City of St. Petersburg
City Council
Co-Sponsored Events Committee
Thursday, July 23, 2020, 11:00AM
Sunshine Center Auditorium

Committee Members
Ed Montanari
Darden Rice
Deborah Figgs-Sanders
Lisa Wheeler-Bowman
Gina Driscoll (Alternate)

Agenda

I. Call to Order

II. Approval of thirty-four (34) events for FY21
   a. waiving the non-profit requirement for ten (10) events
   b. approval of liquor requests for seven (7) events

III. Co-Sponsored Contracts – update

IV. Public Comment

V. Adjournment
<table>
<thead>
<tr>
<th>Event Name</th>
<th>Event #</th>
</tr>
</thead>
<tbody>
<tr>
<td>CraftArt Festival</td>
<td>1</td>
</tr>
<tr>
<td>North American ACAT Championship</td>
<td>2</td>
</tr>
<tr>
<td>MG Walk - St. Petersburg</td>
<td>3</td>
</tr>
<tr>
<td>Shannon's Walk for ACC Cure</td>
<td>4</td>
</tr>
<tr>
<td>Festivals of Speed</td>
<td>5</td>
</tr>
<tr>
<td>Tampa Bay Bluesfest</td>
<td>6</td>
</tr>
<tr>
<td>Dr. MLK Arts and Music Festival</td>
<td>7</td>
</tr>
<tr>
<td>St. Petersburg Holiday of the Arts</td>
<td>8</td>
</tr>
<tr>
<td>St. Petersburg Fine Art Festival</td>
<td>9</td>
</tr>
<tr>
<td>Southeast Guide Dogs Walk</td>
<td>10</td>
</tr>
<tr>
<td>St. Petersburg Distance Classic</td>
<td>11</td>
</tr>
<tr>
<td>St. Pete Beer &amp; Bacon Festival</td>
<td>12</td>
</tr>
<tr>
<td>First Night St. Pete</td>
<td>13</td>
</tr>
<tr>
<td>LOCALTOPIA</td>
<td>14</td>
</tr>
<tr>
<td>Purplestride Run / Walk</td>
<td>15</td>
</tr>
<tr>
<td>STA Viking Festival</td>
<td>16</td>
</tr>
<tr>
<td>Reggae Rise Up Music Festival</td>
<td>17</td>
</tr>
<tr>
<td>Stick Figure</td>
<td>18</td>
</tr>
<tr>
<td>St. Anthony’s Triathlon</td>
<td>19</td>
</tr>
<tr>
<td>Meek &amp; Mighty Triathlon</td>
<td>20</td>
</tr>
<tr>
<td>Walk for Life</td>
<td>21</td>
</tr>
<tr>
<td>Slightly Stoopid</td>
<td>22</td>
</tr>
<tr>
<td>WUSF Longest Table</td>
<td>23</td>
</tr>
<tr>
<td>97X BBQ</td>
<td>24</td>
</tr>
<tr>
<td>James Weldon Johnson Literacy Festival</td>
<td>25</td>
</tr>
<tr>
<td>Awakening into the Sun</td>
<td>26</td>
</tr>
<tr>
<td>Heroes Memorial 5K/10K Run</td>
<td>27</td>
</tr>
<tr>
<td>Mainsail Arts Festival</td>
<td>28</td>
</tr>
<tr>
<td>Car - Free Central</td>
<td>29</td>
</tr>
<tr>
<td>Reggae Rise Up Music Festival 2020</td>
<td>30</td>
</tr>
<tr>
<td>Food Truck Rally / Monthly Themes</td>
<td>31</td>
</tr>
<tr>
<td>American Stage in Williams Park</td>
<td>32</td>
</tr>
<tr>
<td>American Stage in the Park 2020</td>
<td>33</td>
</tr>
<tr>
<td>American Stage in the Park 2021</td>
<td>34</td>
</tr>
</tbody>
</table>

**Co-Sponsored Agreements**

- For Profit Agreement 2020 v 01
- Non Profit Agreement 2020 v 01
**Event Title:** CraftArt Festival  
**Phone No.:** 727/821-7391  
**Fax No.:** n/a

**Entity Name:** Florida CraftArt  
**Federal I.D. Number:** 23-7375994

**Event Date(s):** Nov. 21 and 22, 2020  
**Location:** Central Ave 4th St. to 7th St., 5th St. 1st St. N to 1st St. S

**Day 1 of Event:** Nov. 21  
**Time Gates Open:** 10 am  
**Ending Time:** 5 pm

**Day 2 of Event:** Nov. 22  
**Time Gates Open:** 10 am  
**Ending Time:** 4pm

**Application Prepared by:** Janie Lorenz  
**Phone:** 727/821-7391

**Title:** Business Manager and Festival Coordinator  
**Cell Phone:** 727/235-3223

**Address:** 501 Central Ave.  
**City:** St. Petersburg  
**State:** FL  
**Zip:** 33701

**Email Address:** janie@floridacraftart.org

**Additional Contact Person:** Katie Deits  
**Day Phone:** 727/821-7391

**What month/year were you incorporated as nonprofit?** May 1974

**List all 501(c)3 entities that will benefit from this event.** n/a

**Name of the for-profit entity?** n/a

**Describe your event with details.**

The CraftArt Festival is celebrating its 23rd Anniversary this year and the 16th year in St. Petersburg. As one of the anchors in the Central Arts District, Florida CraftArt is a statewide organization that places St. Petersburg on the national arts scene through national calls to artists for participation. The CraftArt Festival continues to add to the growth of the cultural community in St. Petersburg, for which it has become well known. From the data collected with visitor surveys, we know that the CraftArt Festival has become an "annual" event for residents and visitors who attend the festival.

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

Hotels, restaurants and other cultural venues and businesses receive the benefit of the additional foot traffic that the CraftArt Festival brings to the city over the course of the 2-day event. As a result of having approximately 12,000 visitors attend the festival, our neighboring restaurants, hotels and other businesses see an increase in revenue.

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

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

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

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

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

**Please provide a phone number that can be advertised to the public.** 727/821-7391

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

<table>
<thead>
<tr>
<th>Spectators</th>
<th>Participants</th>
<th>Last Year's Total Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>12,000</td>
<td>150</td>
<td>12,000</td>
</tr>
</tbody>
</table>
Please check the equipment and/or facilities you are requesting.

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

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: [Signature]  Title: Executive Director  Date: 1/23/2020
Co-Sign: [Signature]  Title: Business Manager  Date: 1/23/2020

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>
</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: Florida CraftArt  Phone: 727/821-7391

Address (including zip): ___________________________________________________________________________

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

tbd

List Vending Products. Name & Provider.

List Vending Products. Name & Provider.

tbd

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

Florida CraftArt
501 Central Ave.
St. Petersburg, FL 33701

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

Artist demonstrations of fine craft, hands on make and take activities

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

tent set-up, artist load in will take place on Friday afternoon, after the streets are closed and cleared 2-7 pm

Breakdown begins at 4pm on Sunday and is completed by 8pm - the streets reopen

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: Executive Director  Date: 1/23/2020
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 months prior to the event.

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

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

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

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

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>Florida CraftArt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Tyler Jones</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President, Board of Directors</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1301 74th Circle NE, St. Petersburg, FL 33704</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-452-8497</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:realtortyler@gmail.com">realtortyler@gmail.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>23-7375994</td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer?

- [X] BY Mail
  - Contact Name: Janie Lorenz c/o Florida CraftArt
  - Address: 501 Central Ave.
  - City, State, Zip: St. Petersburg, FL 33701

- [ ] BY EMAIL
  - Email Address:
## APPENDIX C

### STATEMENT OF REVENUE AND EXPENSES FORM

### PRIOR YEAR'S EVENT

(Must be completed)

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>CraftArt Festival 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) of Event:</td>
<td>Nov. 23, 2019 - Nov. 24, 2019</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>see attached P &amp; L</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**

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

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

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Programming and exhibitions for Florida CraftArt</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: Janie Lorenz

Date: Jan. 23, 2020
<table>
<thead>
<tr>
<th></th>
<th>CA 19</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ordinary Income/Expense</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Earned Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CraftArt Festival Fees</td>
<td>43,337.05</td>
<td>43,337.05</td>
</tr>
<tr>
<td>Sponsorship/Direct Support</td>
<td>51,046.95</td>
<td>51,046.95</td>
</tr>
<tr>
<td>In-Kind Support - Festival</td>
<td>19,372.00</td>
<td>19,372.00</td>
</tr>
<tr>
<td><strong>Total CraftArt Festival</strong></td>
<td>113,756.00</td>
<td>113,756.00</td>
</tr>
<tr>
<td><strong>Total Earned Income</strong></td>
<td>113,756.00</td>
<td>113,756.00</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>113,756.00</td>
<td>113,756.00</td>
</tr>
<tr>
<td><strong>Gross Profit</strong></td>
<td>113,756.00</td>
<td>113,756.00</td>
</tr>
<tr>
<td><strong>Expense</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CraftArt Festival Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awards / Jury Fees</td>
<td>10,967.50</td>
<td>10,967.50</td>
</tr>
<tr>
<td>Fees / Permits / Supplies</td>
<td>50,644.54</td>
<td>50,644.54</td>
</tr>
<tr>
<td>Promotion</td>
<td>7,655.82</td>
<td>7,655.82</td>
</tr>
<tr>
<td>CraftArt Festival Expenses - Other</td>
<td>14,254.08</td>
<td>14,254.08</td>
</tr>
<tr>
<td><strong>Total CraftArt Festival Expenses</strong></td>
<td>83,521.94</td>
<td>83,521.94</td>
</tr>
<tr>
<td>Program Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postage / Delivery</td>
<td>500.00</td>
<td>500.00</td>
</tr>
<tr>
<td><strong>Total Program Services</strong></td>
<td>500.00</td>
<td>500.00</td>
</tr>
<tr>
<td>Administration Expense</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parking Expense</td>
<td>27.00</td>
<td>27.00</td>
</tr>
<tr>
<td>Payroll</td>
<td>9,294.45</td>
<td>9,294.45</td>
</tr>
<tr>
<td>Payroll Fees / Taxes</td>
<td>1,194.74</td>
<td>1,194.74</td>
</tr>
<tr>
<td>Staff Benefits</td>
<td>759.28</td>
<td>759.28</td>
</tr>
<tr>
<td>Travel</td>
<td>34.44</td>
<td>34.44</td>
</tr>
<tr>
<td>Worker’s Comp</td>
<td>80.83</td>
<td>80.83</td>
</tr>
<tr>
<td><strong>Total Administration Expense</strong></td>
<td>11,390.74</td>
<td>11,390.74</td>
</tr>
<tr>
<td><strong>Total Expense</strong></td>
<td>95,412.68</td>
<td>95,412.68</td>
</tr>
<tr>
<td><strong>Net Ordinary Income</strong></td>
<td>18,343.32</td>
<td>18,343.32</td>
</tr>
<tr>
<td><strong>Net Income</strong></td>
<td>18,343.32</td>
<td>18,343.32</td>
</tr>
</tbody>
</table>
Gentlemen:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes.

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

If your purposes, character, or method of operation is changed, you must let us know so we can consider the effect of the change on your exempt status. Also, you must inform us of all changes in your name or address.

If your gross receipts each year are normally more than $5,000, you are required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of $10 a day, up to a maximum of $5,000, for failure to file a return on time.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Please keep this determination letter in your permanent records.

Sincerely yours,

ATTACHED:

Thomas P. Schenk
Exempt Organization Specialist
### Detail by Entity Name

Florida Not For Profit Corporation  
FLORIDA CRAFTART, INC.

**Filing Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Number</td>
<td>740750</td>
</tr>
<tr>
<td>FEI/EIN Number</td>
<td>23-7375994</td>
</tr>
<tr>
<td>Date Filed</td>
<td>11/10/1977</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>Status</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>Last Event</td>
<td>NAME CHANGE AMENDMENT</td>
</tr>
<tr>
<td>Event Date Filed</td>
<td>03/14/2019</td>
</tr>
<tr>
<td>Event Effective Date</td>
<td>NONE</td>
</tr>
</tbody>
</table>

**Principal Address**

501 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701

Changed: 09/07/1999

**Mailing Address**

501 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701

Changed: 09/07/1999

**Registered Agent Name & Address**

DEITS, KATIE  
FLORIDA CRAFTSMEN INC  
501 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701

Name Changed: 02/05/2019

Address Changed: 04/28/2009

**Officer/Director Detail**

**Name & Address**

Title Director  
Howd, Kathryn
Mascoll, John
5 Fernbrooe Dr
Safety Harbor, FL 34695
Title CEO

DEITS, KATIE
430 3 AVE S
ST PETERSBURG, FL 33701
Title Director

Graham, Michael
288 Beach Drive NE
6C
ST. PETERSBURG, FL 33701
Title Director

Jones, Bob Devin
1627 Beach Drive, SE
ST. PETERSBURG, FL 33701
Title Director, President

Jones, Tyler
1301 74th Circle NE
ST. PETERSBURG, FL 33702
Title Director

Maley, Dana
14722 Seminole Trail
Seminole, FL 33776
Title Director

McClellan, Duncan
2342 Emerson Drive S
ST. PETERSBURG, FL 33712
Title Director

Ramsey, David
1460 Serene Way S.
ST. PETERSBURG, FL 33705
Title Director, Secretary
Shelton, Lara  
299 7th St. South  
ST. PETERSBURG, FL 33701  
Title Director, VP

Anderson, Mark  
199 Dali Blvd.  
PH4  
ST. PETERSBURG, FL 33701  
Title Director, Treasurer

Igar, Helen  
3845 Iris St. N  
ST. PETERSBURG, FL 33703  
Title Director

Larrain, Claudia  
2012 Coffee Pot Blvd. NE  
ST. PETERSBURG, FL 33704  
Title Director

Robenalt, Taylor  
4083 Redbird Circle South  
Sarasota, FL 34231  
Title Director

Strobel, Don  
236 7th Avenue NE  
ST. PETERSBURG, FL 33701  
Title Director

Webb, Dorothy  
405 Central Avenue  
#250  
ST. PETERSBURG, FL 33701  
Title Director

Cummings, Kimberli Burns  
513 N. Beverly Ave.  
Tampa, FL 33609  
Title Director

Schrader, Stacia
# Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>01/18/2018</td>
</tr>
<tr>
<td>2019</td>
<td>02/05/2019</td>
</tr>
<tr>
<td>2020</td>
<td>01/30/2020</td>
</tr>
</tbody>
</table>

## Document Images

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/30/2020</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>03/14/2019</td>
<td>Name Change</td>
</tr>
<tr>
<td>02/05/2019</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>01/18/2018</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/04/2017</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>12/27/2016</td>
<td>Amendment</td>
</tr>
<tr>
<td>09/22/2016</td>
<td>Reg. Agent Change</td>
</tr>
<tr>
<td>01/22/2016</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>03/17/2015</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>11/03/2014</td>
<td>Amendment</td>
</tr>
<tr>
<td>02/12/2014</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/29/2013</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/18/2012</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/28/2011</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>05/03/2010</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/28/2009</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/24/2008</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/02/2007</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/14/2006</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/29/2005</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>06/09/2004</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>03/22/2003</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/10/2002</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/27/2001</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>05/02/2000</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>06/07/1999</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>03/29/1996</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>01/23/1995</td>
<td>ANNUAL REPORT</td>
</tr>
</tbody>
</table>
Contract Number: 29943  
Date: 08 Jun 2020  

User: JSBENNIN  
Status: Firm  

FLORIDA CRAFTART, INC.  
JANIE LORENZ  
501 CENTRAL AVE  
ST PETERSBURG FL 33701 USA  

Primary #: (727) 821-7391  
Secondary #: ()  
Other #: ()

Purpose of Use: CRAFTART FESTIVAL  
Expected: 12,000  
Co-Sponsored Event:  

<table>
<thead>
<tr>
<th>Contract Balance</th>
<th>$0.00</th>
</tr>
</thead>
</table>

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
- Starting: Sat 21 Nov 20 12:00 am
- Ending: Sun 22 Nov 20 01:00 am

<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>Sat</td>
<td>21 Nov</td>
<td>12:00 AM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Special Event</td>
<td></td>
<td>22 Nov</td>
<td>01:00 AM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Additional Fees:

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

Charges:

<table>
<thead>
<tr>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
<th>Deposit</th>
<th>Total Applied</th>
<th>Contract Balance</th>
<th>Account Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Balance of rental due and payable immediately.

Payments:

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Payment Type</th>
<th>Reference</th>
<th>Receipt Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 Feb 20</td>
<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>3534564</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): JANIE LORENZ  
(Print Name): JANIE LORENZ  
Name of User Organization, If Applicable: FLORIDA CRAFTART, INC.  

CITY OF ST. PETERSBURG, FLORIDA  

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

Approved or Rejected Date:  

Manager  

Printed: 08 Jun 2020, 09:44 AM  
User: jsbennin  
Page: 1
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
## Event Details

**Event Title:** A-Cat North American and World Championships  
**Phone No.:** 7278223113  
**Fax No.:** 

**Entity Name:** St. Petersburg Yacht Club/St. Petersburg Sailing Center  
**Federal I.D. Number:** 59-0433240  

**Event Date(s):** October 14, 2020 - November 1, 2020  
**Location:** Elva Rouse and Flora Wylie Parks  

**Application Prepared by:** Shawn Macking  
**Phone:** 7278223113  
**Title:** Waterfront Director  
**Address:** 11 Central Ave.  
**City:** St.  
**State:** Florida  
**Zip:** 33701  
**Email Address:** waterfront-director@spyc.org  

**Application Prepared by:** Emmanuel Cerf  
**Day Phone:** 727-251-6085  

**What month/year were you incorporated as nonprofit?** 1909

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

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

## Describe your event with details.

The A-Cat is a high performance single-person catamaran sailboat that is popular around the world. The sailors will be traveling to St. Petersburg from numerous countries, and will be using Elva Rouse & Flora Wylie parks to stage their boats to launch from Northshore Beach to head out to race on Tampa Bay each day. Below is a timeline for the events:

**North American Championship (NA’s)**
October 14-15: Arrival for sailors and equipment

![See attachment](attachment:image)

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

These events will bring over 120 sailors and their families to St. Petersburg from around the world. In 2019, these events hosted sailors from Australia, Sweden, Spain, Switzerland, United Kingdom, France, Belgium, Italy, The Netherlands, Poland, New Zealand, and the USA.

The sailors and their families will find lodging in St. Petersburg for the duration of the two events. We estimate that the average daily expenditure per person will exceed the average daily spend for that of a typical in-market area visitor.

