.
100 2ND AVENUE SOUTH
#701
ST. PETERSBURG, FL 33701

Annual Reports
Report Year    Filed Date
2017           02/24/2017
2018           03/07/2018
2019           04/22/2019

Document Images
04/22/2019 - ANNUAL REPORT View Image in PDF format
03/07/2018 - ANNUAL REPORT View Image in PDF format
02/24/2017 - ANNUAL REPORT View Image in PDF format
08/12/2016 - Amendment View Image in PDF format
04/11/2018 - Domestic Non-Profit View Image in PDF format
Contract/Permit

ST. PETERSBURG INNOVATION DISTRICT
ALLISON STIRBLING
140 7TH AVE. S., LPH 314
ST PETERSBURG FL 33701 USA

Primary #: (727) 873-4332
Secondary #: ()
Other #: ()

<table>
<thead>
<tr>
<th>Purpose of Use: ST. PETERSBURG SCIENCE FESTIVAL AND MARINEQUEST</th>
<th>Expected: 20,000</th>
<th>Co-Sponsored Event</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Conditions of Use: Insurance Required</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of beer and wine: No</td>
</tr>
<tr>
<td>Use of fencing: No</td>
</tr>
<tr>
<td>Use of liquor: No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date(s) and Time(s) of Use:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starting: Tue 13 Oct 20 06:00 am</td>
</tr>
<tr>
<td>Ending: Mon 19 Oct 20 08:00 pm</td>
</tr>
</tbody>
</table>

<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>Poynter Park</td>
<td>Tue</td>
<td>13 Oct 2020</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
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<tr>
<td>Park</td>
<td>19 Oct 2020</td>
<td>08:00 PM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
<td></td>
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<table>
<thead>
<tr>
<th>Additional Fees:</th>
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<tbody>
<tr>
<td>Extra Fee - Co-Sponsored Application Fee</td>
</tr>
<tr>
<td>Quantity</td>
</tr>
<tr>
<td>Charge</td>
</tr>
<tr>
<td>Tax</td>
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<tr>
<td>Total</td>
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</table>

<table>
<thead>
<tr>
<th>Extra Fee - Bookings</th>
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<tbody>
<tr>
<td>Co-Sponsored Permit Fee</td>
</tr>
<tr>
<td>Hours</td>
</tr>
<tr>
<td>Quantity</td>
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<tr>
<td>Charge</td>
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<td>Total</td>
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<td>Deposit</td>
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<tr>
<td>Total Applied</td>
</tr>
<tr>
<td>Contract Balance</td>
</tr>
<tr>
<td>Account Balance</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>21 Jan 2020</td>
<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>3511012</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): ALLISON STIRBLING
(Pin Name): ST. PETERSBURG INNOVATION DISTRICT

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent
(Pin Name): Parks and Recreation Department
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: St. Pete / Tampa Bay Walk to End Hydrocephalus

Entity Name: Hydrocephalus Association

Event Date(s): 11-07-2020

Location: Elva Rouse Park

Day 1 of Event: Time Gates Open: 5:30am Ending Time: 3:00pm

Day 2 of Event: Time Gates Open: Ending Time:

Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared by: K Ryan Haynes

Title: Chairman

Address: 134 N Ridgewood Dr.

City: Sebring

State: FL

Zip: 33870

Email Address: hydrowarriordad@gmail.com

Additional Contact Person: Day Phone:

What month/year were you incorporated as nonprofit? 05-1991

List all 501(c)3 entities that will benefit from this event. Hydrocephalus Association

Name of the for-profit entity?

Describe your event with details.

The St. Pete / Tampa Walk to End Hydrocephalus is an event to bring families together whom have been impacted by hydrocephalus. This walk will also help raise awareness for this condition as well as raise funding to further research to find a cure.

Describe what economic benefit and impact this event will bring to St. Petersburg.

The St. Pete / Tampa Walk to End Hydrocephalus will bring families participating in this event from various parts of Florida. The event will high-lite the St. Pete area and local businesses through sponsorship.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? □ YES □ NO How much? 2,000,000.00

Are there plans to sell or distribute beer/wine at your event? □ YES □ NO

Will there be an admission / registration fee? □ YES □ NO Advanced Fee: Day of:

Please provide the website address for your event. support.hydroassoc.org

Please provide a phone number that can be advertised to the public. 863-991-4801

What is the estimated attendance for this event? Spectators 20 Participants 120 Last Year’s Total Attendance 140
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) No

Special Events Facilities
□ Mahaffey Theater
□ Coliseum
□ Sunken Gardens
□ Boyd Hill

□ Non-City Locations

Which Location?
□ Elva Rouse Park

# Bleacher(s) needed. Each bleacher approx. 180 people No

Tables (6 ft) # needed 12 Chairs # needed 50

Public Address System

# of portable risers needed (4 in. x 8 in. x 16 in. sections) No

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services
TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)
FIRE: Paramedics, Inspectors
PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: K Ryan Haynes
Title: Chairman
Date: 12-30-19

Co-Sign: Kristin Haynes
Title: Vice Chair
Date: 12-30-19

Note: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity’s 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.

c. Applications lacking information or the required completed appendixes listed below will not be processed.

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day’s events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

Page 2 of 8
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td></td>
</tr>
<tr>
<td>Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td></td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td></td>
</tr>
<tr>
<td>Showmobile</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Performers</td>
<td>Announcement Only</td>
</tr>
<tr>
<td>Daytime - Private</td>
<td></td>
</tr>
<tr>
<td>Overnight - Private</td>
<td></td>
</tr>
<tr>
<td>Event Time Frame - SPPD</td>
<td></td>
</tr>
<tr>
<td>Regular Units</td>
<td></td>
</tr>
<tr>
<td>Disabled Units</td>
<td></td>
</tr>
<tr>
<td>Hand Washing</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

- Invitations
- Posters / Flyers
- Newspaper / Internet
- Radio
- Television
- Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☒ YES ☐ NO

If YES, check all that apply. ☐ RV'S ☐ Coffee Vendors ☐ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☐ Catering Trucks
☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

| None Needed |

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 Needed |

If City permits, licenses, or services are required for event, who will pay for them?

Name: St. Pete / Tampa Bay Walk to End Hydrocephalus | Phone: 863-991-4801
Address (including zip): 134 N Ridgewood Dr. Sebring, FL 33870

Type of music, # of stages, and # of bands.

1 small stage for announcement purposes. 1 DJ playing family music. No Bands

List Vending Products. Name & Provider.

| None |

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

| None |

Explain subject/purpose of all speeches/demonstrations which will occur.

The maid purpose for all speeches is to thank everyone for their attendance and give brief information about Hydrocephalus.

Discuss your load in/load out parking needs, include times and dates.

11-07-2020 gates need to be open at 5:30am. The event will end by 3:00pm.
Other Comments: Please describe your fee structure.

No fees will be required. Registration will also be free. The event is open to the public.