## Additional Information

<table>
<thead>
<tr>
<th>Does your group presently have liability insurance?</th>
<th>YES</th>
<th>NO</th>
<th>How much?</th>
<th>$12,000,000.00</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>Please provide the website address for your event.</td>
<td><a href="http://www.sypc.org/regattas">www.sypc.org/regattas</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please provide a phone number that can be advertised to the public.</td>
<td>7278223113</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the estimated attendance for this event?</td>
<td>Spectators: 50, Participants: 150, Last Year's Total Attendance: NA</td>
<td></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>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td># of bleacher(s) needed. Each bleacher approx. 180 people</td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td></td>
</tr>
<tr>
<td>Chairs # 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
- 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: Shawn Macking
Co-Sign: Emmanuel Cerf
Title: Waterfront Director
Title: Event Chair
Date: 2-19-20
Date: 2-19-20

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>
</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>How many?</td>
<td></td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td></td>
</tr>
<tr>
<td>How many?</td>
<td>1</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>What type?</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>What structure?</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Parade or Street Closure Permit(s)</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>Professional</td>
<td></td>
</tr>
<tr>
<td>Showmobile</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>Performers</td>
<td></td>
</tr>
<tr>
<td>Announcement Only</td>
<td></td>
</tr>
<tr>
<td>Security</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>Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>Regular Units</td>
<td>Hand Washing</td>
</tr>
<tr>
<td>Disabled Units</td>
<td></td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semituck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>Marketing: Please check all that apply.</td>
<td></td>
</tr>
<tr>
<td>Invitations</td>
<td>Radio</td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td>Television</td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td>Remote Broadcast</td>
</tr>
</tbody>
</table>

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

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

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

Power will be used for laptops and screens located in the tents throughout the event.

Will you supply your own generators? ☐ YES ☒ NO

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

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

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

Name: ________________________________ Phone: ________________________________

Address (including zip): ________________________________

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

List Vending Products, Name & Provider.

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

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

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

No fees for public and/or spectators.

Other comments:

These events is very similar to the Co-Sponsored A-Cat event run in October/November of 2019, with additional space in Elva Rouse park added to accommodate the larger number of expected competitors.

If possible, could additional freshwater hose hookups be provided in the parks? We can arrange for an adapter to be used with a fire hydrant, if one is available nearby to provide adequate flow/pressure to the wash down hoses for after racing each day.

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: Shawn Macking
Title: Waterfront Director
Date: 2-19-2020
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>St. Petersburg Yacht Club</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Marc Reydams</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>General Manager</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>11 Central Avenue</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-822-3873</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:gm@spyc.org">gm@spyc.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-0433240</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 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: waterfront-director@spyc.org
A-Cat North American and World Championships

The A-Cat is a high performance single-person catamaran sailboat that is popular around the world. The sailors will be traveling to St. Petersburg from numerous countries, and will be using Elva Rouse & Flora Wylie parks to stage their boats to launch from Northshore Beach to head out to race on Tampa Bay each day. Below is a timeline for the events:

North American Championship (NA’s)
October 14-15: Arrival for sailors and equipment
October 16-17: Registration
October 18: Competitors briefing followed by racing
October 19-21: Racing

World Championships:
October 23: Registration
October 24: Registration followed by competitors briefing, practice races and the opening ceremony (not in park)
October 25-30: Racing
October 31-November 1: Event breakdown/departures
# 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
Commercial Lines - (813) 639-3000
USI Insurance Services LLC
2502 N Rocky Point Drive, Suite 400
Tampa, FL 33607

### Insured
St. Petersburg Yacht Club
11 Central Avenue
St. Petersburg FL 33701

### Coverages
**Certificate Number:** 14327267  
**Revision Number:** See below

This is to certify 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.

<table>
<thead>
<tr>
<th>LTR</th>
<th>TYPE OF INSURANCE</th>
<th>ADDITIONAL SUBROGATION</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
<th>POLICY Exp (MM/DD/YYYY)</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Commercial General Liability</td>
<td></td>
<td>36048692</td>
<td>05/01/2019</td>
<td>05/01/2020</td>
<td>Each Occurrence: $1,000,000, Medical Exp: $10,000, General Aggregate: $2,000,000, Products - Comprop Agg: $2,000,000, Liability: $1,000,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Automobile Liability</td>
<td></td>
<td>99499449</td>
<td>05/01/2019</td>
<td>05/01/2020</td>
<td>Combined Single Limit (EA accident): $1,000,000, Bodily Injury (Per Person): $1,000,000, Bodily Injury (Per Accident): $1,000,000, Property Damage (Per Accident): $1,000,000</td>
</tr>
<tr>
<td>C</td>
<td>Umbrella Liability</td>
<td></td>
<td>79893882</td>
<td>05/01/2019</td>
<td>05/01/2020</td>
<td>Each Occurrence: $12,000,000, Aggregate: $12,000,000, Excess Liability: $1,000,000, Workers Compensation and Employers' Liability and any Proprietor, Partner, Executive Officer, Member or Excluded (Mandatory in NH) (Y/N): N/A, If yes, describe under Description of Operations below</td>
</tr>
</tbody>
</table>

## Description of Operations / Locations / Vehicles

Proof of Coverage

<table>
<thead>
<tr>
<th>Certificate Holder</th>
<th>Cancellation</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of St. Petersburg</td>
<td>Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.</td>
</tr>
</tbody>
</table>

Authorized Representative

The ACORD name and logo are registered marks of ACORD ©1988-2015 ACORD CORPORATION. All rights reserved.
Detail by Entity Name
Florida Not For Profit Corporation
ST. PETERSBURG YACHT CLUB

Filing Information
Document Number: 700166
FEI/EIN Number: 59-0433240
Date Filed: 11/18/1959
State: FL
Status: ACTIVE
Last Event: AMENDMENT
Event Date Filed: 12/04/2014
Event Effective Date: NONE

Principal Address
11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Changed: 01/19/2011

Mailing Address
11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Changed: 01/19/2011

Registered Agent Name & Address
FINNEY, COLLEEN
11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Name Changed: 02/04/2016
Address Changed: 02/04/2016

Officer/Director Detail
Name & Address
Title Secretary
Reuss, Wendy
11 Central Avenue
ST. PETERSBURG, FL 33701
Title General Manager

REYDAMS, MARC
11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Title Director

Mendelblatt, David
11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Title Director

SMITH, BRIAN
11 Central Avenue
ST. PETERSBURG, FL 33701

Title Director

Blacker, Michael
11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Title Treasurer

Waters, Bill
11 Central Avenue
St. Petersburg, FL 33701

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>01/15/2018</td>
</tr>
<tr>
<td>2019</td>
<td>01/15/2019</td>
</tr>
<tr>
<td>2020</td>
<td>01/15/2020</td>
</tr>
</tbody>
</table>

Document Images

- 01/15/2020 – ANNUAL REPORT
- 01/15/2019 – ANNUAL REPORT
- 01/15/2018 – ANNUAL REPORT
- 10/26/2017 – AMENDED ANNUAL REPORT
- 01/10/2017 – ANNUAL REPORT
- 10/13/2016 – AMENDED ANNUAL REPORT
- 02/04/2016 – Reg. Agent Change
- 01/21/2016 – ANNUAL REPORT
- 01/12/2015 – ANNUAL REPORT
- 12/04/2014 – Amendment
- 03/31/2014 – ANNUAL REPORT
- 01/28/2013 – ANNUAL REPORT
- 01/16/2012 – ANNUAL REPORT
ST PETERSBURG YACHT CLUB
SHAWN MACKING
11 CENTRAL AVE
ST PETERSBURG FL 33701 USA

Primary #: (941) 321-0184
Secondary #: ()
Other #: ()

Purpose of Use: A-CAT NORTH AMERICAN AND WORLD CHAMPIONSHIPS

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: Wed 14 Oct 20 06:00 am
Ending: Sun 01 Nov 20 09:00 pm

Facility/Equipment | Day     | Date       | Time      | Fee  | Extra Fee | Tax  | Total
--- | -------- | ---------- | --------- |------ |----------- |------ |------
Elva Rouse Park Park | Wed     | 14 Oct 2020 | 06:00 AM | $0.00 | $600.00   | $0.00 | $600.00
Flora Wylie Park Park | Wed     | 14 Oct 2020 | 06:00 AM | $0.00 | $0.00     | $0.00 | $0.00
Flora Wylie Park Park | 01 Nov 2020 | 09:00 PM | $0.00 | $0.00 | $0.00 | $0.00

Additional Fees:
- Extra Fee - Bookings
  - Co-Sponsored Permit Fee
    - Hours: 447:00
    - Quantity: 3
    - Charge: $600.00
    - Tax: $0.00
    - Total: $600.00

Charges:
- Fees: $0.00
- Extra Fees: $630.00
- Tax: $0.00
- Total: $630.00
- Deposit: $0.00
- Total Applied: $0.00
- Contract Balance: $630.00
- Account Balance: $630.00

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): SHAWN MACKING
(Print Name): ST PETERSBURG YACHT CLUB
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name): Parks and Recreation Superintendent
(Print Name): Parks and Recreation Department
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: Shannons Walk for ACC CURE
Entity Name: ACC CURE
Event Date(s): 10/3/20
Location: Flora Wiley park
Day 1 of Event:
Day 2 of Event:
Day 3 of Event:
Application Prepared by: Emerald cromwell
Title: Director
Address: 21 Bellevue drive
City: Treasure Island
State: FL
Zip: 33706
Email Address: emeraldcromwell@gmail.com
Additional Contact Person: Day Phone:
What month/year were you incorporated as nonprofit? 2012
List all 501(c)3 entities that will benefit from this event. Moffitt Cancer Center
Name of the for-profit entity?

Describe your event with details.
The event morning starts with a registration hour with a DJ playing music. Before the walk starts the doctors from Moffitt will speak to the crowd and then we will walk around the park.

Describe what economic benefit and impact this event will bring to St. Petersburg.
In the past 2 years we have had 300-400 attendees. The influx of these attendees brings people into downtown St Pete that spend money at local restaurants and shops.

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

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

Please provide the website address for your event. www.shannonswalk.com
Please provide a phone number that can be advertised to the public. 7275658045
What is the estimated attendance for this event? Spectators  Participants 400  Last Year's Total Attendance 400
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># Bleachers needed. Each bleacher approx. 180 people</td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>5</td>
</tr>
<tr>
<td>Chairs # needed</td>
<td>10</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

<table>
<thead>
<tr>
<th>Non-City Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-City Locations</td>
</tr>
<tr>
<td>Mahaffey Theater</td>
</tr>
<tr>
<td>Coliseum</td>
</tr>
<tr>
<td>Sunken Gardens</td>
</tr>
<tr>
<td>Boyd Hill</td>
</tr>
</tbody>
</table>

Special Events Facilities

<table>
<thead>
<tr>
<th>Which Location?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which Location?</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: Emerald Cromwell

Co-Sign: 

Title: director

Date: 2/19/20

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

__________________________________________________________________________

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.

NA

List Vending Products. Name & Provider.

Na

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

NA

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

Raising funds for adrenal cortical carcinoma research at Moffitt Cancer Center. The doctors will explain the need and what the funds will assist with.

__________________________________________________________________________

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: Emerald Cromwell
Title: director
Date: 2/19/20
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>ACC CURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Linda gannon</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Emerald cromwell</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>21 Bellevue drive Treasure island fl, 33706</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>7275658045</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:emeraldoromwell@gmail.com">emeraldoromwell@gmail.com</a></td>
</tr>
</tbody>
</table>

Nonprofit (Employee Identification Number): [ ]

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

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: emeraldoromwell@gmail.com
APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: 
Date(s) of Event: 

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL GROSS REVENUE

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL OPERATING EXPENSES

TOTAL NET INCOME

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL ALLOCATION OF NET INCOME

Prepared by: 
Date:
Detail by Entity Name
Foreign Not For Profit Corporation
ACC C.U.R.E. A NJ NONPROFIT CORPORATION

Filing Information
Document Number F18000002036
FEI/EIN Number 46-0663369
Date Filed 04/27/2018
State NJ
Status ACTIVE

Principal Address
6 WEST LAKE DRIVE
MONTVILLE, NJ 07045

Mailing Address
6 WEST LAKE DRIVE
MONTVILLE, NJ 07045

Registered Agent Name & Address
CROMWELL, SMARAGDA
21 BELLEVUE DRIVE
TREASURE ISLAND, FL 33706

Officer/Director Detail
Name & Address
Title PRESIDENT
GANNON, LINDA
6 WEST LAKE DRIVE
MONTVILLE, NJ 07045

Title VP
GANNON, MICHELE
7404 COVENTRY COURT
RIVERDALE, NJ 07457

Annual Reports
Report Year Filed Date
2019 04/10/2019

Document Images
04/10/2019 – ANNUAL REPORT View image in PDF format
04/27/2018 – Foreign Non-Profit View image in PDF format
Contract/Permit

Contract #: 29945  
Date: 08 Jun 2020  
User: JSBENNIN  
Status: Firm  

ACC CURE INC  
EMERALD K CROMWELL  
21 BELLEVUE DR  
TREASURE ISLAND FL 33706 1201 USA  
Primary #: (727) 656-8045  
Secondary #: ()  
Other #: ()

Purpose of Use: SHANNONS WALK FOR ACC CURE  
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: Sat 03 Oct 20 06:00 am  
Ending: Sat 03 Oct 20 09:00 pm

Facility/Equipment  
Flora Wylie Park  
Park

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

Extra Fee - Bookings  
Co-Sponsored 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

Balance of rental due and payable immediately.

Payments:  
Date 06 Mar 2020  
Amount $30.00  
Payment Type Check  
Reference Rental  
Receipt Number 3549490

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) EMERALD K CROMWELL  
ACC CURE INC  
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By/(Sign Name) Parks and Recreation Superintendent  
(Print Name) ACC CURE INC  
Name of User Organization, If Applicable

Printed: 08 Jun 2020, 10:21 AM  
User: jsbennin  
Page: 1
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
The MG Walk is an event to create awareness of myasthenia gravis and to raise funds for the Myasthenia Gravis Foundation of America. Funds are used towards research and treatment, community outreach, and advocacy. Participants will begin to arrive at 9:00am for registration and the ceremonies kick off at 10:00am. Participants can walk a 1 or 2 mile route. We will have approx. 175 attendees on site. There will be vendors there handing out information. We begin event set up at 6:00am. We should be finished no later than 1:00pm. Nothing is sold at the event. There is free snack/water available at the event.

Describe your event with details.

Our event welcomes local business a spot at the event. We encourage our attendees to enjoy the day in downtown St Pete visiting local restaurants, parks, and museums.

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. mgwalk.org

Please provide a phone number that can be advertised to the public. 18556492557

What is the estimated attendance for this event? Spectators 0 Participants 175 Last Year’s Total Attendance 175
Please check the equipment and/or facilities you are requesting.

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

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jessica Simmerman</td>
<td>Logistics Coordinator</td>
<td>3/3/20</td>
</tr>
</tbody>
</table>

Co-Sign: [Signature]

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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></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 [X] NO

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

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

---

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

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

---

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

No

---

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

Name: Myasthenia Gravis Foundation of America

Address (including zip): 1707 N. Randall Rd Suite 200 Elgin, IL 60123

Phone: 6463743297

---

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

DJ playing light motivational music

---

List Vending Products. Name & Provider.

Approx. 15-6 ft tables, 40 folding chairs, 4'x8'x12" platform stage, 3-10x10 pop-up tents, 2 sets of pipe and drape by Rent-All city.

1 ADA Porta-potty by United Services

---

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.

A couple of speakers making announcements just before kick off. Limited to 3-5 minute inspirational updates on research and disease treatments.

---

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

2/13/21 Event set up starts at 6:00am with vendor. Participants begin arriving at 9:00am. Approx. 100 cars expected (175 participants). Will have several ADA spots. Vendor will pick up equipement by 1:00pm.
I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

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

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

Name: Jessica Simmerman  Title: Logistics Coordinator  Date: 3/3/20
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.

Name of the Nonprofit Corporation: Myasthenia Gravis Foundation of America
Name of Responsible Party (President or CEO ONLY): Samantha Masterson
Title of Responsible Party: CEO
Physical Address of Responsible Party: 355 Lexington Ave., 15th Floor NY, NY 10017
Phone Number of Responsible Party: (646) 374-3297
Email Address of Responsible Party: smasterson@myasthenia.org
Nonprofit (Employee Identification Number): 13-5672224

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

<table>
<thead>
<tr>
<th>I. REVENUE SOURCES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Donations Only</td>
<td>21,643</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL GROSS REVENUE</td>
<td>21,643</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. EXPENSES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Park Permit</td>
<td>210</td>
</tr>
<tr>
<td>2. Vendor</td>
<td>1000</td>
</tr>
<tr>
<td>3. DJ</td>
<td>250</td>
</tr>
<tr>
<td>4. FacePainters</td>
<td>50</td>
</tr>
<tr>
<td>5. Porta-potty</td>
<td>350</td>
</tr>
<tr>
<td>6. Snacks</td>
<td>85</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td>1945</td>
</tr>
<tr>
<td>TOTAL NET INCOME</td>
<td></td>
</tr>
</tbody>
</table>

<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. Donations raised go to the Myasthenia Gravis Foundation of America to help fund patient programs and research.</td>
<td>19,698</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>19,698</td>
</tr>
<tr>
<td>TOTAL ALLOCATION OF NET INCOME</td>
<td></td>
</tr>
</tbody>
</table>

Prepared by: Jessica Simmerman                                       
Date: 3/3/20
Dear Taxpayer:

This is in response to your June 07, 2010, request for information about your tax-exempt status.

Our records indicate that you were issued a determination letter in June 1954, and that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Based on the information supplied, we recognized the subordinates named on the list you submitted as exempt from Federal income tax under section 501(c)(3) of the Code.

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

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

Sincerely yours,

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

**Foreign Not For Profit Corporation**  
MYASTHENIA GRAVIS FOUNDATION OF AMERICA, INC.

<table>
<thead>
<tr>
<th>Filing Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Number</td>
<td>F19000002882</td>
</tr>
<tr>
<td>FEI/EIN Number</td>
<td>13-5672224</td>
</tr>
<tr>
<td>Date Filed</td>
<td>06/19/2019</td>
</tr>
<tr>
<td>State</td>
<td>NY</td>
</tr>
<tr>
<td>Status</td>
<td>ACTIVE</td>
</tr>
</tbody>
</table>

**Principal Address**  
355 LEXINGTON AVENUE  
15TH FLOOR  
NEW YORK, NY 10017

**Mailing Address**  
355 LEXINGTON AVENUE  
15TH FLOOR  
NEW YORK, NY 10017

**Registered Agent Name & Address**  
URS AGENTS, LLC  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312

**Officer/Director Detail**

**Name & Address**

**Title VC**

KLINGER, SUSAN  
355 LEXINGTON AVENUE, 15TH FLOOR  
NEW YORK, NY 10017

**Title CFO**

ULBRICH, BETH  
355 LEXINGTON AVENUE, 15TH FLOOR  
NEW YORK, NY 10017

**Title Secretary**

RUFF, PHD, SUZANNE
Title Treasurer

ROSSI, DENISE
355 LEXINGTON AVENUE, 15TH FLOOR
NEW YORK, NY 10017

Title CEO, Director

LAW, NANCY
355 LEXINGTON AVENUE, 15TH FLOOR
NEW YORK, NY 10017

Title Director

COTE, JD, JENNIFER FAUCETT
355 LEXINGTON AVENUE, 15TH FLOOR
NEW YORK, NY 10017

Title Chairman

WALSH, EDWARD T.
355 LEXINGTON AVENUE
15TH FLOOR
NEW YORK, NY 10017

Title Executive Committee Officer, Director

LORIMER, CPNP, RN, MARCIA S.
355 LEXINGTON AVENUE
15TH FLOOR
NEW YORK, NY 10017

Title Director

COGAN, PHIL
355 LEXINGTON AVENUE
15TH FLOOR
NEW YORK, NY 10017

Title Director

CONSELYEA, DARIN
355 LEXINGTON AVENUE
15TH FLOOR
NEW YORK, NY 10017

Title Director

ELDRIDGE, KIM
Title Director

SANTORA, TOMMY
355 LEXINGTON AVENUE
15TH FLOOR
NEW YORK, NY 10017

Title Director

URSIC, MICHAEL
355 LEXINGTON AVENUE
15TH FLOOR
NEW YORK, NY 10017

Title Director

WEISS, MD, ALLAN
355 LEXINGTON AVENUE
15TH FLOOR
NEW YORK, NY 10017

Title Director

ZAMPELLI, MSN, CRNP, ANNETTE
355 LEXINGTON AVENUE
15TH FLOOR
NEW YORK, NY 10017

Title Director

KALISH, JD, MARC
355 LEXINGTON AVENUE
15TH FLOOR
NEW YORK, NY 10017

Title Director

SCHULHOF, SAM
355 LEXINGTON AVENUE
15TH FLOOR
NEW YORK, NY 10017

Title Director

VENITZ, MD, PHD, JURGEN
355 LEXINGTON AVENUE
15TH FLOOR
NEW YORK, NY 10017

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>04/13/2020</td>
</tr>
</tbody>
</table>
Contract/Permit

MYASTHENIA GRAVIS FOUNDATION OF AMERICA
JESSICA SIMMERMAN
355 LEXINGTON AVE., 15TH FLOOR
NEW YORK NY 10017 USA

Purpose of Use: MG WALK ST. PETERSBURG
Expected: 200
Co-Sponsored Event: 1
Contract Balance: $230.00

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Sat 13 Feb 21 06:00 am
Ending: Sat 13 Feb 21 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>Flora Wylie Park</td>
<td>Sat</td>
<td>13 Feb 2021 06:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
<td></td>
</tr>
<tr>
<td>Park</td>
<td></td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Fees:

<table>
<thead>
<tr>
<th>Extra Fee</th>
<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Sponsored Application Fee</td>
<td>1</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Co-Sponsored Permit Fee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extra Fee - Bookings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-Sponsored Permit Fee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours</td>
<td>15:00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quantity</td>
<td>1</td>
<td>$200.00</td>
<td>$0.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></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>$230.00</td>
<td>$0.00</td>
<td>$230.00</td>
</tr>
<tr>
<td>Deposit</td>
<td>Total Applied</td>
<td>Contract Balance</td>
<td>Account Balance</td>
</tr>
<tr>
<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) JESSICA SIMMERMAN
(Print Name) MYASTHENIA GRAVIS FOUNDATION OF AMERICA
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 Jun 2020, 10:42 AM
User: jsbennin
Page: 1
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
**Event Title:** FESTIVAL OF SPEED

**Entity Name:**

**Event Date(s):**

- **Day 1 of Event:** 1/10/21
  - Time Gates Open: 10:00 AM
  - Ending Time: 4:00 PM

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

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

**Location:** VINOY PARK

**Packet:** B

**Permit #:** 24947

**Date Received:** 3/6/20

**Check or Cash:**

**Federal I.D. Number:**

**Application Prepared by:** JOE SABATINI

**Title:** PRESIDENT

**Address:** PO BOX 1130

**City:** ST PETERSBURG

**State:** FL

**Zip:** 33702

**Email Address:** JOE @ FESTIVALSOFSPEED.COM

**Phone:** 813-406-9325

**Cell Phone:** 352-406-9325

**Day Phone:** 727-424-1942

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

**List all 501(c)3 entities that will benefit from this event.** FRIENDS OF STRAYS CHARITY

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

**Describe your event with details.**

CAR SHOW IN VINOY PARK FOR LAST 16 YEARS, AWARDS PRESENTATION, VINTAGE & CONTEMPORARY CARS.

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

SHOW ATTENDEES VISIT ST. PETERSBURG AND SPEND MONEY AT LOCAL HOTELS, RETAIL SHOPS, RESTAURANTS, ETC.

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

**Does your group presently have liability insurance?** YES

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

**Will there be an admission / registration fee?** YES

**Advanced Fee:** $20.00

**Day of:** $30.00

**Please provide the website address for your event.** FESTIVALSOFSPEED.COM

**Please provide a phone number that can be advertised to the public.** 352-406-9325

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

- Spectators: 5000
- Participants: 80
- Last Year's Total Attendance: 5000
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>☑ Professional ☐ Showmobile ☐ Other</td>
</tr>
<tr>
<td>☑ VIP Area</td>
<td>☑ Performers ☑ Announcement Only</td>
</tr>
<tr>
<td>☑ Staging</td>
<td>☑ Daytime - Private ☑ Overnight - Private ☑ Event Time Frame - SPPD</td>
</tr>
<tr>
<td>☑ Amplified Sound</td>
<td>Regular Units ☑ Disabled Units ☑ Hand Washing</td>
</tr>
<tr>
<td>☑ Security</td>
<td>☐ Radio</td>
</tr>
<tr>
<td>☑ Sanitary Facilities - Port-O-Lets</td>
<td>☐ Television</td>
</tr>
<tr>
<td>☑ Off-site Parking / Shuttle</td>
<td>☐ Remote Broadcast</td>
</tr>
<tr>
<td>☑ Semitrick / Tractor Trailer</td>
<td>☑ Staging</td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

☑ Invitations
☑ Posters / Flyers
☐ Newspaper / Internet

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

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

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

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

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:  FESTIVALS OF SPEED  Phone:  752. 406. 9225
Address (including zip):  PO BOX 1130  EUFL  FL  32727

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

☑ NONE

List Vending Products. Name & Provider.

☑ FOOD, ALCOHOL, IT SHIRTS.

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

☑ FRIENDS OF STRAYS! HOWEVER, WE HIRE A PROFESSIONAL BARTENDING COMPANY SO NOT TO USE CHARITY PERMIT. ORANGE BLOSSOM CATERING.

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

☑ NONE

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

☑ SET UP SATURDAY JANUARY 9 7AM-10PM
☑ LOAD OUT SUNDAY 4:00P-9:00P
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: JOSE SABATINI
Title: PRESIDENT
Date: 3.4.2020
# Detail by Entity Name

**Florida Limited Liability Company**

**FESTIVALS OF SPEED, L.L.C.**

### Filing Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Number</td>
<td>L05000108261</td>
</tr>
<tr>
<td>FEI/EIN Number</td>
<td>90-0316882</td>
</tr>
<tr>
<td>Date Filed</td>
<td>11/07/2005</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>Status</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>Last Event</td>
<td>REINSTATEMENT</td>
</tr>
<tr>
<td>Event Date Filed</td>
<td>10/22/2016</td>
</tr>
</tbody>
</table>

### Principal Address

3501 WEST OLD HIGHWAY 441  
MOUNT DORA, FL 32757  

Changed: 02/08/2020

### Mailing Address

PO BOX 1130  
EUSTIS, FL 32727  

Changed: 04/30/2008

### Registered Agent Name & Address

**SABATINI, JOE RP**  
3501 WEST OLD HIGHWAY 441  
MOUNT DORA, FL 32757  

Name Changed: 10/22/2016

Address Changed: 02/08/2020

### Authorized Person(s) Detail

<table>
<thead>
<tr>
<th>Name &amp; Address</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>SABATINI, JOE</td>
<td>MGR</td>
</tr>
<tr>
<td>1217 OVERLOOK ROAD</td>
<td></td>
</tr>
<tr>
<td>EUSTIS, FL 32726</td>
<td></td>
</tr>
</tbody>
</table>

Title MGR
FLYNN, MICHAEL JJR.
1300 80TH ST. SOUTH
ST. PETERSBURG, FL 33707

Title S

COHEN, PETER
895 NORTH RONALD REAGAN BLVD
LONGWOOD, FL 32750

Title T

SABATINI, JOE
1217 OVERLOOK ROAD
EUSTIS, FL 32726

### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>01/12/2018</td>
</tr>
<tr>
<td>2019</td>
<td>02/10/2019</td>
</tr>
<tr>
<td>2020</td>
<td>02/08/2020</td>
</tr>
</tbody>
</table>

### Document Images

- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
Detail by Entity Name
Florida Not For Profit Corporation
FRIENDS OF STRAYS, INC.

Filing Information
- Document Number: 744390
- FEI/EIN Number: 59-2156540
- Date Filed: 09/26/1978
- State: FL
- Status: ACTIVE
- Last Event: AMENDMENT
- Event Date Filed: 06/15/2017
- Event Effective Date: NONE

Principal Address
2911 47 AVE N
ST PETERSBURG, FL 33714

Changed: 04/04/1994

Mailing Address
2911 47 AVE N
ST PETERSBURG, FL 33714

Changed: 04/04/1994

Registered Agent Name & Address
- Eckart, Dara
  2911 47 AVE N
  ST PETERSBURG, FL 33714

Name Changed: 02/28/2017

Address Changed: 04/27/2015

Officer/Director Detail
Name & Address
- Title CEO
  
  Eckart, Dara
  2911 47 AVE N
  ST PETERSBURG, FL 33714
Title President

Eppley, Maureen
2816 11st Street North
ST PETERSBURG, FL 33704

Title Officer

Grom, Bill
2204 Pasadena Place
Gulfport, FL 33707

Title Secretary

Barlow, Alison
2424 Andalusia Way NE
St. Petersburg, FL 33704

Title VP

Rubin, Barry
5086 Huntington Street NE
St. Petersburg, FL 33703

Title Treasurer

McMurray, Elizabeth
2014 68th Terrace S
St. Petersburg, FL 33712

Title Officer

Greenwood, Arin
491 22nd Ave North
St. Petersburg, FL 33704

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>01/15/2018</td>
</tr>
<tr>
<td>2019</td>
<td>03/26/2019</td>
</tr>
<tr>
<td>2020</td>
<td>05/13/2020</td>
</tr>
</tbody>
</table>

Document Images

06/19/2020 - ANNUAL REPORT
09/26/2019 - ANNUAL REPORT
01/15/2019 - ANNUAL REPORT
09/15/2017 - Amendment
02/28/2017 - ANNUAL REPORT
04/16/2016 - ANNUAL REPORT
04/27/2015 - ANNUAL REPORT
Contract/Permit

Contract #: 29947
Date: 08 Jun 2020

FESTIVALS OF SPEED LLC
JOE SABATINI
PO BOX 1130
EUSTIS FL 33727 USA

User: JSBENNIN
Status: Firm

Purpose of Use: FESTIVAL OF SPEED

Expected: 5,000

Co-Sponsored Event Contract Balance: $0.00

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Fri 08 Jan 21 06:00 am
Ending: Mon 11 Jan 21 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>08 Jan 2021</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$300.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Vinoy Park</td>
<td>11 Jan 2021</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Fees:
- Extra Fee: $30.00
- Extra Fee - Bookings: $300.00
- Co-Sponsored Application Fee: $30.00
- Co-Sponsored Permit Fee (Vinoy): $300.00

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

Balance of rental due and payable immediately.

Payments:

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Payment Type</th>
<th>Reference</th>
<th>Receipt Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 Mar 2020</td>
<td>$300.00</td>
<td>Check</td>
<td>Rental</td>
<td>3549489</td>
</tr>
<tr>
<td>06 Mar 2020</td>
<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>3549489</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): JOE SABATINI
(Print Name) FESTIVALS OF SPEED LLC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Printed: 08 Jun 2020, 10:53 AM
User: jsbennin
Page: 1
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
### Event Details

<table>
<thead>
<tr>
<th>Event Title</th>
<th>Phone No.</th>
<th>Fax No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tampa Bay Blues Festival</td>
<td>7275025000</td>
<td>7275025001</td>
</tr>
</tbody>
</table>

- **Entity Name:** Tampa Bay Blues Foundation Inc.
- **Federal I.D. Number:** 31-1485045

<table>
<thead>
<tr>
<th>Event Date(s):</th>
<th>Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 9, 10, 11, 2021</td>
<td>Vinoy Park</td>
</tr>
</tbody>
</table>

- **Day 1 of Event:**
  - Time Gates Open: 10:30 a.m.
  - Ending Time: 10:00 p.m.

- **Day 2 of Event:**
  - Time Gates Open: 10:30 a.m.
  - Ending Time: 10:00 p.m.

- **Day 3 of Event:**
  - Time Gates Open: 11:30 a.m.
  - Ending Time: 10:00 p.m.

### Applicant Information

- **Application Prepared by:** Charles W. Ross
- **Title:** President
- **Address:** 1535 Dr. M.L. King Jr. Street North
- **City:** St. Petersburg
- **State:** FL
- **Zip:** 33704
- **Email Address:** cwross@tampabay.rr.com and cwross23@gmail.com
- **Contact Person:** Diane Nicola
- **Day Phone:** 727-502-5000

### Event Description

The Tampa Bay Blues Festival has been held at Vinoy Park since 1996. Over 420 national blues artists have graced the stage, providing residents and tourists with first class blues music entertainment in a beautiful waterfront setting.

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

Approximately one-third of the attendees are from outside the Tampa Bay area. These patrons fill downtown hotels and restaurants. For the past five years we have contracted with the Vinoy Resort, Marriott Downtown, the Hyatt Place, and the St. Petersburg Marriott Clearwater. Each hotel sold out of the rooms afforded to our VIP patrons. Approximately 150 room nights are booked at the St. Petersburg Marriott Clearwater for our performing artists.

### Insurance

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?**
- **Are there plans to sell or distribute beer/wine at your event?** YES
- **Advanced Fee:** $45
- **Day of:** $50

### Website Address

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

### Phone Number

Please provide a phone number that can be advertised to the public: 727-895-6153

### Attendance

<table>
<thead>
<tr>
<th>Spectators</th>
<th>Participants</th>
<th>Last Year's Total Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>12,000</td>
<td>1,500</td>
<td>126,000</td>
</tr>
</tbody>
</table>
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 ☐

Non-City Locations

Mahaffey Theater

Coliseum

Sunken Gardens

Boyd Hill

Which Location?

Vinoy Park

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: [Signature] Title: President Date: 3-18-2020

Co-Sign: [Signature] Title: Date: 

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

Same power as in past years. More power if available due to coffee and ice cream vendors.

Will you supply your own generators?  ✓ YES  □ NO

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

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

We would like to sell mixed drinks as well as beer & wine again in 2021.

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

Name:   Tampa Bay Blues Foundation Inc.
Address (including zip):  1535 Dr. M.L. King Jr. Street North, St. Petersburg, FL 33704
Phone:  ✓ 727-502-5000

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

Blues music, one stage, 15 bands

List Vending Products. Name & Provider.

Multiple, individual vendors

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

PARC, 3190 Tyrone Blvd., St. Petersburg, FL 33710
Tampa Bay Blues Foundation Inc., 1535 Dr. M.L. King Jr. Street North, St. Petersburg, FL 33704

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

none

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

Set up early morning Monday, April 5, 2021, and break down Monday, April 12, 2021. Parking for volunteers and sponsors at softball field, along North Shore Drive NE, and tennis courts on April 9, 10, 11, 2021. We must be able to allow vendors/artists into the event early mornings so they can load in their equipment.
Other Comments: Please describe your fee structure.
Tentative: $50 - Friday, $50 - Saturday, $45 - Sunday.
VIP - to be determined. Many of our attendees paid for their admission in 2020. That event was rescheduled due to the coronavirus. These attendees, along with the vendors, received a credit for the fees paid.

Other comments:
The Tampa Bay Blues Festival has been successfully produced in St. Petersburg for 25 years as of the date of this application. The event had to be postponed and rescheduled in 2020 due to the Coronavirus. We have made every effort to work with artists, vendors, and patrons to produce the same show in 2021 as was advertised for 2020.

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

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

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

Name: [Signature] Title: President Date: 3-19-2020
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.

Please apply our 2020 fees to this application, as Vinoy Park was not available to us in 2020. Thank you.
Please apply to 2021 event as Vinoy Park unavailable in 2020.
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>Tampa Bay Blues Foundation Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Charles W. Ross</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1535 Dr. M.L. King Jr. Street North, St. Petersburg, FL 33704</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-502-5000</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:cwross@tampabay.rr.com">cwross@tampabay.rr.com</a> and <a href="mailto:cwross23@gmail.com">cwross23@gmail.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>31-1485045</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the <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
  
  **Contact Name:** Charles W. Ross
  
  **Address:** 1535 Dr. M.L. King Jr. Street North
  
  **City, State, Zip:** St. Petersburg, FL 33704

- [ ] BY EMAIL

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

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

TOTAL GROSS REVENUE

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

TOTAL OPERATING EXPENSES
TOTAL NET INCOME

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

TOTAL ALLOCATION OF NET INCOME

Prepared by: [Signature]
Date: 3-18-2020

Name of Event: Tampa Bay Blues Festival
Date(s) of Event: April 3, 4, 5, 2020 - cancelled
2020 Site Map – Tampa Bay Blues Festival
501 Bayshore Drive NE
St. Petersburg, FL 33701
(South of North Shore Swimming Pool)

North Shore Swimming Pool

Volunteer
Check-in
Tent

Trucks/Tour Buses
Parking
Production Passes Only Area

Artist/Production Trailers
Artist Passes Only

Production Passes only in grassy area

Trucks/Tour Buses
Parking
Production Passes Only Area

VIP TENTS
VIP Wristband Area Only - Bar

Private Stage seating – West VIP Seating
VIP Seating VIP Seating VIP Seating VIP Seating
VIP Seating VIP Seating VIP Seating VIP Seating
VIP Seating VIP Seating VIP Seating VIP Seating
VIP Seating VIP Seating VIP Seating VIP Seating
VIP Seating VIP Seating VIP Seating VIP Seating
VIP Seating VIP Seating VIP Seating VIP Seating
VIP Seating VIP Seating VIP Seating VIP Seating

(Gate to Stage Seating - West) (gate to VIP – must have VIP wristband)

Street Side Outside

- North Vendor Swing Gate
  for vendors/volunteers/handicapped persons/VIP
- WMNF The Eagle ATM Blues Society

- Dre's BBQ
- Tickets
- Wine
- Beer
- Bar

- Sound Booth

Water Side

- Davis Party Tent
- Davis Party Tent
- Pipsos
- Rich & Rise
- Blues Conspiracy
- Beer
- Wine/Bar
- Tickets
- T-Shirts
- Mudry
- Mudry
- Mudry
- Mudry
- Mudry
- Mudry
- Mudry
- Mudry
- Mudry

Backline
Beer Garden
Tickets

Street Side Inside

PARC
PARC
PARC

VIP entry

Tampa Bay Times

Front Gate (includes Will Call & ATM Machine)
Security in Trailer
March 19, 2020

St. Petersburg City Council  
City of St. Petersburg  
Post Office Box 2842  
St. Petersburg, FL  33731

Re: Tampa Bay Blues Festival 2021; Request for Alcoholic Beverage Sales

Dear Council:

I furnish this letter on behalf of the Tampa Bay Blues Foundation, Inc., our 501(c)3 non-profit entity, in order to request your assistance in re-issuing our approval to sell mixed alcoholic beverages at the 2021 Tampa Bay Blues Festival. Thank you for granting us this opportunity since 2010. I am pleased to report that mixed drink sales have always been handled smoothly, and we have experienced no problems. Our anticipated festival dates for 2021 are April 9, 10, & 11.