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: K. Ryan Haynes  Title: Chairman  Date: 12-30-19
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 Nonprofit Corporation:</th>
<th>Hydrocephalus Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Diana Gray</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President and Chief Executive Officer</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>4340 East West Highway suite 905 Bethesda, MD. 20814</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>1-888-598-3789</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:randi@hydroassoc.org">randi@hydroassoc.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>94-3000301</td>
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<table>
<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
</tr>
<tr>
<td>For-profit (Employee Identification Number)</td>
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</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: K Ryan Haynes
Address: 134 N Ridgewood Dr. Sebring, FL. 33870
City, State, Zip: Sebring, FL. 33870

☒ BY EMAIL

Email Address: hydrowarriordad@gmail.com
I. REVENUE SOURCES (attach sheet if more space is needed)  

<table>
<thead>
<tr>
<th>No Revenue</th>
<th></th>
</tr>
</thead>
</table>

II. EXPENSES (attach sheet if more space is needed)  

| DJ | $180.00 |
| Face Painter | $150.00 |
| Snacks/Food | $250.00 |
| Ice | $75.00 |

| TOTAL OPERATING EXPENSES | $655.00 |
| TOTAL NET INCOME | ($655.00) |

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)  

| Money Raised/Donations | $26,095.00 |

| TOTAL ALLOCATION OF NET INCOME | $26,095.00 |

Prepared by: K Ryan Haynes  
Date: 12-30-19
St. Pete/ Tampa Walk to End Hydrocephalus Schedule
November 7, 2020

5:30 AM  Event Set Up
8:30 AM  Meet and Greet
10:00 AM  Opening Ceremony
10:30- 12:30 PM  Hydrocephalus Walk
12:30- 1:30 PM  Closing Ceremonies
2:00 PM  Event Clean Up
Detail by Entity Name
Foreign Not For Profit Corporation
HYDROCEPHALUS ASSOCIATION INC.

Filing Information
Document Number  F19000002181
FEI/EIN Number  94-3000301
Date Filed  05/01/2019
State  DE
Status  ACTIVE

Principal Address
4340 EAST WEST HIGHWAY, SUITE 905
BETHESDA, MD 20814

Mailing Address
4340 EAST WEST HIGHWAY, SUITE 905
BETHESDA, MD 20814

Registered Agent Name & Address
RODGER, EILEEN
1011 SW 14TH STREET
BOCA RATON, FL 33486

Officer/Director Detail
Name & Address
Title PD

GRAY, DIANA
4340 EAST WEST HIGHWAY, SUITE 905
BETHESDA, MD 20814

Title CST

SAPHIER, BRIAN
4340 EAST WEST HIGHWAY, SUITE 905
BETHESDA, MD 20814

Annual Reports
No Annual Reports Filed

Document Images
05/01/2019 – Foreign Non-Profit  View image in PDF format
HYDROCEPHALUS ASSOCIATION INC
RYAN HAYNES
134 M RIDGEWOOD DR.
SEBRING FL 33870 USA

Purpose of Use: ST. PETE/TAMPA BAY WALK TO END HYDROCEPHALUS

Expected: 300

Co-Sponsored Event

Contract Balance

$230.00

Conditions of Use: Insurance Required

Other Information:

- Use of beer and wine: No
- Use of fencing: No
- Use of liquor: No

Date(s) and Time(s) of Use:

Starting: Fri 06 Nov 20 06:00 am
Ending: Sat 07 Nov 20 09:00 pm

Facility/Equipment Day Date Time Fee Extra Fee Tax Total
Elva Rouse Park Fri 06 Nov 2020 06:00 AM $0.00 $200.00 $0.00 $200.00
Park 07 Nov 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
  - Hours: 39:00
  - Quantity: 1
  - Charge: $200.00
  - Tax: $0.00
  - Total: $200.00

- Co-Sponsored Permit Fee
  - 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) RYAN HAYNES
(Print Name) HYDROCEPHALUS ASSOCIATION 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: 21 Jan 2020, 12:28 PM
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TDD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: Come Out St. Pete
Entity Name: Come Out St. Pete, Inc.
Event Date(s): October 17th, 2020
Location: Grand Central District

Day 1 of Event: Time Gates Open: 11:00 am Ending Time: 6:00 pm
Day 2 of Event: Time Gates Open: Ending Time:
Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared by: Chris Jones
Title: Chair
Address: 101 69th Ave. N.
City: St. Petersburg State: FL Zip: 33702
Email Address: cjones@comeoutstpete.org

What month/year were you incorporated as nonprofit? 12/2018
List all 501(c)3 entities that will benefit from this event. Come Out St. Pete, Inc.
Name of the for-profit entity?

Describe your event with details.
Parade and vendor festival in the Grand Central district, from 20th street to 31st Street.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Increase in business for Grand Central district business owners.

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.

What is the estimated attendance for this event? Spectators 5,000 Participants 200 Last Year’s Total Attendance 5,200
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td></td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td>Professional</td>
</tr>
<tr>
<td>Amplified Sound</td>
<td>Showmobile</td>
</tr>
<tr>
<td>Security</td>
<td>Other</td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td>Performers</td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td>Announcement Only</td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Marketing: Please check all that apply.</td>
<td></td>
</tr>
<tr>
<td>Invitations</td>
<td>Radio</td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td>Television</td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td>Remote Broadcast</td>
</tr>
</tbody>
</table>

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? □ YES □ NO

If YES, check all that apply. □ RV's □ Coffee Vendors □ Ice Bins □ Freezers □ Ice Cream Vendors □ Catering Trucks □ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

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: Come Out St. Pete, Inc.

Address (including zip): P.O. Box 12553 St. Petersburg, FL 33733

Phone: 727-656-1563

Type of music, # of stages, and # of bands.

N/A

List Vending Products. Name & Provider.

N/A

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

N/A

Explain subject/purpose of all speeches/demonstrations which will occur.

N/A

Discuss your load in/load out parking needs. Include times and dates.

Street access for vendor set up 8:00 am. Tear down 6:00 pm
Other Comments: Please describe your fee structure.

Vendor registration: $45 non-profit, $75 profit, $100 food

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: [Chris Jones] Title: [Chair] Date: [01/19/2020]
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) N/A

# Bleacher(s) needed. Each bleacher approx. 180 people N/A

Tables (6 ft) # needed N/A Chairs # needed N/A

Public Address System N/A

# of portable risers needed (4 in. x 8 in. x 16 in. sections) N/A

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: Chris Jones
Title: Chair
Date: 01/19/2020

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
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation: Come Out St. Pete, Inc.
Name of Responsible Party (President or CEO ONLY): Chris Jones
Title of Responsible Party: Chair
Physical Address of Responsible Party: 101 69th Ave, North, St. Petersburg, FL, 33702
Phone Number of Responsible Party: 727-656-1563
Email Address of Responsible Party: cjones@comeoutstpete.org
Nonprofit (Employee Identification Number): 82-4884921

Name of the For-profit Corporation:
Name of Responsible Party (President or CEO ONLY):
Title of Responsible Party:
Physical Address of Responsible Party:
Phone Number of Responsible Party:
Email Address of Responsible Party:
For-profit (Employee Identification Number):

Please include a copy of the current IRS Nonprofit Affidavit / For Profit

What method of invoicing would your organization prefer?