For the past 25 years, the City of St. Petersburg and the Tampa Bay Blues Festival have worked together in order to build one of the best blues music events in the entire world. Without the City’s partnership and assistance, this success would not have been possible.

As a part of our continuing effort to produce a first class event and to increase our capacity to raise charitable donations for PARC, we would respectfully ask that the City of St. Petersburg again approve our sale of mixed alcoholic drinks at two locations within Vinoy Park and to further permit us to sell mixed alcoholic drinks within our VIP area. All operations will continue to be staffed by professional bartenders with paid security personnel from Sentry Services and will be supervised by a festival manager who reports directly to me.

If you require any additional information or input, please do not hesitate to give me a call.

I sincerely appreciate past support of mixed drink sales at the festival, and I assure you that, if permitted, we will utilize our very best efforts to insure that the event
continues to be professionally and responsibly operated. Thank you for your kind consideration.

Sincerely,

TAMPA BAY BLUES FOUNDATION, INC.

Charles W. Ross, President

CWR:dn
Hello Denis,

Thank you for working with us for the past years. As you know, we are not able to hold our event at Vinoy Park on April 3, 4, & 5, 2020. Towards that end, we have been working diligently with our performing artists to move their performances to Friday, Saturday, & Sunday, April 9, 10, & 11, 2021.

Attached is our application for the dates of April 9, 10, & 11, 2021. It is our hope that, because the park is not available for this year’s dates, that the application fees can be applied to our 2021 application.

If you need anything further, please do not hesitate to call Chuck Ross at 727-515-8444.

Diane W. Nicola
Assistant to Charles W. Ross, President
Tampa Bay Blues Foundation Inc.
1535 Dr. M.L. King Jr. Street North
St. Petersburg, FL 33704
(727) 895-6153
www.tampabaybluesfest.com
Detail by Entity Name
Florida Not For Profit Corporation
TAMPA BAY BLUES FOUNDATION, INC.

Filing Information
Document Number: N96000005721
FEI/EIN Number: 31-1485045
Date Filed: 11/08/1996
State: FL
Status: ACTIVE
Last Event: AMENDMENT
Event Date Filed: 02/26/1997
Event Effective Date: NONE

Principal Address
8370 - 40 AVENUE NORTH
ST. PETERSBURG, FL 33709

Mailing Address
8370 - 40 AVENUE NORTH
ST. PETERSBURG, FL 33709

Registered Agent Name & Address
ROSS, CHARLES W
1535 DR. M.L. KING ST. N
SAINT PETERSBURG, FL 33704

Address Changed: 02/14/2008

Officer/Director Detail
Name & Address

Title D
ROSS, CHARLES W
8370 - 40 AVENUE NORTH
ST. PETERSBURG, FL 33709
Title D
NICOLA, DIANE
1535 DR M.L. KING ST N
SAINT PETERSBURG, FL 33704
Title D

ROSS, TRACI
8370 40 AVE N.
SAINT PETERSBURG, FL 33709

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>01/23/2018</td>
</tr>
<tr>
<td>2019</td>
<td>02/18/2019</td>
</tr>
<tr>
<td>2020</td>
<td>01/17/2020</td>
</tr>
</tbody>
</table>

Document Images

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>View image in PDF format</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/17/2020</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>02/18/2019</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>01/23/2018</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>02/08/2017</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>03/07/2016</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>05/11/2015</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>02/14/2014</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>01/23/2013</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>01/19/2012</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>02/12/2011</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>01/26/2010</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>01/14/2009</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>02/14/2008</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>02/08/2007</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>01/31/2006</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>01/27/2006</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>02/04/2004</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>01/09/2003</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>04/24/2002</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>01/12/2001</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>01/13/2000</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>01/29/1999</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>02/13/1998</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>02/29/1997</td>
<td>AMENDMENT</td>
<td></td>
</tr>
<tr>
<td>01/30/1997</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>11/08/1996</td>
<td>DOCUMENTS PRIOR TO 1997</td>
<td></td>
</tr>
</tbody>
</table>

Florida Department of State, Division of Corporations
TAMPA BAY BLUES FOUNDATION INC
CHARLES ROSS
1535 DR MARTIN L KING JR ST N
ST PETERSBURG FL 33704 USA

Purpose of Use: TAMPA BAY BLUES FESTIVAL

Expected: 12,000

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: Tue 06 Apr 21 06:00 am
Ending: Mon 12 Apr 21 09:00 pm

Facility/Equipment         Day   Date         Time       Fee    Extra Fee  Tax    Total
Vinoy Park                 Tue    06 Apr 2021 06:00 AM $0.00 $900.00 $0.00 $900.00
Vinoy Park                 12 Apr 2021  09:00 PM

Additional Fees:
- Extra Fee - Bookings
  Co-Sponsored Permit Fee (Vinoy)  Hours Quantity Charge  Tax Total
  159:00 3  $900.00 $0.00 $900.00

Charges:
- Fees $0.00 $0.00 $0.00 $930.00 $0.00 $930.00 $0.00 $930.00 $0.00 $930.00
- Extra Fees $0.00 $930.00 $0.00 $930.00 $0.00 $930.00 $0.00 $930.00 $0.00 $930.00
- Tax $0.00 $0.00 $0.00 $930.00 $0.00 $930.00 $0.00 $930.00 $0.00 $930.00
- Total $930.00 $0.00 $930.00 $0.00 $930.00 $0.00 $930.00 $0.00 $930.00 $0.00 $930.00

Balance of rental due and payable immediately.

Payments:
Date  Amount  Payment Type  Reference  Receipt Number
12 Feb 2019 $930.00 Check Rental 3245905

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

By (Sign Name): CHARLES ROSS

(Print Name) TAMPA BAY BLUES FOUNDATION INC
Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent

(Print Name): Parks and Recreation Department
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: 2021 M.L.K. Music & Cultural Festival  
Entity Name: Advantage Village Academy Inc.  
Event Date(s): January 16, 2021  
Location: Albert Whited Park  
Application Prepared by: Dr. Kevin Parrott  
Title: President  
Address: 833 22nd Street South  
Email Address: tparker512@aol.com  
Additional Contact Person: Anthony Hart  
What month/year were you incorporated as nonprofit? April 2009  
List all 501(c)3 entities that will benefit from this event. N/A  
Name of the for-profit entity? N/A  
Describe your event with details.  
The music and culture festival will include artists both local and out of town to display musical and visual arts. This will also serve as an educational venture for all ages to encourage and embody community awareness as we celebrate the diversity of our city.  
Describe what economic benefit and impact this event will bring to St. Petersburg.  
This event will bring in Tampa Bay area residents and out of town guest that will spend a night or two in local hotels and dine in our city's restaurants. These guest will also support our small businesses in the City of 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  
Are there plans to sell or distribute beer/wine at your event? YES  
Will there be an admission / registration fee? YES  
Please provide the website address for your event. mlkdreambig.com  
Please provide a phone number that can be advertised to the public. 727-321-7919  
What is the estimated attendance for this event? Spectators 1500  
Participants 10  
Last Year's Total Attendance 800
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) [Yes]  
# Bleacher(s) needed. Each bleacher approx. 180 people)  
Tables (6 ft) # needed 10  
Chairs # needed 80  
Public Address System [N/A]  
# of portable risers needed (4 in. x 8 in. x 16 in. sections) [N/A]

Special Events Facilities

Check the boxes below:  
- 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: Toriano Parker  
Title: CEO  
Date: 19 Mar 20

Co-Sign: Dr. Kevin Parrott  
Title: President  
Date: 19 Mar 20

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

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.

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

PLEASE ATTACH THE FOLLOWING

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

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

**Condition**

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

**Obligation**

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

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

- [X] Invitations
- [X] Posters / Flyers
- [X] Newspaper / Internet
- [X] Radio
- [X] Television
- [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.

There are no heavy wattages needed, we will be able to use the outlets that is already in Albert Whited 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.

No

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

Name: Advantage Village Academy Inc

Address (including zip): 833 22nd Street South, St. Petersburg, FL 33712

Phone: 727-321-7919

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

Folk, Gospel, R & B, and Jazz
1 Stage
7 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.

Advantage Village Academy Inc.(727-321-7919)
833 22bd St South
St. Petersburg, FL 33712

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 on 1/16/21 @ 7am and load out @8pm.
Other Comments: Please describe your fee structure.

N/A

Other comments:

N/A

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

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

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

Name: Dr. Kevin Parrott       Title: President       Date: 19 March 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.

Name of the Nonprofit Corporation: Advantage Village Academy Inc.
Name of Responsible Party (President or CEO ONLY): Toriano H. Parker
Title of Responsible Party: CEO
Physical Address of Responsible Party: 833 22nd Street South, St. Petersburg, FL 33712
Phone Number of Responsible Party: 727-321-7919
Email Address of Responsible Party: tparker512@aol.com
Nonprofit (Employee Identification Number): 27-0500839

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: tparker512@aol.com
## APPENDIX C

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

### Name of Event: 2020 Music and Cultural Festival

**Date(s) of Event:** January 19, 2020

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beer and Wine Sales</td>
<td>$500.00</td>
</tr>
<tr>
<td>Vendor Fees</td>
<td>$800.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL GROSS REVENUE</strong></td>
<td>$1,300.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artist</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>Generator</td>
<td>$460.00</td>
</tr>
<tr>
<td>Beer &amp; Wine</td>
<td>$266.29</td>
</tr>
<tr>
<td>Golf Cars</td>
<td>$800.00</td>
</tr>
<tr>
<td>Security</td>
<td>$1,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td>$5,026.29</td>
</tr>
<tr>
<td><strong>TOTAL NET INCOME</strong></td>
<td>($3,726.29)</td>
</tr>
</tbody>
</table>

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

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

Prepared by: Anthony E. Hart  
Date: 19 Mar 20
Florida Department of State

DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Not For Profit Corporation
ADVANTAGE VILLAGE ACADEMY, INC

Filing Information

Document Number: N09000003325
FEI/EIN Number: 27-0500839
Date Filed: 04/02/2009
State: FL
Status: ACTIVE
Last Event: AMENDMENT
Event Date Filed: 08/06/2019
Event Effective Date: NONE

Principal Address
833A 22ND STREET SOUTH
ST PETERSBURG, FL 33712

Changed: 04/22/2015

Mailing Address
833A 22ND STREET SOUTH
ST PETERSBURG, FL 33712

Changed: 04/22/2015

Registered Agent Name & Address
ADVANTAGE
833A 22ND STREET SOUTH
ST PETERSBURG, FL 33712

Name Changed: 01/31/2012
Address Changed: 04/22/2015

Officer/Director Detail

Name & Address

Title: PRESIDENT
BRYANT, JASON
833 22ND STREET SOUTH
ST. PETERSBURG, FL 33712
Title TREASURER
Wright, Kewa
833 22ND STREET
ST. PETERSBURG, FL 33712

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

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

Title BM
Mercer, Kenithra
833 22ND STREET SOUTH
ST PETERSBURG, FL 33712

Title VP
Parrott, Kevin
833 22ND STREET SOUTH
ST PETERSBURG, FL 33712

Title BM
HORSLEY, QUIANCE
833 22ND ST SOUTH
ST. PETERSBURG, FL 33712

Title Secretary
Prince, Peter
833A 22ND STREET SOUTH
ST PETERSBURG, FL 33712

Title BM
Walls, Calvin
833 22nd Street South
St. Petersburg, FL 33712

Title BM
Drapkin, Michael
833 22nd Street So  
S. Petersburg, FL 33712

**Annual Reports**

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>02/21/2018</td>
</tr>
<tr>
<td>2019</td>
<td>02/12/2019</td>
</tr>
<tr>
<td>2020</td>
<td>02/19/2020</td>
</tr>
</tbody>
</table>

**Document Images**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/19/2020</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>08/09/2019</td>
<td>Amendment</td>
</tr>
<tr>
<td>09/20/2019</td>
<td>Amendment</td>
</tr>
<tr>
<td>02/12/2019</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>10/15/2018</td>
<td>OFFICER Resignation</td>
</tr>
<tr>
<td>02/21/2019</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>03/01/2017</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>03/03/2016</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/22/2015</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>02/28/2014</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>05/07/2013</td>
<td>Amendment</td>
</tr>
<tr>
<td>03/12/2013</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>01/01/2012</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>02/17/2011</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>02/16/2010</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>10/08/2009</td>
<td>Amendment</td>
</tr>
<tr>
<td>06/08/2009</td>
<td>Amendment and Name Change</td>
</tr>
<tr>
<td>04/02/2009</td>
<td>Domestic Non-Profit</td>
</tr>
</tbody>
</table>

Florida Department of State, Division of Corporations
Contract/Permit

Contract #: 29949
Date: 08 Jun 2020

VILLAGE INVOLVEMENT PROGRAM INC
KEVIN PARROTT
415 SERENITY MILL LOOP
RUSKIN FL 33570 USA

Purpose of Use: M.L.K. MUSIC & CULTURE FESTIVAL
Expected: 1,500
Co-Sponsored Event

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Thu 14 Jan 21 06:00 am
Ending: Sun 17 Jan 21 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>Albert Whitted Park</td>
<td>Thu</td>
<td>14 Jan 2021</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Park</td>
<td>17 Jan 2021</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Fees:
- Extra Fee - Bookings
  - Co-Sponsored Application Fee
    - Quantity: 1
    - Charge: $30.00
    - Tax: $0.00
    - Total: $30.00
  - Co-Sponsored Permit Fee
    - Hours: 87:00
    - 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: $40.00
- Contract Balance: $190.00
- Account Balance: $190.00

Balance of rental due and payable immediately.

Payments:
- Date: 27 Mar 2018
- Amount: $40.00
- Payment Type: Check
- Reference: Rental
- Receipt Number: 3016516

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) KEVIN PARROTT

VILLAGE INVOLVEMENT PROGRAM 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: 08 Jun 2020, 11:23 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.
**St. Petersburg Holiday of the Arts**

**Event Title:** St. Petersburg Holiday of the Arts  
**Phone No.:** 941-320-9192  
**Fax No.:** [Blank]

**Entity Name:** Paragon Festivals  
**Federal I.D. Number:** 45-2779488

**Event Date(s):** December 12, 13, 2020, Sat & Sun, 2020

<table>
<thead>
<tr>
<th>Day of Event</th>
<th>Time Gates Open</th>
<th>Ending Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saturday</td>
<td>10:00 am</td>
<td>5:00 pm</td>
</tr>
<tr>
<td>Sunday</td>
<td>10:00 am</td>
<td>5:00 pm</td>
</tr>
</tbody>
</table>

**Location:** South Straub Park

**Application Prepared by:** Adrian Johannes  
**Cell Phone:** 941-320-9192

**Title:** Event Director  
**Address:** P.O. Box 3674  
**City:** Sarasota  
**State:** FL  
**Zip:** 34230

**Email Address:** events@paragonfestivals.com

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

**What month/year were you incorporated as nonprofit?** n/a

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

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

**Describe your event with details.**

There is immense aesthetic and cultural contribution to the community through the encounter with original, handmade fine art by artisans from around the country. Art enriches our lives. This experience introduces the residents and visitors of St. Petersburg to a tapestry of extraordinary work they would otherwise not experience. The fine art show is in the City of St. Petersburg at South Straub Park, brings attendees to the area and the businesses, restaurants, galleries and local shops.

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

The St. Petersburg Holiday of the Arts takes place at the perfect time of year when yearly gift giving takes place. The art show brings attendees to the area businesses, restaurants, galleries and local shops and impacts the economy of local area businesses.

---

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

**Does your group presently have liability insurance?**  
[ ] YES  
[ ] NO  
**How much?** Limits specified on COI

**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:** [Blank]  
**Day of:** [Blank]

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

**Please provide a phone number that can be advertised to the public:** 941-487-8061

**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>3000</td>
<td>120</td>
<td>3000</td>
</tr>
</tbody>
</table>

---

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

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

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

Non-City Locations
- South Straub Park

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: Adrian Johannes
Co-Sign: John Collins
Title: Event Director
Title: Executive Director
Date: 3.24.20
Date: 3.24.20

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>
</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>Fireworks 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>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td></td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td></td>
</tr>
<tr>
<td>Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td></td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

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

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

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

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

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

n/a

Will you supply your own generators? ☑ YES ☐ NO

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

n/a

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

n/a

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

Name: Paragon Festivals Phone: 727-542-3000

Address (including zip):

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

no musical performances

List Vending Products. Name & Provider.

none - only original artwork by the artists will be in attendance at the fine art show

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

n/a

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

n/a

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

Load in beginning at 7:00 am on Friday, December 12, 2020. Artists will park at curb and dolly booths, displays and artwork into South Straub Park for set up.
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: Adrian Johannes  Title: Event Director  Date: March 24, 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 months prior to the event.

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

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

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

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

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation</th>
<th>St. Petersburg Arts Alliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY)</td>
<td>John Collins</td>
</tr>
<tr>
<td>Title of Responsible Party</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party</td>
<td>100 Second Avenue N., Ste. 150, St. Petersburg, FL 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party</td>
<td>727-518-5142</td>
</tr>
<tr>
<td>Email Address of Responsible Party</td>
<td><a href="mailto:john@stpeteartsalliance.org">john@stpeteartsalliance.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number)</td>
<td>46-1335413</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the For-profit Corporation</th>
<th>Paragon Festivals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY)</td>
<td>Adrian Johannes</td>
</tr>
<tr>
<td>Title of Responsible Party</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party</td>
<td>12326 Thornhill Court, Lakewood Ranch, FL 34202</td>
</tr>
<tr>
<td>Phone Number of Responsible Party</td>
<td>941-320-9192</td>
</tr>
<tr>
<td>Email Address of Responsible Party</td>
<td><a href="mailto:events@paragonfestivals.com">events@paragonfestivals.com</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number)</td>
<td>45-2779488</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
- [x] BY EMAIL

<table>
<thead>
<tr>
<th>Contact Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>City, State, Zip</td>
</tr>
</tbody>
</table>

Email Address: events@paragonfestivals.com
Event Name: St. Petersburg Holiday of the Arts
Event Date(s): Dec. 12-13, 2020
Event Location: Straub Park
Event Representative: Adrian Johannes
Address: P.O. Box 3674, Sarasota, FL 34230
Phone: 941-346-0302 Fax: E-Mail: events@paragonfestivals.com

Event Website: www.paragonfestivals.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. xx 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 - 25</td>
<td>1</td>
</tr>
<tr>
<td>26 - 50</td>
<td>2</td>
</tr>
<tr>
<td>51 - 75</td>
<td>3</td>
</tr>
<tr>
<td>76 - 100</td>
<td>4</td>
</tr>
<tr>
<td>101 - 150</td>
<td>5</td>
</tr>
<tr>
<td>151 - 200</td>
<td>6</td>
</tr>
<tr>
<td>201 - 300</td>
<td>7</td>
</tr>
<tr>
<td>301 - 400</td>
<td>8</td>
</tr>
<tr>
<td>401 - 500</td>
<td>9</td>
</tr>
<tr>
<td>501 - 1,000</td>
<td>2% of total</td>
</tr>
<tr>
<td>Over 1,000</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 xx
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: 4
   
   b. Total Number of Accessible Portable Units: 1
   
   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. xx 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: xx 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 xx
   
   d. Is the route of travel through the event stable, firm, free from obstructions, slip resistant and at least 36 inches wide?
      Yes. xx 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: __________

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. xx 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.

Page 2 of 4
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 ☒

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

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

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

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

   *Please add the following language or similar language to event marketing materials, including your Web site.

   "This event was designed to provide equal opportunity for enjoyment by all participants. If you would like to request any particular aids or services pursuant to disability laws, please contact the event planner at (EVENT PHONE NUMBER) or City of St Petersburg Community Affairs Division at (727) 893-7345 or (727) 892-5259 TDD/TTY"
b. Will you have appropriate, visible signage to inform people with disabilities about all accessible facilities at your event?

Yes. ________ No. ________ N/A ________

○

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

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

Contact Name: Adrian Johannes
Phone: 941-320-9192

Email Address: events@paragonfestivals.com
Fax: 941-346-0302

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:

Adrian Johannes
Print Name, Event Representative

Date: 3.29.20

Please return this form 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
TABLE 1:

<table>
<thead>
<tr>
<th>INSURER A:</th>
<th>United States Fire Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAIC #:</td>
<td>21113</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRODUCER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty Insurance, LTD.</td>
</tr>
<tr>
<td>P.O. Box 16901</td>
</tr>
<tr>
<td>West Haven, CT 06516</td>
</tr>
<tr>
<td><a href="http://specialtyinsuranceltd.com">http://specialtyinsuranceltd.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COVERAGES</th>
<th>CERTIFICATE NUMBER:</th>
<th>REVISION NUMBER:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>INSURER</th>
<th>TYPE OF INSURANCE</th>
<th>ADDL. SUBR. INS: W/D</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
<th>POLICY EXP (MM/DD/YYYY)</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>COMMERCIAL GENERAL LIABILITY CLAIMS-MADE</td>
<td>X OCCUR</td>
<td>X USS415800</td>
<td>12/7/19</td>
<td>12/7/20</td>
<td>EACH OCCURRENCE $1,000,000</td>
</tr>
</tbody>
</table>

DAMAGE TO RENTED PREMISES (EA occurrence) $300,000
MEDI EXP (Any one person) $5,000
PERSONAL & ADV INJURY $1,000,000
GENERAL AGGREGATE $2,000,000
PRODUCTS - COMB/OP AGG $2,000,000

<table>
<thead>
<tr>
<th>AUTOMOBILE LIABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANY AUTO</td>
</tr>
<tr>
<td>OWNED AUTOS ONLY</td>
</tr>
<tr>
<td>HIRED AUTOS ONLY</td>
</tr>
<tr>
<td>SCHEDULED AUTOS NON-OWNED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UMBRELLA LIABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXCESS LB</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIQUOR LIABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>USL306249</td>
</tr>
</tbody>
</table>

DATE (MM/DD/YYYY) 03/30/2020

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

The Certificate Holder is added as an additional insured but only with the respects to the operations of the named insured during the policy period.

Event: St. Petersburg Holiday of the Arts
Dates: December 12, 13, 2020, Saturday and Sunday
Location: South Straub Park

*UPON THE RENEWAL DATE A NEW CERTIFICATE WILL BE ISSUED WITH NEW POLICY NUMBERS AND POLICY DATES*

**CERTIFICATE HOLDER**

The St. Petersburg Arts Alliance
100 Second Avenue N Suite 150
St. Petersburg, FL 33701

**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**

Thomas Plouffe

© 1988-2015 ACORD CORPORATION. All rights reserved.
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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
Specialty Insurance, LTD.
P.O. Box 16901
West Haven, CT 06516
http://specialtyinsurance ltd.com

INSURED
Paragon Fine Arts Festivals, Inc; Paragon Festivals Inc
12326 Thornhill Court
Lakewood Ranch, FL 34202

COVERAGE 1

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 Insured W/ Vw POLICY NUMBER POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) LIMITS
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X USS415800 12/7/19 12/7/20 EACH OCCURRENCE $1,000,000 DAMAGE TO RENTED POSSESSIONS (Ea occurrence) $300,000 MED-EXP (Any one person) $5,000 PERSONAL & ADV INJURY $1,000,000 GENERAL AGGREGATE $2,000,000 PRODUCTS - COMPROP AGG $2,000,000
A AUTOMOBILE LIABILITY OWNED AUTOS ONLY X SCHEDULED AUTOS NON-OWNED AUTOS ONLY X X SRPGAPML-101-0719 12/7/19 12/7/20 COMBINED SINGLE LIMIT $1,000,000 BODILY INJURY (Per person) $100,000 BODILY INJURY (Per accident) $2,000,000 PROPERTY DAMAGE (Per accident) $2,000,000
A X UMBRELLA LIABILITY EXCESS LIABILITY CLAIMS-MADE X X USX104067 12/7/19 12/7/20 EACH OCCURRENCE $2,000,000 AGGREGATE $2,000,000
A Liquor Liability USL306249 12/7/19 12/7/20 Gen Aggregate 2,000,000 Per Occurrence 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is added as an additional insured but only with the respects to the operations of the named insured during the policy period.
Event: St. Petersburg Holiday of the Arts
Dates: December 12, 13, 2020, Saturday and Sunday
Location: South Straub Park

*UPON THE RENEWAL DATE A NEW CERTIFICATE WILL BE ISSUED WITH NEW POLICY NUMBERS AND POLICY DATES*

CERTIFICATE HOLDER
City of St. Petersburg
P.O. Box 2842
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
Thomas Plouffe
# Detail by Entity Name

**Florida Profit Corporation**  
PARAGON FESTIVALS, INC.

## Filing Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Number</td>
<td>P14000057058</td>
</tr>
<tr>
<td>FEI/EIN Number</td>
<td>47-1262238</td>
</tr>
<tr>
<td>Date Filed</td>
<td>07/03/2014</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>Status</td>
<td>ACTIVE</td>
</tr>
</tbody>
</table>

### Principal Address

12326 Thornhill Ct  
LAKEWOOD RANCH, FL 34202

Changed: 04/05/2019

### Mailing Address

12326 Thornhill Ct  
LAKEWOOD RANCH, FL 34202

Changed: 04/05/2019

### Registered Agent Name & Address

MAGUIRE, DENISE  
12326 Thornhill Ct  
LAKEWOOD RANCH, FL 34202

Address Changed: 04/05/2019

### Officer/Director Detail

#### Name & Address

Title: P

Maguire, Denise  
12326 Thornhill Ct  
LAKEWOOD RANCH, FL 34202

### Annual Reports
<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>04/30/2018</td>
</tr>
<tr>
<td>2019</td>
<td>04/05/2019</td>
</tr>
<tr>
<td>2020</td>
<td>03/02/2020</td>
</tr>
</tbody>
</table>

**Document Images**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>View Image in PDF Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/02/2020</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>04/05/2019</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>04/20/2018</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>04/28/2017</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>04/10/2016</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>04/23/2015</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>07/03/2014</td>
<td>Domestic Profit</td>
<td></td>
</tr>
</tbody>
</table>
Detail by Entity Name
Florida Not For Profit Corporation
ST. PETERSBURG ARTS ALLIANCE, INC.

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

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

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

Changed: 08/12/2014

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

Address Changed: 08/12/2014

Officer/Director Detail

Name & Address
- Title Officer
- Murphy, Mary Anna
  100 SECOND AVE. NORTH, #150
  ST. PETERSBURG, FL 33701

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

Title Officer

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

Title Director

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

Title Officer

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

Title Director

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

Title Director

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

Title Officer

French, Helen
100 2nd Ave N, #150
St. Petersburg, FL 33701

Title Director

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

Title Director

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

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

Title Director

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

Title Director

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

Title Director

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

Title Director

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

Title Director

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

Title Director

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

Title Director

Beaty, Steve
100 2nd Ave N
Suite 150
St. Petersburg, FL 33701

Title Director

Jackson, Kimberly
100 Second Ave N
Suite 150
St. Petersburg, FL 33701

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>02/27/2018</td>
</tr>
<tr>
<td>2019</td>
<td>02/18/2019</td>
</tr>
<tr>
<td>2020</td>
<td>01/19/2020</td>
</tr>
</tbody>
</table>

Document Images

- 01/19/2020 – ANNUAL REPORT
- 02/18/2019 – ANNUAL REPORT
- 02/27/2018 – ANNUAL REPORT
- 02/09/2017 – ANNUAL REPORT
- 02/10/2016 – ANNUAL REPORT
- 01/10/2015 – ANNUAL REPORT
- 09/12/2014 – REINSTATEMENT
- 10/18/2012 – Domestic Non-Profit

Florida Department of State, Division of Corporations
Contract/Permit

Contract #: 29950
Date: 08 Jun 2020

PARAGON FINE ARTS FESTIVALS INC
ADRIAN JOHANNES
PO BOX 3674
SARASOTA FL 34202 USA

Purpose of Use: ST. PETERSBURG HOLIDAY OF THE ARTS

Expected: 3,000

Co-Sponsored Event

Contract Balance $0.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Fri 11 Dec 20 06:00 am
Ending: Sun 13 Dec 20 09:00 pm

Facility/Equipment

South Straub Park
Park

Day Date Time Fee Extra Fee Tax Total
Fri 11 Dec 2020 06:00 AM $0.00 $400.00 $0.00 $400.00
Fri 13 Dec 2020 09:00 PM $0.00 $400.00 $0.00 $400.00

Additional Fees:

Extra Fee Co-Sponsored Application Fee Quantity 1 Charge $30.00
Extra Fee Bookings Co-Sponsored Permit Fee Hours 63:00 Quantity 2 Charge $400.00

Total
$30.00
$400.00
$400.00

Charges:

Fees $0.00 Extra Fees $430.00 Tax $0.00 Total $430.00 Deposit $0.00 Total Applied $430.00 Contract Balance $0.00

Account Balance ($430.00)

Balance of rental due and payable immediately.

Payments:

Date Amount Payment Type Reference Receipt Number
02 Apr 2020 $400.00 Check Rental 3566592
02 Apr 2020 $30.00 Check Rental 3566592

Additional Notes:

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

By:(Sign Name) ADRIAN JOHANNES
(Print Name) PARAGON FINE ARTS FESTIVALS INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Entity Name: Paragon Fine Art Festivals

Event Date(s): February 27, 28, 2021

Day 1 of Event: Feb 26 setup Time Gates Open: 7:00 am Ending Time: 7:00 pm

Day 2 of Event: Feb 27 Time Gates Open: 10:00 am Ending Time: 5:00 pm

Day 3 of Event: Feb 28 Time Gates Open: 10:00 am Ending Time: 5:00 pm

Application Prepared by: Adrian Johannes

Title: Event Director

Address: P.O. Box 3674 City: Sarasota State: FL Zip: 34202

Email Address: events@paragonfestivals.com

Additional Contact Person: Christine Baer

What month/year were you incorporated as nonprofit? n/a

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

Name of the for-profit entity? Paragon Festivals

Describe your event with details.

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

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

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

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

Does your group presently have liability insurance? ☒ YES ☐ NO How much? $1M / $2M

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.paragonfestivals.com

Please provide a phone number that can be advertised to the public. 941-487-8061

What is the estimated attendance for this event? Spectators 3000 Participants 120 Last Year’s Total Attendance 3000
Please check the equipment and/or facilities you are requesting.

- Recreation Equipment
  - Showmobile (Yes/No): no
  - # Bleacher(s) needed: 0
    - Each bleacher approx. 180 people
  - Tables (6 ft) # needed: 0
  - Public Address System: 0
  - # of portable risers needed (4 in. x 8 in. x 16 in. sections): 0

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

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

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

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

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

Name: Adrian Johannes  
Co-Sign: John Collins  
Title: Event Director  
Title: Executive Director  
Date: 3.25.20  
Date: 3.25.20

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.

**Condition**

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

**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.
Otrical Requirements:

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

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

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

n/a

Will you supply your own generators?  □ YES  □ NO

Will your event have a licensed electrician on-site during the event?  □ YES  □ NO  □ NO  Will your event be requesting any variances from City policies or procedures? If YES, please explain.

No

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

Name:  Paragon Festivals  Phone:  941-487-8061

Address (Including zip):  P.O. Box 3674, Sarasota, Florida, 34230

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

n/a  No musical performances.

List Vending Products, Name & Provider.

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

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

n/a

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

n/a

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

Load in beginning at 7am, Friday, February 26, 2021. Artists will park at curb and dolly booths, displays, and artwork into South Straub Park for set up. We will consider a Looper Trolley to shuttle artists from site to parking.
I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

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

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

Name: John Collins
Title: Executive Director
Date: 3.25.20
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 Nonprofit Corporation</th>
<th>St. Petersburg Alliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY)</td>
<td>John Collins</td>
</tr>
<tr>
<td>Title of Responsible Party</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party</td>
<td>100 Second Avenue N., Suite 150, St. Petersburg, FL 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party</td>
<td>727-518-5142</td>
</tr>
<tr>
<td>Email Address of Responsible Party</td>
<td><a href="mailto:john@stpeteartsalliance.org">john@stpeteartsalliance.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number)</td>
<td>46-1335413</td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer?
- [ ] BY Mail
- [✓] BY EMAIL

Contact Name
Address
City, State, Zip
Email Address: events@paragonfestivals.com
CITY OF ST. PETERSBURG/COMMUNITY AFFAIRS DIVISION  
ACCESSIBILITY CHECKLIST AND EVENT APPLICATION

Event Name: St. Petersburg Fine Art Festival  
Event Date(s): Feb 27-28, 2020

Event Location: Straub Park

Event Representative: Adrian Johannes

Address: P.O. Box 3674, Sarasota, FL 34230

Phone: 941-346-0302  
Fax:  
E-Mail: events@paragonfestivals.com

Event Website: www.paragonfestivals.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. xx  
      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  
      xx  

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: 4
   b. Total Number of Accessible Portable Units: 1
   c. Is there at least one accessible unit in each group including accessible hand washing facilities (even if the group is a single unit)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>xx</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Open</th>
<th>Restricted/Ticketed</th>
</tr>
</thead>
<tbody>
<tr>
<td>xx</td>
<td></td>
</tr>
</tbody>
</table>

   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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   * 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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>xx</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   d. Is the route of travel through the event stable, firm, free from obstructions, slip resistant and at least 36 inches wide?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>xx</td>
<td></td>
</tr>
</tbody>
</table>

   *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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>xx</td>
<td></td>
</tr>
</tbody>
</table>

   *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. xx No. _______ N/A _______

c. Is there any seating available for dining?
   Yes. _______ No. xx

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 xx

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 xx

*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 xx

*Please add the following language or similar language to event marketing materials, including your Web site.

"This event was designed to provide equal opportunity for enjoyment by all participants. If you would like to request any particular aids or services pursuant to disability laws, please contact the event planner at (EVENT PHONE NUMBER) or City of St Petersburg Community Affairs Division at (727) 893-7345 or (727) 892-5259 TDD/TTY"
b. Will you have appropriate, visible signage to inform people with disabilities about all accessible facilities at your event?
   Yes. _____ No. _____ N/A _____
   ●  
   c. _____ (Please initial here.) Printed and/or Web event announcements created by the organization/event I represent will include accessibility language similar to that noted above.

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

Contact Name: Adrian Johannes                      Phone: 941-320-9192
Email Address: events@paragonfestivals.com         Fax: 941-346-0302

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

Adrian Johannes                      Phone: 941-320-9192
Email Address: events@paragonfestivals.com         Fax: 941-346-0302

This event has been approved by the Community Affairs Division:

ADA Coordinator                      Date

PLEASE RETURN THIS FORM WITH YOUR EVENT LAYOUT MAP TO:

City of St. Petersburg
Community Affairs Division
P.O. Box 2842, St. Petersburg, FL 33731-2842
Phone: 727-893-7345  Fax: 727-551-3247
E-Mail: Lendel.Bright@stpete.org

Additional copies of this form can be found on our Web site at www.stpete.org/caforms.htm

Page 4 of 4
**Certificate of Liability Insurance**

**Producer:** Specialty Insurance, LTD.
P.O. Box 16901
West Haven, CT 06516
http://specialtyinsurance.com

**Insured:** Paragon Fine Arts Festivals, Inc; Paragon Festivals Inc
12326 Thornhill Court
Lakewood Ranch, FL 34202

**Coverages Certificate**

The Certificate Holder is added as an additional insured but only with the respects to the operations of the named insured during the policy dates.

**Dates:** Setup: February 26, 2021; Festival: February 27, 2021

**Location:** South Straub Park

*Upon the renewal date a new certificate will be issued with new policy numbers and policy dates*

<table>
<thead>
<tr>
<th>INSR</th>
<th>TYPE OF INSURANCE</th>
<th>ADD'L SUBR</th>
<th>SUBR WDV</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
<th>POLICY EXP (MM/DD/YYYY)</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>CLAIMS-MADE</td>
<td>X OCCUR</td>
<td>USS415800</td>
<td>12/7/19</td>
<td>12/7/20</td>
<td>EACH OCCURRENCE: $1,000,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MAILING LIMITS $300,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MED EXP (Any one person): $5,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PERSONAL &amp; ADV INJURY: $1,000,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>GENERAL AGGREGATE: $2,000,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PRODUCTS - COMPI/OP AGG: $2,000,000</td>
</tr>
<tr>
<td>B</td>
<td>AUTOMOBILE LIABILITY</td>
<td>OWNED</td>
<td>AUTOS ONLY</td>
<td>SRPGAPML-101-0719</td>
<td>12/7/19</td>
<td>12/7/20</td>
<td>COMBINED SINGLE LIMIT (Ea Accident): $1,000,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SCHEDULED</td>
<td>AUTOS</td>
<td></td>
<td></td>
<td></td>
<td>BODILY INJURY - PERSONAL: $</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NON-OWNED</td>
<td>AUTOS ONLY</td>
<td></td>
<td></td>
<td></td>
<td>BODILY INJURY - PERSONAL: $</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROPERTY DAMAGE - PER ACCIDENT: $</td>
</tr>
<tr>
<td>A</td>
<td>UMBRELLA LIABILITY</td>
<td>OCCUR</td>
<td>CLAIMS-MADE</td>
<td>USX104067</td>
<td>12/7/19</td>
<td>12/7/20</td>
<td>EACH OCCURRENCE: $2,000,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>AGGREGATE: $2,000,000</td>
</tr>
</tbody>
</table>

**Workers Compensation and Employers' Liability**

- **Mandatory in NH:** N/A
- **Any/Proprietor/Partners/Executive Officer/Member Excluded?** N/A
- **Description of Operations**

**Liquor Liability**

- **USL306249**
- **Gen Aggregate:** $2,000,000
- **Per Occurrence:** $1,000,000

**Certification Holder**

The St. Petersburg Arts Alliance
100 Second Avenue N Suite 150
St. Petersburg, FL 33701

**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**

Thomas Plouffe

© 1988-2015 ACORD CORPORATION. All rights reserved.
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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).