☐ BY Mail
Contact Name
Address
City, State, Zip

☑ BY EMAIL
Email Address: cjones@comeoutstpete.org

Page 7 of 8
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.
## STATEMENT OF REVENUE AND EXPENSES FORM

**PRIOR YEAR'S EVENT**

(Must be completed)

### I. REVENUE SOURCES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>1. Contributions</td>
<td>60,456.30</td>
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<tr>
<td>2. Special events</td>
<td>12,435.00</td>
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<tr>
<td>3. Total cost of goods sold</td>
<td>-99.35</td>
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<tr>
<td>4. Special events</td>
<td></td>
</tr>
<tr>
<td>5. Total cost of goods sold</td>
<td></td>
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<tr>
<td>6. Special events</td>
<td></td>
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<tr>
<td>7. Total cost of goods sold</td>
<td></td>
</tr>
<tr>
<td>8. Special events</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**: 72,791.95

### II. EXPENSES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Description</th>
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<td>1. Event costs</td>
<td>14,329.53</td>
</tr>
<tr>
<td>2. City fees</td>
<td>21,504.70</td>
</tr>
<tr>
<td>3. Advertising/Marketing</td>
<td>13,916.41</td>
</tr>
<tr>
<td>4. Taxes, licenses and organizational expenses</td>
<td>735.85</td>
</tr>
<tr>
<td>5. Additional city fees</td>
<td>5,508.27</td>
</tr>
<tr>
<td>6. Total operating expenses</td>
<td></td>
</tr>
<tr>
<td>7. Additional city fees</td>
<td></td>
</tr>
<tr>
<td>8. Total operating expenses</td>
<td></td>
</tr>
<tr>
<td>9. Additional city fees</td>
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<tr>
<td>10. Total operating expenses</td>
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<tr>
<td>11. Additional city fees</td>
<td></td>
</tr>
<tr>
<td>12. Total operating expenses</td>
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</tr>
</tbody>
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**TOTAL OPERATING EXPENSES**: 55,994.70

**TOTAL NET INCOME**: 16,797.19

### III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

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<tr>
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<th></th>
</tr>
</thead>
<tbody>
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<tr>
<td>2.</td>
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<td>3.</td>
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<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: Chris Jones  
Date: 01/19/2020
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
Title T

WALLACE, JOSHUA
2616 DARTMOUTH AVE N
SAINT PETERSBURG, FL 33713

Title S

Waters, Lisa
117 31st St. N.
Apt. 2
SAINT PETERSBURG, FL 33713

Annual Reports

<table>
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<th>Report Year</th>
<th>Filed Date</th>
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<tbody>
<tr>
<td>2019</td>
<td>03/11/2019</td>
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Document Images

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<th>Description</th>
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<td>05/11/2018</td>
<td>- Amendment</td>
<td></td>
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<tr>
<td>03/26/2018</td>
<td>- Domestic Non-Profit</td>
<td></td>
</tr>
</tbody>
</table>

Florda Department of State, Division of Corporations
Contract #:
COMES OUT ST PETE INC
JJSBENNIN
101 69TH AVE N
ST PETERSBURG FL 33702 USA

Purpose of Use: COME OUT ST. PETE
Expected: 5,000
Co-Sponsored Event
Contract Balance $30.00

Conditions of Use: Insurance Required

Other Information:
- Use of beer and wine: No
- Use of fencing: No
- Use of liquor: No

Date(s) and Time(s) of Use:
Starting: Sat 17 Oct 20 12:00 am
Ending: Sat 17 Oct 20 11:59 pm

Facility/Equipment
Day Date Time Fee Extra Fee Tax Total
Special Programs Sat 17 Oct 2020 12:00 AM $0.00 $0.00 $0.00 $0.00
Special Event Sat 17 Oct 2020 11:59 PM

Additional Fees:
- Extra Fee
  Co-Sponsored Application Fee
  Quantity 1
  Charge $30.00
  Tax $0.00
  Total $30.00

Charges:
Fees Extra Fees Tax Total Deposit Total Applied Contract Balance Account Balance
$ 0.00 $30.00 $0.00 $30.00 $0.00 $0.00 $30.00 $30.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By (Sign Name): CHIN JONES
(Print Name) COME OUT ST PETE INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA
By (Sign Name): Parks and Recreation Superintendent
(Print Name)
Parks and Recreation Department

Supervisor II / Foreman
Manager

Approved or Rejected Date:

 Printed: 21 Jan 2020, 12:27 PM
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: October Movies in the Park 2020
Entity Name: St. Petersburg Preservation d/b/a Preserve the 'Burg
Event Date(s): October 1, 8, 15, 22, 29
Day 1 of Event: same each day
Day 2 of Event: Time Gates Open: 6:30 pm Ending Time: 10:15 pm
Day 3 of Event: Time Gates Open: Ending Time:
Application Prepared by: Peter Belmont
Title: Board Member
Address: 102 Fareham Pl. N
City: St. Petersburg State: FL
Email Address: pbbranchbelmont@gmail.com
Additional Contact Person: Monica Kile
Phone: 727 463-4612
Cell Phone: 727 204-3800
What month/year were you incorporated as nonprofit? 1977
List all 501(c)3 entities that will benefit from this event. St. Petersburg Preservation & Jump 4 Kids (revenue from beer/wine sales)
Name of the for-profit entity? none

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
This is the eleventh year for the event downtown and we believe it has become one of the favorites of the downtown park events. Our event space in N. Straub Park is typically full each movie night and people consistently ask us to offer Movies in the Park more often. It is the type of event that people point to as why living in St. Pete is special. As reflected in answers to the movie questionnaire we pass out, people love the atmosphere of the event and its waterfront location. Attendees to the event spend money downtown and money purchasing picnic supplies to bring to movies. In short, Movies in the Park is an event loved and enjoyed by many and one of the small economic generators for downtown that cumulatively, with other events, adds up to a successful downtown.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Most people attending Movies in the Park are either spending money at local businesses purchasing supplies for a picnic at the event, spending money purchasing food from local vendors at the event, or spending money at nearby downtown businesses before and after the event. We have limited data from questionnaires on amounts being spent.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? [X] YES [ ] NO How much? $1 million
Are there plans to sell/distribute beer/wine at your event? [X] YES [ ] NO
Will there be an admission/registration fee? [X] YES [ ] NO Advanced Fee: $ .
Day of:

Please provide the website address for your event. www.preservetheburg.org
Please provide a phone number that can be advertised to the public. 727 463-4612
What is the estimated attendance for this event? Spectators 700 Participants Last Year's Total Attendance 3500
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: 8
- Chairs # needed: 50
- Public Address System: yes
- # of portable risers needed (4 in. x 8 in. x 16 in. sections): 2

**Special Events Facilities**
- Non-City Locations
- Mahaffey Theater
- Coliseum
- Sunken Gardens
- Boyd Hill

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

**POLICE:** Public Safety Personnel, Marine Services
**TRAFFIC:** Personnel, Equipment (cones, barricades, no parking signs)
**FIRE:** Paramedics, Inspectors
**PARKS SERVICES:** Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
**RECREATION SERVICES:** On-site Presence, Logistics Help, Liaison with Other Departments