### COVERAGES

**TYPE OF INSURANCE**

<table>
<thead>
<tr>
<th>INSURER</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
<th>POLICY EXP (MM/DD/YYYY)</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>USS415800</td>
<td>12/7/19</td>
<td>12/7/20</td>
<td>EACH OCCURRENCE $1,000,000</td>
</tr>
<tr>
<td>A</td>
<td>SRPGAPML-101-0719</td>
<td>12/7/19</td>
<td>12/7/20</td>
<td>COMBINED SINGLE LIMIT $1,000,000</td>
</tr>
<tr>
<td>A</td>
<td>USX104067</td>
<td>12/7/19</td>
<td>12/7/20</td>
<td>EACH OCCURRENCE $2,000,000</td>
</tr>
<tr>
<td>A</td>
<td>USL306249</td>
<td>12/7/19</td>
<td>12/7/20</td>
<td>Gen Aggregate $2,000,000</td>
</tr>
</tbody>
</table>

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES**

The Certificate Holder is added as an additional insured but only with the respects to the operations of the named insured during the policy period.

**Event:** St. Petersburg Fine Arts Festival

**Dates:** Setup: February 26, 2021; Festival: February 27, 28, 2021

**Location:** South Straub Park

*UPON THE RENEWAL DATE A NEW CERTIFICATE WILL BE ISSUED WITH NEW POLICY NUMBERS AND POLICY DATES*

**CERTIFICATE HOLDER**

City of St. Petersburg
P.O. Box 2842
St. Petersburg, FL 33731

**AUTHORIZED REPRESENTATIVE**

Thomas Plouffe

© 1988-2015 ACORD CORPORATION. All rights reserved.
**Detail by Entity Name**

**Foreign Profit Corporation**

PARAGON FINE ARTS FESTIVALS, INC.

**Filing Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Number</td>
<td>F14000002914</td>
</tr>
<tr>
<td>FEI/EIN Number</td>
<td>45-2779488</td>
</tr>
<tr>
<td>Date Filed</td>
<td>07/08/2014</td>
</tr>
<tr>
<td>State</td>
<td>NY</td>
</tr>
<tr>
<td>Status</td>
<td>ACTIVE</td>
</tr>
</tbody>
</table>

**Principal Address**

12326 Thornhill Ct
Lakewood Ranch, FL 34202

Changed: 03/02/2020

**Mailing Address**

12326 Thornhill Ct
Lakewood Ranch, FL 34202

Changed: 03/02/2020

**Registered Agent Name & Address**

MAGUIRE, DENISE
12326 Thornhill Court
Lakewood Ranch, FL 34202

Address Changed: 03/02/2020

**Officer/Director Detail**

**Name & Address**

Title P

Maguire, Denise
12326 Thornhill Ct
Lakewood Ranch, FL 34202

**Annual Reports**

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>04/30/2018</td>
</tr>
<tr>
<td>Year</td>
<td>Date</td>
</tr>
<tr>
<td>------</td>
<td>----------</td>
</tr>
<tr>
<td>2019</td>
<td>02/09/19</td>
</tr>
<tr>
<td>2020</td>
<td>03/02/20</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Detail by Entity Name

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

Filing Information

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

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

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

Changed: 08/12/2014

Registered Agent Name & Address

COLLINS, JOHN
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33701

Address Changed: 08/12/2014

Officer/Director Detail

Name & Address

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

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

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

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

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

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

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

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

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

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

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

Title Director

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

Title Director

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

Title Director

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

Title Director

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

Title Director

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

Title Director

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

Title Director

Beaty, Steve
100 2nd Ave N
Suite 150
St. Petersburg, FL 33701

Title Director

Jackson, Kimberly
100 Second Ave N
Suite 150
St. Petersburg, FL 33701

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>02/27/2018</td>
</tr>
<tr>
<td>2019</td>
<td>02/18/2019</td>
</tr>
<tr>
<td>2020</td>
<td>01/19/2020</td>
</tr>
</tbody>
</table>

Document Images

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/09/2017</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/10/2016</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/27/2018</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/06/2017</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/10/2016</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/10/2015</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>08/12/2014</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>10/18/2012</td>
<td>View image in PDF format</td>
</tr>
</tbody>
</table>
## Contract/Permit

**Contract #:** 29951  
**Date:** 08 Jun 2020  
**User:** JSBENNIN  
**Status:** Firm

**PARAGON FINE ARTS FESTIVALS INC**  
**ADRIAN JOHANNES**  
**PO BOX 3674**  
**SARASOTA FL 34202 USA**  

---

**Purpose of Use:** ST. PETERSBURG FINE ARTS FESTIVAL  
**Expected:** 3,000  
**Co-Sponsored Event**  
**Contract Balance** $0.00

**Conditions of Use:** Insurance Required

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

**Date(s) and Time(s) of Use:**
- Starting: Fri 26 Feb 21 06:00 am  
- Ending: Sun 28 Feb 21 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>South Straub Park Park</td>
<td></td>
<td>26 Feb 2021</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$400.00</td>
<td>$0.00</td>
<td>$400.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>28 Feb 2021</td>
<td>09:00 PM</td>
<td>$0.00</td>
<td>$400.00</td>
<td>$0.00</td>
<td>$400.00</td>
</tr>
</tbody>
</table>

**Additional Fees:**

<table>
<thead>
<tr>
<th>Extra Fee - Bookings</th>
<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Sponsored Permit Fee</td>
<td>2</td>
<td>$400.00</td>
<td>$0.00</td>
<td>$400.00</td>
</tr>
</tbody>
</table>

**Charges:**

<table>
<thead>
<tr>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
<th>Deposit</th>
<th>Total Applied</th>
<th>Contract Balance</th>
<th>Account Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$430.00</td>
<td>$0.00</td>
<td>$430.00</td>
<td>$0.00</td>
<td>$430.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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

**Payments:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Payment Type</th>
<th>Reference</th>
<th>Receipt Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>02 Apr 2020</td>
<td>$400.00</td>
<td>Check</td>
<td>Rental</td>
<td>3566592</td>
</tr>
<tr>
<td>02 Apr 2020</td>
<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>3566592</td>
</tr>
</tbody>
</table>

**Additional Notes:**

---

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

By: (Signature)

(Print Name) ADRIAN JOHANNES  
PARAGON FINE ARTS FESTIVALS INC  
Name of User Organization, If Applicable

---

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

(Print Name) Parks and Recreation Department

---

Printed: 08 Jun 2020, 11:45 AM  
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: Southeastern Guide Dogs St. Petersburg Walkathon  
Phone No.: 941-803-7548  
Fax No.: 941-729-6646  

Entity Name: Southeastern Guide Dogs  
Federal I.D. Number: 59-2252362

Event Date(s): March 20, 2021  
Location: North Straub Park

Day 1 of Event: March 20, 2021  
Time Gates Open: 9:00am  
Ending Time: 12:00pm

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

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

Application Prepared by: Taylor Eckard  
Title: Associate Director, Philanthropy  
Phone: 941-803-7548

Address: 210 77th Street East  
City: Palmetto  
State: FL  
Zip: 34221

Email Address: taylor.eckard@guidedogs.org

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

What month/year were you incorporated as nonprofit? 1982

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

Name of the for-profit entity? N/A

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

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

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

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

How much? $1,000,000

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

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

Advanced Fee: Day of:

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

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

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

Recreation Equipment
Showmobile (Yes/No) [ ] No

# Bleachers needed. Each bleacher approx. 180 people [ ]

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

Public Address System [ ]

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

Special Events Facilities
[] Mahaffey Theater
[] Coliseum

[] Sunken Gardens

[] Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

Name: Taylor Eckard
Co-Sign: Jennifer Bryan
Title: Associate Director, Philanthropy
Co-Sign: Director, Philanthropy
Date: 3/26/2020
Date: 3/26/2020

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

N/A

Will you supply your own generators? □ YES □ NO

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

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

No

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

Name: Southeastern Guide Dogs Phone: 941-729-5665

Address (including zip): 4210 77th Street East, Palmetto, FL 34221

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

1 stage with a DJ playing upbeat, family-friendly music

List Vending Products. Name & Provider.

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

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

Great Bay Distributers

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

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

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

Set up will be March 19th 9a - 5p. We will need access to pull a vehicle on or near the park on this day and again for the event on March 20th from 6a - 2p. We will be out of the park by 2p on Saturday, March 20th. Vendors will need to unload on March 20th from 6a - 8:30a and load out at noon. We would like parking spaces reserved for this.
Other Comments: Please describe your fee structure.

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

Other comments:

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

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

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

Name: Taylor Eckard
Title: Associate Director, Philanthropy
Date: 3/26/2020
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 Nonprofit Corporation:</th>
<th>Southeastern Guide Dogs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Titus Herman</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>210 77th Street East, Palmetto, FL 34221</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>941-845-1861</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:Titus.herman@guidedogs.org">Titus.herman@guidedogs.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-2252352</td>
</tr>
</tbody>
</table>

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

---

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

What method of invoicing would your organization prefer?

- [ ] BY Mail

  Contact Name
  
  Address
  
  City, State, Zip

- [x] BY EMAIL

  Email Address: taylor.eckard@guidedogs.org
Name of Event: Southeastern Guide Dogs Walkathon
Date(s) of Event: 2/23/2019

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Sponsorship</td>
<td>$29,000</td>
</tr>
<tr>
<td>Fundraising</td>
<td>$156,000</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL GROSS REVENUE</td>
<td></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>Marketing</td>
<td>$2,500</td>
</tr>
<tr>
<td>Advertising</td>
<td>$1,500</td>
</tr>
<tr>
<td>Fundraising Incentives</td>
<td>$6,500</td>
</tr>
<tr>
<td>Logistics/site rental</td>
<td>$9,500</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td></td>
</tr>
<tr>
<td>TOTAL NET INCOME</td>
<td></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>Programs &amp; Services</td>
<td>$135,500</td>
</tr>
<tr>
<td>Fundraising - General</td>
<td>$14,250</td>
</tr>
<tr>
<td>Management &amp; Administration</td>
<td>$15,750</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL ALLOCATION OF NET INCOME</td>
<td></td>
</tr>
</tbody>
</table>

Prepared by: Taylor Eckard Date: 3/26/2020
= Fence
In reply refer to: 0752286427
Apr. 04, 2019    LTR 4168C    0
59-2252352    000000    00
00020380
BODC: TE

SOUTHEASTERN GUIDE DOGS INC
PAWS FOR INDEPENDENCE
4210 77TH ST E
PALMETTO FL 34221-9270

021153

Employer ID number: 59-2252352
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Mar. 26, 2019, about your tax-exempt status.

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

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

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,
local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,

Teri M. Johnson
Operations Manager, AM Ops. 3
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERRS 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
BKS-Partners
5216 Summerlin Commons Blvd
Suite 200
Fort Myers FL 33907

CONTACT
NAME: Cheryl Nevins
PHONE: (918) 391-3037
EMAIL: cheryl.nevins@bks-partners.com

INSURED
Southeastern Guide Dogs, Inc.
4210 77th St E
Palmetto FL 34221-9270

DESCRIPTION OF OPERATIONS
Southeastern Guide Dogs
Summerlin Commons
77th St E
St Petersburg FL 33731-2842

CERTIFICATE NUMBER: 553580416
REVISION NUMBER:

COVERSAGES
CERTIFICATE HOLDER 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.

CERTIFICATE HOLDER
City of Saint Petersburg
PO Box 2842
St Petersburg FL 33731-2842

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD
STP Walkathon Schedule of Events

SCHEDULE

- **8:30a:** Music starts, Sean Brown DJ
- **9:00a:** Event starts
- **9:30a:** Opening Ceremonies, Ann Kelly and Chip Brewster
- **9:40a:** Speaker, Mayor Kriseman
- **9:45a:** Civil Air Patrol Color Guard and National Anthem
- **9:50a:** Progressive, Subaru, Elanco
- **10a:** Back to Sean to kick off walk
- **11:50a:** RAFFLE DRAWING FOR BASKETS
- **12:00p:** RAFFLE DRAWING FOR $1,000
- **12:05p:** End

**Sean Brown: 8:30-9:40am:** Music/Welcome Guests

- Thank you to Progressive for being our Presenting Sponsor
- Thank you to Subaru, Fromm, and Elanco for being our Signature Sponsors
- Thank you to our Independence Sponsors:
  - GTE – Water Tank Sponsor!
  - Catalina
  - Power Design
  - USA Fence
  - Milkey Family Foundation
  - Tampa Bay Times
  - Great Bay Distributers
  - WDUV
  - Clearwater Kennel Club
- Thank you to our Loyalty Sponsors:
  - Suncoast Credit Union
  - FIS
- Southeastern Guide Dogs Gift Shop
- **Raffle tickets and raffle baskets located next to the Gift Shop**
- Beer Garden and Tito’s Vodka
- Dog Activities:
  - Lucky Dog Lure Course
  - Tickets for games $1
- Kids Activities:
  - Games by Cheers events
  - Great Explorations Children’s Museum
  - Thank other sponsors/vendors as time permits

Interesting facts about SEGD:

9:30-10:00am: Opening Ceremonies

- Sean to introduce co-emcees:
  - Chip Brewster, Fox 13
  - Ann Kelly, WDUV
- Chip Brewster & Ann Kelly banter:
  - Welcome guests to the event
  - Remarks about the weather/beautiful event location
    - Thank the City of St. Pete for making space available for the event
  - Share why Fox 13 and WDUV felt this was a worthy cause to support
  - Remarks about personal experiences with Southeastern Guide Dogs

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

Ann:
  - Currently we have raised $170K, we are OVER HALF WAY to our St. Pete $250K GOAL – There is still time to reach our goal!!
  - You can help us reach our goal by purchasing raffle tickets! We will be doing a drawing at 12:00p where you will have a chance to win $1,000 here TODAY!
o All the raffle tickets are rolled over for a FINAL drawing on May 11th where you have an additional chance to win a grand prize of $10,000!!

o **Baskets being raffled off near the gift shop**
  - Tickets to Mahaffey Theatre, Tampa Bay Rays, St. Pete Salt Works, local museums and restaurants and more!
  - Ann introduce Mayor Kriseman to the stage

**Kriseman Family, Mayor Kriseman**: Share personal connection to SEGD.

*(Kriseman family will depart stage, so they can kick off walk.)*

- Sean introduce and transition over to the Civil Air Patrol Honor Guard
- **Civil Air Patrol Honor Guard**: “Post the colors”
- **National Anthem** to be sung by **Angelina Jimenez**
- Sean “retire colors”
- **Progressive, Subaru, Elanco (Eric Lane)**: Speak about connection and why they support SEGD.

**10:00-11:50am**: Sean Announces start of **WALK**, shout outs to sponsors/vendors.

**11:50pm**: **Basket Raffle Drawing**

**12:00pm**: **$1,000 Raffle Drawing**
Detail by Entity Name
Florida Not For Profit Corporation
SOUTHEASTERN GUIDE DOGS, INC.

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

Principal Address
4210 77TH STREET EAST
PALMETTO, FL 34221

Changed: 04/03/2015

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

Changed: 04/22/1988

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

Name Changed: 05/13/2002

Address Changed: 05/13/2002

Officer/Director Detail

Name & Address

Title CEO
HERMAN, TITUS
Whitcomb, John
308 South Fielding Ave
Tampa, FL 33606
Title Board of Directors Member

Johnson, Gary
210 Blanca Ave
Tampa, FL 33606
Title Board of Directors Member

Manzenberger, Gloria
4210 77TH STREET EAST
PALMETTO, FL 34221
Title VP, Finance & Risk Management

Bishop, Ray
3267 Boulder Dr SW
Stockbridge, GA 30281
Title Chairman

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

Meade, Robert
1739 Floyd St
Sarasota, FL 34239
Title Board of Directors Lifetime Member

Newman, Robert
PO Box 2030
Tampa, FL 33601
Title Board of Directors Member

Riley, Kathleen
175 Avery Dr NE
Atlanta, GA 30309
Title Board of Directors Lifetime Member
Silverman, Harris  
4007 Bayside Dr  
Bradenton, FL 34210  
Title Board of Directors Member

Weisenborn, Dulce  
18526 E Lake Dr  
Hialeah, FL 33015  
Title Secretary

Compton, John  
4829 Higel Ave  
Siesta Key, FL 34242  
Title Board of Directors Member

Folkman, Kenneth  
3231 West Fair Oaks Ave  
Tampa, FL 33611  
Title Board of Directors Member

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

Taylor, Andy  
6845 Hayter Dr  
Lakeland, FL 33813  
Title Board of Directors Member

Asher, Drew  
58 1/2 Martinique Ave  
Tampa, FL 33606  
Title Board of Directors Member

McNamee, Chris  
6453 Barberry Ct  
Lakewood Ranch, FL 34202  

Annual Reports  

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>02/15/2018</td>
</tr>
<tr>
<td>2019</td>
<td>02/15/2019</td>
</tr>
<tr>
<td>2020</td>
<td>03/19/2020</td>
</tr>
</tbody>
</table>
SOUTHEASTERN GUIDE DOGS INC
TAYLOR ECKARD
4210 77TH ST E
PALMETTO FL 34221 USA

Purpose of Use: SOUTHEASTERN GUIDE DOGS ST. PETERSBURG WALKATHON
Expected: 1,000
Co-Sponsored Event
Contract Balance $0.00

Conditions of Use: Insurance Required

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

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

Facility/Equipment Day Date Time Fee Extra Fee Tax Total
North Straub Park Sat 20 Mar 2021 06:00 AM $0.00 $200.00 $0.00 $200.00
Park 09:00 PM

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

Extra Fee - Bookings Hours Quantity Charge Tax Total
Co-Sponsored Permit Fee 15:00 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 ($100.00)

Balance of rental due and payable immediately.

Payments:
Date Amount Payment Type Reference Receipt Number
27 Mar 2019 $230.00 Check Rental 3287456

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

By (Sign Name): TAYLOR ECKARD
(Port Name) SOUTHEASTERN GUIDE DOGS INC
Name of User Organization, If Applicable

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

Printed: 08 Jun 2020, 11:54 AM
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: 3rd Annual St. Petersburg Distance Classic
Entity Name: WaterCross International, Inc. / Running Starfish Foundation, Inc.
Event Date(s): Sunday, January 31, 2021
Location: Start/Finish at North Shore Park, downtown roads
Application Prepared by: Chris Lauber
Title: President / Race Director
Address: 6161 7th Avenue N.
City: St. Petersburg
State: FL
Zip: 33710
Email Address: FLRoadRaces@aol.com
Additional Contact Person: 
Day Phone: 

What month/year were you incorporated as nonprofit? Running Starfish Foundation, Inc.: December, 2013
List all 501(c)3 entities that will benefit from this event. Multiple non-profits TBD thru our Running Starfish Foundation
Name of the for-profit entity? WaterCross International, Inc. dba Florida Road Races

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

The St. Petersburg Distance Classic will consist of 4 timed running events: marathon, half marathon, 10K, and 5K Race / Walk, along with an Expo on Saturday, January 30 and during the races on Sunday, January 31. The St. Petersburg Marathon will be just one of two marathons staged in the Tampa Bay area.

The St. Petersburg Distance Classic will promote a healthy, active lifestyle, while showcasing our city's gorgeous waterfront, generating a positive economic impact for our tourism industry, and funding for small, local non-profits. This event will demonstrate our community's vitality, while providing runners another long distance event to enjoy, and may generate statewide and national publicity. Local businesses and organizations will be invited to participate in a number of different ways.

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

While direct economic benefit will initially be relatively modest, we have an established history in growing events. As this race progresses, we will generate increased economic benefits and widespread publicity which will showcase our vibrant community and our downtown waterfront area.

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

Does your group presently have liability insurance? [ ] YES [ ] 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 - $75 Day of: $55 - $140

Please provide the website address for your event. www.StPetersburgDistanceClassic.com / www.FloridaRoadRaces.com

Please provide a phone number that can be advertised to the public. 727 347-4440 (Voicemail)

What is the estimated attendance for this event? Spectators 2,000 Participants 2,000 Last Year's Total Attendance 2,000

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

Non-City Locations
Which Location?
North Shore Park

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

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

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

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

Name: [Signature]
Title: President, WaterCross Int.
Date: March 31, 2020

Co-Sign: [Signature]
Title: President, Running Starfish
Date: March 31, 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

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>Alcohol Permit</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td></td>
</tr>
<tr>
<td>Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td></td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>How many? 21 - 30 Vendors / Exhibitors</td>
<td>How many?</td>
</tr>
<tr>
<td>What type? Snow fencing</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>What structure? Start / Finish Truss</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Professional</td>
<td>Parade or Street Closure Permit(s)</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 TBD</td>
<td></td>
</tr>
<tr>
<td>Disabled Units TBD</td>
<td></td>
</tr>
<tr>
<td>Hand Washing TBD</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 [X] NO

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

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

[ ]

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

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

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

Traffic restrictions customary with running events. Hospitality beer for participants to be served in a fenced-in area, 8:00 am - 2:00 pm race day only, Sunday, January 31, 2021. ABT permit will be secured prior to race day. In addition, we seek a noise variance in order to provide non-amplified music in residential areas and amplified music in commercial districts during the races. Details TBD.

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

Name: [ ] Chris Lauber, President / Race Director

Address (including zip): 6161 7th Avenue N., St. Petersburg, FL 33710

Phone: 727 468-9196

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

Background music at post-race celebration, One Folk Singer

We would also like to add live performers / disc jockeys along the course at strategic locations. Performers would consist of solo non-amplified musicians in residential areas and amplified musicians, bands, or disc jockeys in commercial districts.

List Vending Products. Name & Provider.

To be determined

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

Running Starfish Foundation, Inc. - our corporate funded foundation with 501(c)3 status recognized by the IRS
6161 7th Avenue N.
St. Petersburg, FL 33710 / 727 468-9196

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

"Speeches" will consist solely of: welcoming the participants before the race, announcing the finishers at the finish line, awards recipients at post-race celebration, and thanking the participants for joining us.

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

We will set up the expo and start / finish line area starting at 9:00 am on Saturday, January 30, 2021 and will completely tear down by 5:00 pm, Sunday, January 31, 2021, all at North Shore Park.
Other Comments: Please describe your fee structure.

Entry Fees will vary by event distance and date of registrations as follows:

Marathon: $85 - $140
Half Marathon: $70 - $120
10K: $40 - $65
5K Race: $30 - $55

Other comments:

PLEASE NOTE: At time of application, we intend to use many of the aspects established for 2019 and 2020, such as race courses, site plans, etc. This critical information will be fine tuned in consultation with city staff.

Saturday, January 30: Site prep starts at North Shore Park at about 9:00 am
Sunday, January 31: Final site prep starts at North Shore Park at 4:00 am; registration / packet pick-up from 5:00 - 7:00 am
Races start at 6:00 am, with last finisher arriving at about 12:30 pm
Finish line activity throughout the morning, finishing at about 1:00 pm, with tear-down completed by 5:00 pm
Cones will be set out to mark the courses starting at about 5:00 am, entirely removed by 12:30 pm.

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

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

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

Name: Chris [signature] Title: President / Race Director Date: March 31, 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>Running Starfish Foundation, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Chris Lauber</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>6161 7th Avenue N., St. Petersburg, FL 33710</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727 468-9196</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:FLRoadRaces@aol.com">FLRoadRaces@aol.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>46-4481962</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the <strong>For-profit</strong> Corporation:</th>
<th>WaterCross International, Inc., dba Florida Road Races</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Chris Lauber</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President / Race Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>6161 7th Avenue N., St. Petersburg, FL 33710</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727 468-9196</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:FLRoadRaces@aol.com">FLRoadRaces@aol.com</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td>59-3057632</td>
</tr>
</tbody>
</table>

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

Name of Event: St. Petersburg Distance Classic
Date(s) of Event: January 31, 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>Entry Fees</td>
<td>$110,068.00</td>
</tr>
<tr>
<td>Booth Space</td>
<td>$1,500.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL GROSS REVENUE: $111,568.00

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to complete as we are waiting on final invoice from City of St. Petersburg</td>
<td>unknown</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL OPERATING EXPENSES: unknown

TOTAL NET INCOME: unknown

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>Various Girl Scout Troops</td>
<td>$1,600.00</td>
</tr>
<tr>
<td>Middleton HS Booster Club</td>
<td>400.00</td>
</tr>
<tr>
<td>International Order of Rainbow Girls</td>
<td>200.00</td>
</tr>
<tr>
<td>Gibbs HS</td>
<td>200.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL ALLOCATION OF NET INCOME: $2,400.00

Prepared by: Chris Landers
Date: March 31, 2021
ST. PETERSBURG DISTANCE CLASSIC
NORTH SHORE PARK
901 N Shore Dr NE,
St. Petersburg, FL 33701
St. Petersburg Marathon
Event Name: St. Petersburg Distance Classic  
Event Date(s): 1/31/21  
Event Location: North Shore Park, various roads throughout city, Pinellas Trail  
Event Representative: Chris Lauber  
Address: 6161 7th Avenue N  
Phone: 727 468-9196  
Fax: NA  
E-Mail: FLRoadRaces@aol.com  
Event Website: www.StPetersburgDistanceClassic.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. Thru city meeting  
   No. N/A  

b. If you are using private property for additional parking, you will need to follow the guidelines below:  
   **The number of accessible parking spaces per lot or parking facility shall comply with the table below:**  
   
<table>
<thead>
<tr>
<th>Total Spaces in Parking Lot</th>
<th>Accessible Spaces Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 25</td>
<td>1</td>
</tr>
<tr>
<td>26 to 50</td>
<td>2</td>
</tr>
<tr>
<td>51 to 75</td>
<td>3</td>
</tr>
<tr>
<td>76 to 100</td>
<td>4</td>
</tr>
<tr>
<td>101 to 150</td>
<td>5</td>
</tr>
<tr>
<td>151 to 200</td>
<td>6</td>
</tr>
<tr>
<td>201 to 300</td>
<td>7</td>
</tr>
<tr>
<td>301 to 400</td>
<td>8</td>
</tr>
<tr>
<td>401 to 500</td>
<td>9</td>
</tr>
</tbody>
</table>
   | 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

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: 20 at North Shore Park

b. Total Number of Accessible Portable Units: 1

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. XX 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: XX 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. NA 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 XX

   d. Is the route of travel through the event stable, firm, free from obstructions, slip resistant and at least 36 inches wide?

      Yes. NA 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. XX 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. XX No. ______ N/A ______

c. Is there any seating available for dining?
   Yes. ______ No. XX ______

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. NA ______

e. Do you plan to have any seating available for viewing concerts or other performances?
   Yes. XX Awards No. ______ N/A ______

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

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

   *If yes, please provide details about those below:

h. CJL ________ (Please initial here.) Yes, I am prepared and willing to grant all reasonable requests for accommodations for this event.
   
   ** All reasonable requests for accommodations must be granted pursuant to applicable laws, unless a request would result in a fundamental alteration in the nature of services or activities, or would result in undue financial and administrative burdens. Prior to denying any request for accommodation, you must contact the Community Affairs Division for a review of compliance with applicable laws.

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

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

   *Please add the following language or similar language to event marketing materials, including your Web site.

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

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

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

Contact Name: Chris Lauber  Phone: 727 468-9196

Email Address: FLRoadRaces@aol.com  Fax: NA

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:

__________________________  March 31, 2020
Signature, Event Representative  Date:

__________________________  President / Race Director
Print Name, Event Representative

This event has been approved by the Community Affairs Division:

__________________________  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
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 private foundation within the meaning of Section 509(a).

You're required to file Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation, annually, whether or not you have income or activity during the year. 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-PF" in the search bar to view Publication 4221-PF, Compliance Guide for 501(c)(3) Private Foundations, which describes your recordkeeping, reporting, and disclosure requirements.
Sincerely,

[Signature]

Director, Exempt Organizations
Rulings and Agreements

Enclosure:
Addendum
March 31, 2020

Ms. Lynn Gordon
City of St. Petersburg
1400 – 19th Street North
St. Petersburg, FL 33713

Dear Ms. Gordon,

I am submitting my application for the **The 3rd Annual St. Petersburg Distance Classic on Sunday, January 31, 2021**, if approved, consisting of the following races:

- The St. Petersburg Marathon
- The St. Petersburg Halfathon
- The St. Petersburg Distance Classic 10K Race
- The St. Petersburg Distance Classic 5K Run / Walk

Please note the following alternate dates, in order of preference, if January 31, 2021 is not available:

- January 24, 2021
- February 14, 2021

If our event is shifted from the January 31 date to one of the alternative dates, all other dates in our application will shift accordingly, such as set-up date.

We anticipate that most of the details from our first two years will be the same for next year, with operational improvements.

I look forward to partnering with the City to build the St. Petersburg Distance Classic well into the future.

Thank you!

Chris Lauber
Race Director
Detail by Entity Name
Florida Profit Corporation
WATERCROSS INTERNATIONAL, INC.

Filing Information
Document Number: S36469
FEI/EIN Number: 59-3057632
Date Filed: 03/08/1991
State: FL
Status: ACTIVE
Last Event: CANCEL ADM DISS/REV
Event Date Filed: 12/08/2006
Event Effective Date: NONE

Principal Address
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Changed: 10/07/2005

Mailing Address
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Changed: 10/07/2005

Registered Agent Name & Address
LAUBER, CHRISTOPHER JMR.
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Name Changed: 10/07/2005
Address Changed: 10/07/2005

Officer/Director Detail
Name & Address
Title PD
LAUBER, CHRISTOPHER
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL
Title V

LAUBER, RAISSA
6161 7TH AVENUE N.
ST. PETERSBURG, FL

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>03/01/2018</td>
</tr>
<tr>
<td>2019</td>
<td>04/29/2019</td>
</tr>
<tr>
<td>2020</td>
<td>03/19/2020</td>
</tr>
</tbody>
</table>

Document Images

<table>
<thead>
<tr>
<th>Date</th>
<th>File Name</th>
<th>View Image in PDF format</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/19/2020</td>
<td>ANNUAL REPORT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>04/29/2019</td>
<td>ANNUAL REPORT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>03/01/2018</td>
<td>ANNUAL REPORT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>04/28/2017</td>
<td>ANNUAL REPORT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>04/29/2016</td>
<td>ANNUAL REPORT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>04/28/2015</td>
<td>ANNUAL REPORT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>03/01/2014</td>
<td>ANNUAL REPORT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>02/27/2013</td>
<td>ANNUAL REPORT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>04/02/2012</td>
<td>ANNUAL REPORT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>04/15/2011</td>
<td>ANNUAL REPORT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>04/02/2010</td>
<td>ANNUAL REPORT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>04/16/2009</td>
<td>ANNUAL REPORT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>04/02/2008</td>
<td>ANNUAL REPORT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>05/03/2007</td>
<td>ANNUAL REPORT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>12/06/2006</td>
<td>REINSTATEMENT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>10/07/2005</td>
<td>REINSTATEMENT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>11/29/2004</td>
<td>REINSTATEMENT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>06/01/2003</td>
<td>ANNUAL REPORT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>04/25/2002</td>
<td>ANNUAL REPORT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>09/14/2001</td>
<td>ANNUAL REPORT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>09/14/2000</td>
<td>ANNUAL REPORT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>03/10/1999</td>
<td>ANNUAL REPORT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>10/01/1998</td>
<td>ANNUAL REPORT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>04/17/1997</td>
<td>ANNUAL REPORT</td>
<td>View Image in PDF format</td>
</tr>
<tr>
<td>08/14/1996</td>
<td>ANNUAL REPORT</td>
<td>View Image in PDF format</td>
</tr>
</tbody>
</table>
Detail by Entity Name
Florida Not For Profit Corporation
RUNNING STARFISH FOUNDATION, INC.

Filing Information
Document Number: N14000000073
FEI/EIN Number: 46-4481962
Date Filed: 12/31/2013
Effective Date: 01/01/2014
State: FL
Status: ACTIVE

Principal Address
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Mailing Address
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Registered Agent Name & Address
LAUBER, CHRIS J
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Officer/Director Detail
Name & Address
Title P
LAUBER, CHRIS J
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Title VP
LAUBER, RYA C
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Title S
LAUBER, LEAH F
Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>03/01/2018</td>
</tr>
<tr>
<td>2019</td>
<td>04/29/2019</td>
</tr>
<tr>
<td>2020</td>
<td>03/19/2020</td>
</tr>
</tbody>
</table>

Document Images

<table>
<thead>
<tr>
<th>Date</th>
<th>Report Type</th>
<th>View Image in PDF format</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/19/2020</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>04/29/2019</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>03/21/2018</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>04/28/2017</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>04/29/2016</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>04/28/2015</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>12/31/2013</td>
<td>Domestic Non-Profit</td>
<td></td>
</tr>
</tbody>
</table>
WATERCROSS INTERNATIONAL  
CHRIS LAUBER  
6161 7TH AVE N  
ST PETERSBURG FL 33710 USA

Purpose of Use: 3RD ANNUAL ST. PETERSBURG DISTANCE CLASSIC  
Expected: 2,000  
Co-Sponsored Event

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:  
Starting: Sat 30 Jan 21 06:00 am  
Ending: Sun 31 Jan 21 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>North Shore Park</td>
<td>Sat</td>
<td>30 Jan 2021</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$200.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Park</td>
<td>31 Jan 2021</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Fees:
- Extra Fee - Bookings  
<table>
<thead>
<tr>
<th>Hours</th>
<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>39:00</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: $230.00  
- Contract Balance: $0.00  
- Account Balance: $0.00

Balance of rental due and payable immediately.

Payments:
- Date: 02 Apr 2020  
  Amount: $30.00  
  Payment Type: Check  
  Reference: Rental  
  Receipt Number: 3566594
- Date: 02 Apr 2020  
  Amount: $200.00  
  Payment Type: Check  
  Reference: Rental  
  Receipt Number: 3566594

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):  
Name: CHRISS LAUBER  
WATERCROSS INTERNATIONAL

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

(Parent Name):  
Name: Parks and Recreation Department

CITY OF ST. PETERSBURG, FLORIDA

Printed: 08 Jun 2020, 12:15 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: 2021 St Pete Beer & Bacon

Entity Name: Sideline Apparel, Inc. DBA Brewed Life

Event Date(s): 1/16/21 & 1/17/21

Day 1 of Event: 1/16/21
Time Gates Open: 12pm
Ending Time: 7:30pm

Day 2 of Event: 1/17/21
Time Gates Open: 11am
Ending Time: 5:30pm

Application Prepared by: Patrick Green
Title: President
Phone: 941-812-7400
Address: 6314 98th St E
City: Bradenton
State: FL
Zip: 34202
Email Address: brewedlife44@gmail.com

What is the estimated attendance for this event? Spectators 3300
Participants 12300
Last Year's Total Attendance 2300

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
The St Pete Beer and Bacon Festival will feature beer and food from local brewers and restaurant/catering vendors. The event allows attendees to sample new beers and to try new foods from local vendors.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Local restaurants, breweries, and other vendors will benefit from new revenue streams as well as advertising & networking.
Please check the equipment and/or facilities you are requesting.