**Note:** The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: Peter Belmont
Co-Sign: Board Member
Title: Date: 1-20-20

**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. Routemap 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>
</tr>
</thead>
<tbody>
<tr>
<td>✔ Public Invited</td>
</tr>
<tr>
<td>✔ Located in Park</td>
</tr>
<tr>
<td>✔ Vending Product / Merchandise Sales</td>
</tr>
<tr>
<td>✔ Vending Food / Beverage</td>
</tr>
<tr>
<td>✔ Vendors / Exhibitors</td>
</tr>
<tr>
<td>✔ Vending Beer / Wine</td>
</tr>
<tr>
<td>✔ Erecting Tents - Larger than 10ft x 12ft</td>
</tr>
<tr>
<td>✔ Fence Installation</td>
</tr>
<tr>
<td>✔ Other Structures</td>
</tr>
<tr>
<td>✔ Open Flame Food Preparation</td>
</tr>
<tr>
<td>✔ Pyrotechnics</td>
</tr>
<tr>
<td>✔ Require Street Closure</td>
</tr>
<tr>
<td>✔ VIP Area</td>
</tr>
<tr>
<td>✔ Staging</td>
</tr>
<tr>
<td>✔ Amplified Sound</td>
</tr>
<tr>
<td>✔ Security</td>
</tr>
<tr>
<td>✔ Sanitary Facilities - Port-O-Lets</td>
</tr>
<tr>
<td>✔ Off-site Parking / Shuttle</td>
</tr>
<tr>
<td>✔ Semitruck / Tractor Trailer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Park Permit</td>
</tr>
<tr>
<td>Occupational License</td>
</tr>
<tr>
<td>Health Inspection</td>
</tr>
<tr>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Parade or Street Closure Permit(s)</td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

| Invitations |
| Posters / Flyers |
| Newspaper / Internet |
| ✔ Radio |
| ✔ Television |
| ✔ Remote Broadcast |

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20 amp located in the parks? YES □ NO □

If YES, check all that apply. □ RV's □ Coffee Vendors □ Ice Bins □ Freezers □ Ice Cream Vendors □ Catering Trucks

□ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Will you supply your own generators? YES □ NO □

Will your event have a licensed electrician on-site during the event? YES □ NO □ IF YES, who?

Will your event be requesting any variances from City policies or procedures? IF YES, please explain:

no, unless needed to show pg 13 movie

If City permits, licenses, or services are required for event, who will pay for them?

Name: St. Petersburg Preservation d/b/a Preserve the 'Burg  Phone: 727 824-7802

Address (including zip): P.O. Box 838, St. Petersburg, FL 33731

Type of music, # of stages, and # of bands:

as in past years, type of music will vary each movie evening; one small stage area with a solo or small group of musicians playing an hour before the start of the movie.

List Vending Products. Name & Provider:

Several vendors will be offering food/drinks (have not been finalized): vendors from past have included kettle korn, veggie burgers & smoothies, turkey legs & BBQ, cookies/dessert food and other easy to eat food. Preserve the 'Burg will have a booth with information and books, tee shirts and posters for sale

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

Jump 4 Kids
850 21st Ave. N.
St. Petersburg, FL 33704  727 504-3422

Explain subject/purpose of all speeches/demonstrations which will occur.

n/a

Discuss your load in/load out parking needs, include times and dates.

set up occurs approximately 1-2 hours prior to event and take down occurs immediately after event, is usually complete within 45 minutes. We expect parking spaces on Bayshore to be "red bagged" for event use as in the past.
Other Comments: Please describe your fee structure.

Event is free; donations are solicited once each evening.

Other comments:

Over the last three years we have had a "safety fair" on one movie evening in association with All Childrens Hospital which has included their helicopter landing in the park. It has not been determined if this will be included again.

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Peter Belmont  
Title: Vice-President  
Date: 1-20-20
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation: St. Petersburg Preservation, Inc. d/b/a Preserve the 'Burg

Name of Responsible Party (President or CEO ONLY): Ken Grimes

Title of Responsible Party: President

Physical Address of Responsible Party: 750 3rd Street N., St. Petersburg, FL 33701

Phone Number of Responsible Party: 727 515-4509

Email Address of Responsible Party: president@preservetheburg.org

Nonprofit (Employee Identification Number): 59-1898534

Name of the For-profit Corporation:

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party: 750 3rd S

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

Please include a copy of the current IRS Nonprofit Affidavit / For Profit
## APPENDIX C

**STATEMENT OF REVENUE AND EXPENSES FORM**

**PRIOR YEAR’S EVENT**

**Must be completed**

### I. REVENUE SOURCES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsorships</td>
<td>$25,650.00</td>
</tr>
<tr>
<td>Donations</td>
<td>$1,256.00</td>
</tr>
<tr>
<td>Vendor Donations</td>
<td>$495.00</td>
</tr>
<tr>
<td>Sales</td>
<td>$100.00</td>
</tr>
<tr>
<td>Donation – Jump for Kids</td>
<td>$638</td>
</tr>
<tr>
<td>Total Gross Revenue</td>
<td>$28,139.00</td>
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</tbody>
</table>

### II. EXPENSES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance</td>
<td>$600.00</td>
</tr>
<tr>
<td>Port-a-Let</td>
<td>$1,130.00</td>
</tr>
<tr>
<td>Music</td>
<td>$1,485.00</td>
</tr>
<tr>
<td>Movie Licensing</td>
<td>$2,137.00</td>
</tr>
<tr>
<td>Permit Fees</td>
<td>$230.00</td>
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<tr>
<td>Promotion</td>
<td>$1,548.00</td>
</tr>
<tr>
<td>SPP staff</td>
<td>$750.00</td>
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<tr>
<td>Cost of Sale Items</td>
<td>$100.00</td>
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<tr>
<td>Misc.</td>
<td>$155.00</td>
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<tr>
<td>City Services</td>
<td>$4,985.00</td>
</tr>
<tr>
<td>Total Operating Expenses</td>
<td>$13,485.00</td>
</tr>
<tr>
<td>Total Net Income</td>
<td>$14,654.00</td>
</tr>
</tbody>
</table>

### III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Petersburg Preservation d/b/a Preserve the 'Burg</td>
<td>$14,654.00</td>
</tr>
<tr>
<td>Total Allocation of Net Income</td>
<td>$14,654.00</td>
</tr>
</tbody>
</table>

Prepared by: Peter Belmont  
Date: 1-20-20
Date: JAN 14 2012

Employer Identification Number: 98-1099931

Contact Person: JACI. S. CHESTER
Contact Telephone Number: (608) 426-3020

Accounting Period Ending: December 31

Public Charity Status: Yes

Tax Effective Date of Exemption: May 25, 2010

Contribution Deductibility: Yes

Addendum Applicant: Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status, we have determined that you are exempt from Federal Income Tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductibility benefits, services, inventory or gifts under section 237, 234 or 235 of the Code. Therefore, this letter should help resolve any questions regarding your exempt status. You should keep it in your permanent record.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determine that you are a public charity under the Code sections listed in the heading of this letter.

Please refer to Publication 123-P, Completion Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,

[signature]

Lisa D. Lerner
Director, Exempt Organizations

Enclosure: Publication 123-P
<table>
<thead>
<tr>
<th><strong>Detail by FEI/EIN Number</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Florida Not For Profit Corporation</strong></td>
<td>SAINT PETERSBURG PRESERVATION, INC.</td>
</tr>
<tr>
<td><strong>Filing Information</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Document Number</strong></td>
<td>741785</td>
</tr>
<tr>
<td><strong>FEI/EIN Number</strong></td>
<td>59-1898534</td>
</tr>
<tr>
<td><strong>Date Filed</strong></td>
<td>02/23/1978</td>
</tr>
<tr>
<td><strong>State</strong></td>
<td>FL</td>
</tr>
<tr>
<td><strong>Status</strong></td>
<td>ACTIVE</td>
</tr>
<tr>
<td><strong>Last Event</strong></td>
<td>RESTATED ARTICLES</td>
</tr>
<tr>
<td><strong>Event Date Filed</strong></td>
<td>11/29/2011</td>
</tr>
<tr>
<td><strong>Event Effective Date</strong></td>
<td>NONE</td>
</tr>
<tr>
<td><strong>Principal Address</strong></td>
<td></td>
</tr>
<tr>
<td>102 FAREHAM PLACE N</td>
<td></td>
</tr>
<tr>
<td>ST. PETERSBURG, FL 33701</td>
<td></td>
</tr>
<tr>
<td><strong>Changed:</strong></td>
<td>01/22/2014</td>
</tr>
<tr>
<td><strong>Mailing Address</strong></td>
<td></td>
</tr>
<tr>
<td>P.O. BOX 838</td>
<td></td>
</tr>
<tr>
<td>ST. PETERSBURG, FL 33731</td>
<td></td>
</tr>
<tr>
<td><strong>Changed:</strong></td>
<td>08/14/1996</td>
</tr>
<tr>
<td><strong>Registered Agent Name &amp; Address</strong></td>
<td></td>
</tr>
<tr>
<td>BELMONT, PETER</td>
<td></td>
</tr>
<tr>
<td>102 FAREHAM PLACE NORTH</td>
<td></td>
</tr>
<tr>
<td>SAINT PETERSBURG, FL 33704</td>
<td></td>
</tr>
<tr>
<td><strong>Name Changed:</strong></td>
<td>01/26/2011</td>
</tr>
<tr>
<td><strong>Address Changed:</strong></td>
<td>01/26/2011</td>
</tr>
<tr>
<td><strong>Officer/Director Detail</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Name &amp; Address</strong></td>
<td></td>
</tr>
<tr>
<td>Title President</td>
<td></td>
</tr>
<tr>
<td>ELWYN, EMILY</td>
<td></td>
</tr>
<tr>
<td>836 16th Avenue NE</td>
<td></td>
</tr>
<tr>
<td>SAINT PETERSBURG, FL 33704</td>
<td></td>
</tr>
</tbody>
</table>
Title Treasurer
Pastman, Peter
2326 Woodlawn Circle West
SAINT PETERSBURG, FL 33704

Title VP
BELMONT, PETER
102 FAREHAM PLACE N
SAINT PETERSBURG, FL 33701

Title Secretary
Jeff, Danner
2351 Dartmouth Avenue N
St. Petersburg, FL 33713

Annual Reports
Report Year Filed Date
2017 03/20/2017
2018 03/05/2018
2019 04/25/2019

Document Images
04/25/2019 – ANNUAL REPORT View image in PDF format
03/05/2018 – ANNUAL REPORT View image in PDF format
02/20/2017 – ANNUAL REPORT View image in PDF format
02/25/2016 – ANNUAL REPORT View image in PDF format
02/11/2015 – ANNUAL REPORT View image in PDF format
01/22/2014 – ANNUAL REPORT View image in PDF format
03/07/2013 – ANNUAL REPORT View image in PDF format
03/09/2012 – ANNUAL REPORT View image in PDF format
11/28/2011 – Restated Articles View image in PDF format
01/28/2011 – ANNUAL REPORT View image in PDF format
03/28/2010 – ANNUAL REPORT View image in PDF format
04/28/2009 – ANNUAL REPORT View image in PDF format
04/09/2008 – ANNUAL REPORT View image in PDF format
04/09/2007 – ANNUAL REPORT View image in PDF format
04/13/2006 – ANNUAL REPORT View image in PDF format
05/04/2005 – ANNUAL REPORT View image in PDF format
05/03/2004 – ANNUAL REPORT View image in PDF format
04/14/2003 – ANNUAL REPORT View image in PDF format
05/05/2002 – ANNUAL REPORT View image in PDF format
05/17/2001 – ANNUAL REPORT View image in PDF format
05/16/2000 – ANNUAL REPORT View image in PDF format
03/11/1999 – ANNUAL REPORT View image in PDF format
04/28/1998 – REINSTATEMENT View image in PDF format
SAINT PETERSBURG PRESERVATION INC
PETER B BELMONT
PO BOX 838
ST PETERSBURG FL 33731 0838 USA

Purpose of Use: MOVIES IN THE PARK

Conditions of Use: Insurance Required

Other Information:
Use of beer and wine: Yes
Use of fencing: Yes
Use of liquor: No

Date(s) and Time(s) of Use:
Starting: Thu 01 Oct 20 06:00 pm
Ending: Thu 29 Oct 20 10:00 pm

Facility/Equipment | Day       | Date     | Time    | Fee   | Extra Fee | Tax     | Total
---               | ---       | ---      | ---     | ---   | ---       | ---     | ---
North Straub Park Park | Thu       | 01 Oct 2020 | 06:00 PM | $0.00 | $200.00 | $0.00   | $200.00
North Straub Park Park | Thu       | 08 Oct 2020 | 06:00 PM | $0.00 | $0.00   | $0.00   | $0.00
North Straub Park Park | Thu       | 15 Oct 2020 | 06:00 PM | $0.00 | $0.00   | $0.00   | $0.00
North Straub Park Park | Thu       | 22 Oct 2020 | 06:00 PM | $0.00 | $0.00   | $0.00   | $0.00
North Straub Park Park | Thu       | 29 Oct 2020 | 06:00 PM | $0.00 | $0.00   | $0.00   | $0.00

Extra Fee:
Co-Sponsored Application Fee

Extra Fee - Bookings
Co-Sponsored Permit Fee

Charges:
Fees: $0.00
Extra Fees: $200.00
Tax: $0.00
Total: $230.00
Deposit: $0.00
Total Applied: $200.00
Contract Balance: $30.00
Account Balance: $30.00

Balance of rental due and payable immediately.

Payments:
Date: 14 Nov 2019
Amount: $200.00
Payment Type: Check
Reference: Rental
Receipt Number: 3467750

Additional Notes:
I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By: (Sign Name) 
(Print Name) PETER B BELMONT
SAINT PETERSBURG PRESERVATION INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name): ________________________________
Parks and Recreation Superintendent

(Print Name) ________________________________
Parks and Recreation Department

Supervisor II / Foreman

[ ] Approved or [ ] Rejected Date: ____________

Manager

[ ] Approved or [ ] Rejected Date: ____________

Manager

[ ] Approved or [ ] Rejected Date: ____________

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: 95.7 Beats By The Bay
Entity Name: iHeartMedia + Entertainment
Event Date(s): Load in 11/3/20; Event Date 11/7/2020
Location: Vinoy Park
Day 1 of Event: 11/7/2020
Time Gates Open: 2:00p
Ending Time: 10:00p
Day 2 of Event: Time Gates Open:
Ending Time:
Day 3 of Event: Time Gates Open:
Ending Time:
Application Prepared by: Audre Holden
Title: Event Manager
Address: 4002 West Gandy Blvd
City: Tampa
State: FL
Zip: 33611
Email Address: audre Holden@iheartmedia.com
Additional Contact Person: Sarah Lanieu
What month/year were you incorporated as nonprofit? n/a
List all 501(c)3 entities that will benefit from this event. TBD
Name of the for-profit entity? iHeartMedia + Entertainment
Describe your event with details.
R&B concert / festival with food and artisan vendors
Describe what economic benefit and impact this event will bring to St. Petersburg.
financial and tourist benefit for local businesses and city services
Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.
Does your group presently have liability insurance? YES
How much? 1,000,000 per 2,000,000
Are there plans to sell or distribute beer/wine at your event? YES
Will there be an admission / registration fee? YES
Advanced Fee: $45+
Day of: $50+
Please provide the website address for your event. www.957thebeat.com
Please provide a phone number that can be advertised to the public. 813-832-1000
What is the estimated attendance for this event? Spectators 5000-8000
Participants 6-8 artis Last Year's Total Attendance 5000

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) [ ] Yes [ ] No

# Bleachers needed. Each bleacher approx. 180 people [TBD]

Tables (6 ft) # needed [TBD] Chairs # needed [TBD]

Public Address System [ ] Yes [ ] No

# of portable risers needed (4 in. x 8 in. x 16 in. sections) [TBD]

Special Events Facilities

[ ] Mahaffey Theater
[ ] Coliseum
[ ] Sunken Gardens
[ ] Boyd Hill

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: [ ] Audre Holden Title: [ ] Event Manager Date: [ ] 1/20/2020

Co-Sign: [ ] Title: [ ] Date: [ ]

Note: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.

b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.

c. Applications lacking information or the required completed appendixes listed below will not be processed.

Please attach the following

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

For further information, please call Lynn Gordon, Parks & Recreation Manager, 727-893-7766 or Email: StPeteEvents@stpete.org

Page 2 of 8
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

**Condition**

- [x] Public Invited
- [x] Located in Park
- [x] Vending Product / Merchandise Sales
- [x] Vending Food / Beverage
- [x] Vendors / Exhibitors
- [x] Vending Beer / Wine
- [x] Erecting Tents - Larger than 10ft x 12ft
- [x] Fence Installation
- [x] Other Structures
- [x] Open Flame Food Preparation
- [ ] Pyrotechnics
- [ ] Require Street Closure
- [x] VIP Area
- [x] Staging
- [x] Amplified Sound
- [x] Security
- [x] Sanitary Facilities - Port-O-Lets
- [x] Off-site Parking / Shuttle
- [x] Semitruck / Tractor Trailer

**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)

**How many?**

- Over 30 Vendors / Exhibitors
- 6-8
- Chain Link
- Stage / FOH

- Professional
- Showmobile
- Other
- Performers
- Announcement Only
- Daytime - Private
- Overnight - Private
- Event Time Frame - SPPD

**Regular Units**

- tbd

**Disabled Units**

- tbd

**Hand Washing**

- tbd

**Marketing:** Please check all that apply.

- [x] Invitations
- [ ] Posters / Flyers
- [x] Newspaper / Internet
- [x] Radio
- [x] Television
- [x] Remote Broadcast

*City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.*
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☒ YES ☐ NO
If YES, check all that apply. ☒ RV'S ☒ Coffee Vendors ☒ Ice Bins ☒ Freezers ☒ Ice Cream Vendors ☒ Catering Trucks ☒ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Production company will advance this later, we agree to stay with the legal restraints of the park.

Will you supply your own generators? ☒ YES ☐ NO
Will your event have a licensed electrician on-site during the event? ☒ YES ☐ NO If YES, who? tbd. hired by production comp

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

If City permits, licenses, or services are required for event, who will pay for them?

Name: iHeartMedia Tampa Bay Phone: 813-832-1000
Address (including zip): 400 WEst Gandy Blvd, 33611

Type of music, # of stages, and # of bands.
R&B/Old school hip hop music. one stage, 6-8 artists

List Vending Products. Name & Provider.
tbd

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.
TBD

Explain subject/purpose of all speeches/demonstrations which will occur.
n/a

Discuss your load in/load out parking needs, include times and dates.
Load in to begin Tuesday 11/2; soundchecks will start Friday - Saturday morning. Event gates open at 2pm on Saturday 11/7/2020; Load out to be completed by Sunday 11/8. Event will need backstage parking for RV, production vehicles and artist trailers. Street parking for food vendors. Parking lot for sponsors and staff.
I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Audre Holden  Title: Event Manager  Date: 1/20/2020
Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation:

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

Nonprofit (Employee Identification Number):

Name of the **For-profit** Corporation:

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

Please include a copy of the the current IRS Nonprofit Affidavit / For Profit

What method of invoicing would your organization prefer?

- [ ] BY Mail

- [ ] BY EMAIL

Contact Name

Address

City, State, Zip

Email Address:

Page 7 of 8
## I. REVENUE SOURCES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th></th>
<th>Name of Event:</th>
<th>Date(s) of Event:</th>
<th>Amount</th>
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<tbody>
<tr>
<td>1</td>
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<td>8</td>
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</table>

**TOTAL GROSS REVENUE**

## II. EXPENSES (attach sheet if more space is needed)

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

## III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

<p>| | | | |</p>
<table>
<thead>
<tr>
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<td>6</td>
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</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: ___________________________ Date: _____________
January 20, 2020

Amy Foster, Chair
PO Box 2842
St. Petersburg, FL 33731

Re: Request to sell “Hard Liquor” at 95.7 Beats By The Bay 2020

Dear Ms. Foster,

On November 7th of this year, iHeartMedia Tampa Bay will be putting on our 6th annual 95.7 Beats By The Bay concert. iHeartMedia Tampa Bay is in the process of obtaining the necessary permits to put on this event in Vinoy Park.

iHeartMedia Tampa Bay is hoping to sell “Hard Liquor” if we can obtain approval from City Council to do so and sponsors to provide product. iHeartMedia Tampa Bay sold beer, wine and hard liquor at our 2019 95.7 Beats By The Bay without issue and hope to be able to do so again at our 2020 event.

If there is anything else we need to provide or do to obtain approval from the city to sell “Hard Liquor” at 95.7 Beats By The Bay 2020, please do not hesitate to contact me. Thank you in advance for your help.

Sincerely,

Audre Holden
95.7 The Beat Promotions Director / Event Manager
813-832-1074
iHeartMedia Tampa Bay
**Detail by Entity Name**

Foreign Profit Corporation  
IHEARTMEDIA + ENTERTAINMENT, INC.

**Filing Information**

<table>
<thead>
<tr>
<th>Document Number</th>
<th>FEI/EIN Number</th>
<th>Date Filed</th>
<th>State</th>
<th>Status</th>
<th>Last Event</th>
<th>Event Date Filed</th>
<th>Event Effective Date</th>
<th>Principal Address</th>
<th>Changed:</th>
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<td>74-2722883</td>
<td>09/29/1994</td>
<td>NV</td>
<td>ACTIVE</td>
<td>NAME CHANGE</td>
<td>09/17/2014</td>
<td>NONE</td>
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<td>04/04/2018</td>
</tr>
</tbody>
</table>

**Mailing Address**

20880 Stone Oak Parkway  
San Antonio, TX 78258  

Changed: 04/04/2018

**Registered Agent Name & Address**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324  

Name Changed: 09/16/2011

Address Changed: 09/16/2011

**Officer/Director Detail**

**Name & Address**

Title Director  
Bressler, Richard J.  
20880 Stone Oak Parkway  
San Antonio, TX 78258
Title Director

Walls Jr., Robert H.
20880 Stone Oak Parkway
San Antonio, TX 78258

Title Senior Vice President-Tax

Bick, Scott T.
20880 Stone Oak Parkway
San Antonio, TX 78258

Title President

Bressler, Richard J.
20880 Stone Oak Parkway
San Antonio, TX 78258

Title Treasurer

Coleman, Brian D.
20880 Stone Oak Parkway
San Antonio, TX 78258

Title Secretary

Walls Jr., Robert H.
20880 Stone Oak Parkway
San Antonio, TX 78258

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
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<tbody>
<tr>
<td>2017</td>
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<td>2018</td>
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<tr>
<td>2019</td>
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</table>

Document Images

- 03/22/2019 -- ANNUAL REPORT
- 04/04/2019 -- ANNUAL REPORT
- 04/13/2017 -- ANNUAL REPORT
- 03/31/2019 -- ANNUAL REPORT
- 04/16/2015 -- ANNUAL REPORT
- 09/17/2014 -- Name Change
- 04/14/2014 -- ANNUAL REPORT
- 04/15/2013 -- ANNUAL REPORT
- 04/04/2012 -- ANNUAL REPORT
- 09/16/2011 -- Reg. Agent Change
- 04/18/2011 -- ANNUAL REPORT
- 04/29/2010 -- ANNUAL REPORT
- 04/30/2009 -- ANNUAL REPORT
Detail by Entity Name
Florida Not For Profit Corporation
#THEBURGCARES, INC.

Filing Information
Document Number: N18000004913
FEI/EIN Number: 82-5489622
Date Filed: 05/01/2018
State: FL
Status: ACTIVE
Last Event: REINSTATEMENT
Event Date Filed: 10/14/2019

Principal Address
2822 54TH AVE. SOUTH, STE. 180
SAINT PETERSBURG, FL 33712

Mailing Address
2822 54TH AVE. SOUTH, STE. 180
SAINT PETERSBURG, FL 33712

Registered Agent Name & Address
THE LAW OFFICES OF K.V. RUBIN, PA
111 SECOND AVE. NE, STE. 341
ST. PETERSBURG, FL 33701

Name Changed: 10/14/2019

Officer/Director Detail
Name & Address

Title DP
ALLISON, SHUNDRA
2610 DESOTO WAY SOUTH
SAINT PETERSBURG, FL 33712

Title DVP
EMMANUEL, SHARLENE
3321 CARLISLE AVE. SOUTH
SAINT PETERSBURG, FL 33712

Title DCFO
HOLDEN, DEMARCUS
5157 BEACH DRIVE SE
SAINT PETERSBURG, FL 33705

Annual Reports

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<td>2019</td>
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<td>REINSTATEMENT</td>
<td>View image in PDF format</td>
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<tr>
<td>05/01/2018</td>
<td>Domestic Non-Profit</td>
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</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): AUDRE HOLDEN
(Print Name): IHEARTMEDIA ENTERTAINMENT INC
Name of User Organization, If Applicable

IHEARTMEDIA ENTERTAINMENT INC
AUDRE HOLDEN
4002 W GANDY BLVD
TAMPA FL 33611 USA

Purpose of Use: 95.7 BEATS BY THE BAY
Expected: 10,000
Co-Sponsored Event

Conditions of Use: Insurance Required

Other Information:
Use of beer and wine: Yes
Use of fencing: Yes
Use of liquor: Yes

Date(s) and Time(s) of Use:
Starting: Tue 03 Nov 2020 06:00 am
Ending: Mon 09 Nov 2020 09:00 pm

Facility/Equipment

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<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>Vinoy Park</td>
<td>Tue</td>
<td>03 Nov 2020</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$300.00</td>
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<tr>
<td>Vinoy Park</td>
<td></td>
<td>09 Nov 2020</td>
<td>09:00 PM</td>
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Additional Fees:

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<tr>
<th>Fee Description</th>
<th>Quantity</th>
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<td>Co-Sponsored Application Fee</td>
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<tr>
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<th>Hours</th>
<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Extra Fee - Bookings Co-Sponsored Permit Fee (Vincy)</td>
<td>159:00</td>
<td>1</td>
<td>$300.00</td>
<td>$0.00</td>
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Charges:

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<th>Extra Fees</th>
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<th>Deposit</th>
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<tr>
<td>$ 0.00</td>
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<td>$0.00</td>
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<td>$0.00</td>
<td>$0.00</td>
<td>$330.00</td>
<td>$330.00</td>
</tr>
</tbody>
</table>

Balance of rental due and payable immediately.

Payments:

Additional Notes:
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: Boley Centers Jingle Bell Run

Entity Name: Boley Centers, Inc.

Event Date(s): 12/11/20

Location: Albert Whitted Park

Phone No.: 727-821-4819

Federal ID Number: 59-822-6240

Application Prepared by: Jenine Thornley

Address: 445 31st St N

City: St Petersburg

State: FL

Zip: 33713

Cell Phone: 821-4819, Ext 5706

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: N/A

**Describe your event with details.**

This nighttime holiday fun is a wholesome family fun, providing a waterfront holiday activity. This is our 38th year of operation this event, which has become a holiday tradition for many in St Petersburg and Pinellas County.

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? $100,000

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: $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

What is the estimated attendance for this event? Spectators N/A Participants 3000 Last Year's Total Attendance 3400
Please check the equipment and/or facilities you are requesting

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
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</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td>Non-City Locations</td>
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<tr>
<td>No</td>
<td>Mahaffey Theater</td>
</tr>
<tr>
<td># Bleacher(s) needed</td>
<td>Coliseum</td>
</tr>
<tr>
<td>Each bleacher approx 180 people</td>
<td>Sunken Gardens</td>
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<tr>
<td>No</td>
<td>Boyd Hill</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Tables (6 ft) # needed</th>
<th>Chairs # needed</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

Public Address System 0

# of portable nsers 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, Manne 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
Co-Sign: Gary MacMath
Title: Chief Operating Officer
Title: President/CEO
Date: 1/23/20

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>How many? 1 - 10 Vendors / Exhibitors</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
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<tr>
<td>Pyrotechnics</td>
<td>Fireworks Permit</td>
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<tr>
<td>Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
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<td>VIP Area</td>
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<tr>
<td>Staging</td>
<td>Professional Showmobile Other</td>
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<tr>
<td>Amplified Sound</td>
<td>Performers Announcement Only</td>
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<tr>
<td>Security</td>
<td>Daytime - Private Overnight - Private Event Time Frame - SPPD</td>
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<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td>Regular Units Disabled Units Hand Washing</td>
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<tr>
<td>Off-site Parking / Shuttle</td>
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<tr>
<td>Semitruck / Tractor Trailer</td>
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</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.

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? □ 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: Boley Centers, Inc
Phone: 727-821-4819, ext 5704
Address (including zip): 445 31st St N, St. Petersburg, FL 33713

Type of music, # of stages, and # of bands

Christmas and pop music - no stages

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

N/A

Discuss your load in/load out parking needs, include times and dates

Set up will begin the morning of; Breakdown the next morning
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: Chief Operating Officer  
Date: 1/23/20
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 $120.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the <strong>Nonprofit</strong> Corporation</th>
<th>Boley Centers, Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY)</td>
<td>Gary MacMath</td>
</tr>
<tr>
<td>Title of Responsible Party</td>
<td>President/CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party</td>
<td>445 31st St 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@boleycen.org">gary.macmath@boleycen.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number)</td>
<td>59-1290089</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the <strong>For-profit</strong> Corporation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY)</td>
<td></td>
</tr>
<tr>
<td>Title of Responsible Party</td>
<td></td>
</tr>
<tr>
<td>Physical Address of Responsible Party</td>
<td></td>
</tr>
<tr>
<td>Phone Number of Responsible Party</td>
<td></td>
</tr>
<tr>
<td>Email Address of Responsible Party</td>
<td></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number)</td>
<td></td>
</tr>
</tbody>
</table>

**Please include a copy of the current IRS Nonprofit Affidavit / For Profit**

What method of invoicing would your organization prefer?

- [ ] BY Mail
- [x] BY EMAIL

Contact Name | Kevin Marrone |
-------------|---------------|
Address | 445 31st St N |
City, State, Zip | St Petersburg, FL 33713 |
<table>
<thead>
<tr>
<th>Name of Event</th>
<th>Jingle Bell Run</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) of Event</td>
<td>12-11-20</td>
</tr>
</tbody>
</table>

**I. REVENUE SOURCES (attach sheet if more space is needed)**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Donations</td>
<td>$3,032.00</td>
</tr>
<tr>
<td>Sponsorships</td>
<td>$45,000.00</td>
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<tr>
<td>Registrations</td>
<td>$34,445.00</td>
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<td>$82,477.00</td>
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**II. EXPENSES (attach sheet if more space is needed)**

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<tr>
<th>Expense</th>
<th>Amount</th>
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</thead>
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<tr>
<td>Advertising</td>
<td>$2,345.00</td>
</tr>
<tr>
<td>Entertainment</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>City of St. Petersburg (estimate)</td>
<td>$9,575.00</td>
</tr>
<tr>
<td>Food</td>
<td>$2,175.00</td>
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<td>Shirts</td>
<td>$13,363.00</td>
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<tr>
<td>Event equipment</td>
<td>$1,215.00</td>
</tr>
<tr>
<td>Glow necklaces</td>
<td>$750.00</td>
</tr>
<tr>
<td>Printing</td>
<td>$1,675.00</td>
</tr>
<tr>
<td>Bells/elastics</td>
<td>$1,073.00</td>
</tr>
<tr>
<td>Licenses/Permits</td>
<td>$650.00</td>
</tr>
<tr>
<td></td>
<td>$37,801.00</td>
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</table>

**TOTAL NET INCOME**

$44,676.00

**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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**TOTAL ALLOCATION OF NET INCOME**

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</tbody>
</table>

Prepared by Jenine Thornley
Date Jan 23, 2020
**Detail by Entity Name**
Florida Not For Profit Corporation
BOLEY CENTERS, INC.

**Filing Information**
- Document Number: 718784
- FEI/EIN Number: 59-1290089
- Date Filed: 07/01/1970
- State: FL
- Status: ACTIVE
- Last Event: AMENDED AND RESTATED ARTICLES
- Event Date Filed: 06/30/2015
- Event Effective Date: NONE

**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
COO, Corporate Secretary

MARRONE, KEVIN
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Director

INCORVIA, SANDRA
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

SECOND VICE CHAIRMAN

MISIEWICZ, PAUL
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Director

LOTT, MARTIN
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Director

POYNTER, SALLY
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Director

HEBERT, JOHN T
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

FIRST VICE CHAIRMAN

BUSSEY, RUTLAND
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Director

STRINGER, JOSEPH
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

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 PAST CHAIRMAN

McQueen, Maggi
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title 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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<tbody>
<tr>
<td>2018</td>
<td>01/26/2018</td>
</tr>
<tr>
<td>2019</td>
<td>01/29/2019</td>
</tr>
<tr>
<td>2019</td>
<td>11/08/2019</td>
</tr>
</tbody>
</table>

Document Images

11/09/2019 – AMENDED ANNUAL REPORT
01/29/2019 – ANNUAL REPORT
02/07/2019 – AMENDED ANNUAL REPORT
01/20/2018 – ANNUAL REPORT
06/02/2017 – AMENDED ANNUAL REPORT
01/12/2017 – ANNUAL REPORT
12/02/2016 – AMENDED ANNUAL REPORT
09/16/2016 – AMENDED ANNUAL REPORT
04/26/2016 – AMENDED ANNUAL REPORT
02/01/2016 – ANNUAL REPORT
06/30/2015 – Amended and Restated Articles
BOLEY CENTERS FOR BEHAVIORAL HEALTH CARE
JENINE THORNLEY
445 31ST ST N
ST PETERSBURG FL 33713 7605 USA

Purpose of Use: BOLEY CENTERS JINGLE BELL RUN
Expected: 3,000

Conditions of Use: Insurance Required

Other Information:
- Use of beer and wine: Yes
- Use of fencing: Yes
- Use of liquor: No

Date(s) and Time(s) of Use:
Starting: Fri 11 Dec 20 03:00 am
Ending: Fri 11 Dec 20 10:00 pm

Facility/Equipment: Albert Whitted Park

Additional Fees:
- Extra Fee - Co-Sponsored Application Fee: $30.00
- Extra Fee - Co-Sponsored Permit Fee: $200.00

Charges:
- Fees: $0.00
- Extra Fees: $230.00
- Tax: $0.00
- Total: $230.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By: (Sign Name)
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)

By: (Sign Name) Parks and Recreation Department
(Print Name)
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.