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

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

Non-City Locations
Which Location?
□ Vinoy Park

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

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

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

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

Name: Patrick Green
Co-Sign: 
Title: President
Date: 04/3/20

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>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>☑ Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>☑ Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>☑ Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>☑ Vendors / Exhibitors</td>
<td>Alcohol Permit</td>
</tr>
<tr>
<td>☑ Vending Beer / Wine</td>
<td>Additional insurance Required</td>
</tr>
<tr>
<td>☑ Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☑ Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☑ Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☑ Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>☑ Require Street Closure</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>☑ VIP Area</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>☑ Staging</td>
<td></td>
</tr>
<tr>
<td>☑ Amplified Sound</td>
<td>☑ Professional ☑ Showmobile ☑ Other</td>
</tr>
<tr>
<td>☑ Security</td>
<td>☑ Performers ☑ Announcement Only</td>
</tr>
<tr>
<td>☑ Sanitary Facilities - Port-O-Lets</td>
<td>☑ Daytime - Private ☑ Overnight - Private ☑ 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>☑ 30 ☑ 3 ☑ 4-6</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.
Additional power will be needed for Bands. Available power at Vinoy is sufficient

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:  Brewed Life
Address (including zip):  6314 98th St E Bradenton, FL 34202
Phone:  941-812-7400

Type of music, # of stages, and # of bands.
Rock/Pop Music. One Stage. 6-7 bands

List Vending Products. Name & Provider.
Various food, beer, wine and other items from a large amount of vendors.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.
Pet Pal Animal Shelter -
405 22nd St S
St. Petersburg, FL 33712

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

Discuss your load in/load out parking needs, include times and dates.
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: Patrick Green  Title: President  Date: 4/26/19
Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the <strong>Nonprofit</strong> Corporation:</th>
<th>Pet Pal Animal Shelter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>June Loggins</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>405 22nd Street South St. Pete FL 33712</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-328-7738 or 813-505-6148</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:Gracie@petpalanimalshelter.com">Gracie@petpalanimalshelter.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-2967819</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the <strong>For-profit</strong> Corporation:</th>
<th>Sideline Apparel Inc. DBA Brewed Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Patrick Green</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>6314 98th St E, Bradenton, FL 34202</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>941-812-7400</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:brewedlife44@gmail.com">brewedlife44@gmail.com</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td>20-3018546</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>Date(s) of Event:</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL GROSS REVENUE

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

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

TOTAL OPERATING EXPENSES

TOTAL NET INCOME

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

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

TOTAL ALLOCATION OF NET INCOME

Prepared by: ___________________________ Date: _____________

Submit Application by Email
<table>
<thead>
<tr>
<th>Revenue</th>
<th>Actuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ticket Sales</td>
<td></td>
</tr>
<tr>
<td>Presale/Day of - Online</td>
<td>61303</td>
</tr>
<tr>
<td>Day of - Cash - Entry</td>
<td>12000</td>
</tr>
<tr>
<td>Beer/Cocktail Sales</td>
<td>11000</td>
</tr>
<tr>
<td>Sponsors &amp; Vendors</td>
<td>6100</td>
</tr>
<tr>
<td>Total</td>
<td>90403</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Park Rental Costs</td>
<td>12501</td>
</tr>
<tr>
<td>US Tent Rentals</td>
<td>8,545.40</td>
</tr>
<tr>
<td>Fence</td>
<td>2,601</td>
</tr>
<tr>
<td>Security</td>
<td>1266.23</td>
</tr>
<tr>
<td>Restrooms</td>
<td>3,734.30</td>
</tr>
<tr>
<td>Entry/Pouring Staff</td>
<td>600</td>
</tr>
<tr>
<td>Support Staff - Once Upon</td>
<td>$2,375.00</td>
</tr>
<tr>
<td>Internal Staff - Family</td>
<td>800</td>
</tr>
<tr>
<td>Sample Cups - 2500 - Totally Promotional</td>
<td>$850.00</td>
</tr>
<tr>
<td>Shirts</td>
<td>1,209.62</td>
</tr>
<tr>
<td>Insurance</td>
<td>300</td>
</tr>
<tr>
<td>Band 1 - Otis On Top</td>
<td>300</td>
</tr>
<tr>
<td>Band 2 - Guerilla Panic</td>
<td>600</td>
</tr>
<tr>
<td>Band 3 - Summer Survivors</td>
<td>1000</td>
</tr>
<tr>
<td>Band 4 - Black Honkeys</td>
<td>2500</td>
</tr>
<tr>
<td>Hotel</td>
<td>0</td>
</tr>
<tr>
<td>Stage/Cover (Do we need generator?)</td>
<td>2000</td>
</tr>
<tr>
<td>Power distro</td>
<td>350</td>
</tr>
<tr>
<td>Sound</td>
<td>1850</td>
</tr>
<tr>
<td>Golf Cart</td>
<td>205</td>
</tr>
<tr>
<td>Uhaul</td>
<td>197.74</td>
</tr>
<tr>
<td>Wristbands</td>
<td>$230.91</td>
</tr>
<tr>
<td>Games</td>
<td>15</td>
</tr>
<tr>
<td>Beer - 81 Bay &amp; Cavalier</td>
<td>13100</td>
</tr>
<tr>
<td>Beer - Greabay</td>
<td>903.1</td>
</tr>
<tr>
<td>Good Liquid</td>
<td>185</td>
</tr>
<tr>
<td>Ice - Land O Lakes</td>
<td>1010</td>
</tr>
<tr>
<td>Liquor</td>
<td>1000</td>
</tr>
<tr>
<td>Mixers - Check on Natalies</td>
<td>100</td>
</tr>
<tr>
<td>Map Print - AllStateBanners.com</td>
<td>226.84</td>
</tr>
<tr>
<td>VIP Hog</td>
<td>808</td>
</tr>
<tr>
<td>VIP Bags</td>
<td>335</td>
</tr>
<tr>
<td>Item</td>
<td>Cost</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Photographer &amp; Videographer (Yesah Digital)</td>
<td>700</td>
</tr>
<tr>
<td>Radios</td>
<td>134.15</td>
</tr>
<tr>
<td>Supplies - Ink/Paper/Etc</td>
<td>20</td>
</tr>
<tr>
<td>Accessories</td>
<td>100</td>
</tr>
<tr>
<td>Water - 25 cases</td>
<td>219.94</td>
</tr>
<tr>
<td>Volunteer Food - Tickets?</td>
<td>0</td>
</tr>
<tr>
<td>Table Cloths</td>
<td>102</td>
</tr>
<tr>
<td>myareanetwork</td>
<td>0</td>
</tr>
<tr>
<td>Facebook Advertising</td>
<td>1400</td>
</tr>
<tr>
<td>Radio</td>
<td>1500</td>
</tr>
</tbody>
</table>

**Total Expenses**  
65930.23

**Net Profit**  
24472.77
Detail by Entity Name

Florida Profit Corporation
SIDELINE APPAREL, INC.

Filing Information

<table>
<thead>
<tr>
<th>Document Number</th>
<th>FEI/EIN Number</th>
<th>Date Filed</th>
<th>Effective Date</th>
<th>State</th>
<th>Status</th>
<th>Last Event</th>
<th>Event Date Filed</th>
</tr>
</thead>
<tbody>
<tr>
<td>P05000086188</td>
<td>20-3018546</td>
<td>06/15/2005</td>
<td>06/15/2005</td>
<td>FL</td>
<td>ACTIVE</td>
<td>REINSTATEMENT</td>
<td>12/01/2017</td>
</tr>
</tbody>
</table>

Principal Address

6314 98TH STREET EAST
BRADENTON, FL 34202

Mailing Address

6314 98TH STREET EAST
BRADENTON, FL 34202

Registered Agent Name & Address

GREEN, PATRICK J
6314 98TH STREET EAST
BRADENTON, FL 34202

Name Changed: 12/01/2017

Officer/Director Detail

Name & Address

Title PRES

GREEN, PATRICK J
6314 98TH STREET EAST
BRADENTON, FL 34202

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>02/10/2018</td>
</tr>
<tr>
<td>2019</td>
<td>02/08/2019</td>
</tr>
<tr>
<td>2020</td>
<td>01/20/2020</td>
</tr>
</tbody>
</table>
**Detail by FEI/EIN Number**

Florida Not For Profit Corporation
PET PAL RESCUE, 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>
</tr>
</thead>
<tbody>
<tr>
<td>N28933</td>
<td>59-2967819</td>
<td>10/19/1988</td>
<td>FL</td>
<td>ACTIVE</td>
<td>AMENDMENT</td>
<td>07/13/2017</td>
<td>NONE</td>
</tr>
</tbody>
</table>

### Principal Address

405 22ND STREET SOUTH  
ST. PETERSBURG, FL 33712  

Changed: 04/27/2006

### Mailing Address

405 22ND STREET SOUTH  
ST. PETERSBURG, FL 33712  

Changed: 04/27/2006

### Registered Agent Name & Address

DALY, SCOTT A  
405 22ND ST S.  
ST. PETE, FL 33712  

Name Changed: 10/25/2013  
Address Changed: 10/25/2013

### Officer/Director Detail

**Name & Address**

Title President  
LIGGINS, JUNE  
405 22ND STREET SOUTH  
ST. PETERSBURG, FL 33712
Title Director, Treasurer

DALY, SCOTT
405 22ND STREET SOUTH
ST. PETERSBURG, FL 33712

Title Director

MEAD, JOHN, DVM
405 22nd St S
ST PETERSBURG, FL 33712

Title Secretary

GERSON, SHARON
405 22ND STREET SOUTH
ST. PETERSBURG, FL 33712

Title Board Member

DeLong, Kathy
405 22nd St S
SAINT PETERSBURG, FL 33712

Title Board Member

Clenney, Sandy
405 22ND STREET SOUTH
ST. PETERSBURG, FL 33712

Title Board Member

McCarthy, Steve
405 22ND STREET SOUTH
ST. PETERSBURG, FL 33712

Title Board Member

Bitlaker, Ronald
405 22ND STREET SOUTH
ST. PETERSBURG, FL 33712

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>02/08/2018</td>
</tr>
<tr>
<td>2019</td>
<td>02/13/2019</td>
</tr>
<tr>
<td>2020</td>
<td>01/15/2020</td>
</tr>
</tbody>
</table>

Document Images

01/15/2020 – ANNUAL REPORT

02/13/2019 – ANNUAL REPORT
**Brewed Life**  
**Patrick Green**  
6314 98th St E  
Bradenton FL 34202 USA

**Purpose of Use:** 2021 ST PETE BEER & BACON  
**Expected:** 3,300  
**Co-Sponsored Event:**

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vinoy Park</td>
<td>Tue</td>
<td>12 Jan 21</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>18 Jan</td>
<td>18 Jan 21</td>
<td>09:00 PM</td>
<td>$0.00</td>
<td>$600.00</td>
<td>$0.00</td>
<td>$600.00</td>
</tr>
</tbody>
</table>

**Additional Fees:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Sponsored Application Fee</td>
<td>1</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Extra Fee - Bookings</td>
<td></td>
<td></td>
<td></td>
<td>$30.00</td>
</tr>
<tr>
<td>Co-Sponsored Permit Fee (Vinoy)</td>
<td></td>
<td></td>
<td></td>
<td>$30.00</td>
</tr>
<tr>
<td>Hours</td>
<td>159:00</td>
<td>2</td>
<td>$600.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Quantity</td>
<td>2</td>
<td>$600.00</td>
<td>$0.00</td>
<td>$600.00</td>
</tr>
</tbody>
</table>

**Charges:**

<table>
<thead>
<tr>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
<th>Deposit</th>
<th>Total Applied</th>
<th>Contract Balance</th>
<th>Account Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$630.00</td>
<td>$0.00</td>
<td>$630.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$630.00</td>
<td>$630.00</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)  
Parks and Recreation Superintendent

**(Print Name)**  
Parks and Recreation Department

**Name of User Organization, If Applicable**

---

**City of St. Petersburg, Florida**

**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.**

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

**(Print Name)**  
Parks and Recreation Department

**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: First Night St. Petersburg 2021
Entity Name: First Night St. Petersburg Inc.
Event Date(s): December 31, 2020
Location: 20 + venues in downtown St. Petersburg

Day 1 of Event: Dec. 31, 2020
Time Gates Open: 4pm
Ending Time: midnight

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

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

Application Prepared by: Jamie McWade
Title: Executive Director
Address: P.O. Box 1915
City: ST. PETERSBURG
State: FL
Zip: 33731
Email Address: Jamie.McWade@firstnightstpete.com
Additional Contact Person: Leslie Curran
Day Phone: (727) 898-6061

What month/year were you incorporated as nonprofit? September, 1994

List all 501(c)3 entities that will benefit from this event. First Night St. Petersburg Inc.

Name of the for-profit entity? none

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
First Night provides a fun, safe creative way for all of the citizens of St. Petersburg to celebrate the coming of the New Year. We also promote the wonderful artists and performers in St. Petersburg and for 27 years.

Describe what economic benefit and impact this event will bring to St. Petersburg.
First Night brings 15,000 visitors from the surrounding area, across the US and from other countries into St. Petersburg to celebrate New Years

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

Does your group presently have liability insurance? YES NO

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

Will there be an admission / registration fee? YES NO

Advanced Fee: $12 Day of: $15

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

Please provide a phone number that can be advertised to the public: 727-823-8906

What is the estimated attendance for this event? Spectators 8000 Participants 7000 Last Year's Total Attendance 115,000
Please check the equipment and/or facilities you are requesting.

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

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

**Which Location?**
- 20 + venues in downtown

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

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

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

---

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

**Name:** Allen Loyd
**Title:** Executive Director
**Date:** 12/10/18

**Co-Sign:**

**Title:**
**Date:**

**NOTE:**

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

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

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

**PLEASE ATTACH THE FOLLOWING**

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

---

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

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

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

Sound and lighting system, possibly art projects.

Will you supply your own generators?  ☐ YES  ☐ NO

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

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

Probably not.

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

Name: First Night St. Petersburg Inc.  Phone: 727-823-8906

Address (including zip): P.O. Box 1915, St. Petersburg, FL 33731

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

We will hire a wide variety of musicians, dancers and artists for the evening.

List Vending Products. Name & Provider.

to be determined

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

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

N/A

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

Load-in Dec.28-31,2020
Load-out Jan1-4, 2021
Other Comments: Please describe your fee structure.

Predicted Pricing
Advance prices: Adult $12, Child 6-12 $5, Children 5 and under free

Dec 31: Adult $15, Child 6-12 $10, Children 5 and under free

Other comments:

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

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

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

Name: Jamie L McWade
Title: Executive Director
Date: 04/01/2020
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.
Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>First Night St. Petersburg Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Leslie Curran</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Board Chair</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1445 Central Ave St. Petersburg, FL 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-898-6061</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:intmotives@gmail.com">intmotives@gmail.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-3204552</td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer?

- [ ] BY Mail
- [ ] BY EMAIL

Contact Name
Address
City, State, Zip

Email Address: Jamie.McWade@firstnightstpete.com
## APPENDIX C

**STATEMENT OF REVENUE AND EXPENSES FORM**

### PRIOR YEAR’S EVENT

**Name of Event:** First Night St. Petersburg 2018

**Date(s) of Event:** 12/31/2018 - 01/01/2019

---

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Sponsors</td>
<td>$57,000</td>
</tr>
<tr>
<td>Button Sales (Estimate)</td>
<td>58,000</td>
</tr>
<tr>
<td>Vendor Fees</td>
<td>7,058</td>
</tr>
<tr>
<td>City of St. Petersburg - Non Departmental Funding</td>
<td>40,000</td>
</tr>
<tr>
<td>Misc.</td>
<td>500</td>
</tr>
<tr>
<td>Total GROSS REVENUE</td>
<td>$162,558</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>Contracted Services</td>
<td>39,700</td>
</tr>
<tr>
<td>Program Expenses</td>
<td>31,788</td>
</tr>
<tr>
<td>City of St. Petersburg - Fees (estimated)</td>
<td>23,300</td>
</tr>
<tr>
<td>Logistics</td>
<td>24,000</td>
</tr>
<tr>
<td>Fireworks</td>
<td>13,750</td>
</tr>
<tr>
<td>Marketing and Buttons</td>
<td>15,000</td>
</tr>
<tr>
<td>Volunteers</td>
<td>3,000</td>
</tr>
<tr>
<td>Insurance</td>
<td>4,750</td>
</tr>
<tr>
<td>Dues, Fees and Permits</td>
<td>1,000</td>
</tr>
<tr>
<td>Phone, Internet</td>
<td>406</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>1,125</td>
</tr>
<tr>
<td>Misc.</td>
<td>291</td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td><strong>158,110</strong></td>
</tr>
<tr>
<td><strong>TOTAL NET INCOME</strong></td>
<td><strong>$4,448</strong></td>
</tr>
</tbody>
</table>

---

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety account</td>
<td>2,000</td>
</tr>
<tr>
<td>Next year's budget</td>
<td>2,448</td>
</tr>
<tr>
<td><strong>TOTAL ALLOCATION OF NET INCOME</strong></td>
<td><strong>$4,448</strong></td>
</tr>
</tbody>
</table>

Prepared by: Lee Allen  
Date: 11/10/2019
**Detail by Entity Name**
Florida Not For Profit Corporation
FIRST NIGHT ST. PETERSBURG, INC.

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

<table>
<thead>
<tr>
<th>Principal Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 2nd Ave N</td>
</tr>
<tr>
<td>#150</td>
</tr>
<tr>
<td>SAINT PETERSBURG, FL 33701</td>
</tr>
</tbody>
</table>

Changed: 02/17/2015

<table>
<thead>
<tr>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO BOX 1915</td>
</tr>
<tr>
<td>SAINT PETERSBURG, FL 33731</td>
</tr>
</tbody>
</table>

Changed: 02/24/2003

<table>
<thead>
<tr>
<th>Registered Agent Name &amp; Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allen, Robert</td>
</tr>
<tr>
<td>100 2nd Ave N</td>
</tr>
<tr>
<td>#150</td>
</tr>
<tr>
<td>SAINT PETERSBURG, FL 33701</td>
</tr>
</tbody>
</table>

Name Changed: 02/25/2018

Address Changed: 03/27/2020

<table>
<thead>
<tr>
<th>Officer/Director Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name &amp; Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name &amp; Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curran, Leslie</td>
</tr>
<tr>
<td>1445 Central Ave</td>
</tr>
<tr>
<td>ST. PETERSBURG, FL 33705</td>
</tr>
</tbody>
</table>
Title Treasurer
Allen, Robert
926 18TH AVE NE
ST PETERSBURG, FL 33704

Title Secretary
EAVES, JULIE
336 18th Ave NE
ST. PETERSBURG, FL 33704

Title VP
Ploch, Heather
PO BOX 1915
SAINT PETERSBURG, FL 33731

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>02/26/2018</td>
</tr>
<tr>
<td>2019</td>
<td>02/13/2019</td>
</tr>
<tr>
<td>2020</td>
<td>03/27/2020</td>
</tr>
</tbody>
</table>

Document Images

- 03/27/2020 - ANNUAL REPORT
- 02/13/2019 - ANNUAL REPORT
- 02/26/2019 - ANNUAL REPORT
- 02/18/2018 - ANNUAL REPORT
- 03/01/2018 - ANNUAL REPORT
- 02/17/2015 - ANNUAL REPORT
- 01/27/2014 - ANNUAL REPORT
- 04/08/2013 - ANNUAL REPORT
- 06/12/2012 - ANNUAL REPORT
- 10/05/2011 - REINSTATEMENT
- 06/11/2010 - ANNUAL REPORT
- 01/07/2009 - ANNUAL REPORT
- 01/11/2008 - ANNUAL REPORT
- 02/16/2007 - ANNUAL REPORT
- 01/27/2006 - ANNUAL REPORT
- 02/14/2005 - ANNUAL REPORT
- 03/19/2004 - ANNUAL REPORT
- 02/24/2003 - ANNUAL REPORT
- 02/22/2002 - ANNUAL REPORT
- 02/02/2001 - ANNUAL REPORT
- 03/23/2000 - ANNUAL REPORT
- 02/22/1999 - ANNUAL REPORT
- 05/13/1998 - ANNUAL REPORT
Contract/Permit

FIRST NIGHT ST PETERSBURG INC
JAMIE MCWADE
PO BOX 1915
ST PETERSBURG FL 33731 1915 USA

Purpose of Use: FIRST NIGHT ST. PETERSBURG 2021
Expected: 15,000
Co-Sponsored Event

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Thu 31 Dec 20 06:00 am
Ending: Fri 01 Jan 21 09:00 pm

Facility/Equipment  Day Date Time  Fee Extra Fee Tax Total
Williams Park  Thu 31 Dec 2020 06:00 AM $0.00 $0.00 $0.00 $0.00
Park  09:00 PM
Vinoy Park  Thu 31 Dec 2020 06:00 AM $0.00 $0.00 $0.00 $0.00
Vinoy Park  01 Jan 2021 09:00 AM
South Straub Park  Thu 31 Dec 2020 06:00 AM $0.00 $200.00 $0.00 $200.00
Park  09:00 PM
North Straub Park  Thu 31 Dec 2020 06:00 AM $0.00 $200.00 $0.00 $200.00
Park  01 Jan 2021 09:00 PM

Additional Fees:

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

Extra Fee - Bookings  Hours Quantity Charge  Tax  Total
Co-Sponsored Permit Fee  78:00 2 $400.00 $0.00 $400.00
2 $400.00 $0.00 $400.00

Charges:

Fees  Extra Fees  Tax  Total  Deposit  Total Applied  Contract Balance  Account Balance
$ 0.00  $430.00  $0.00  $430.00  $0.00  $0.00  $430.00  $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): ________________________________
(Print Name) JAMIE MCWADE
FIRST NIGHT ST PETERSBURG INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Supervisor II / Foreman

Manager

Manager

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: LOCALTOPIA ("A Community Celebration of All Things Local")
Entity Name: Keep Saint Petersburg Local
Event Date(s): 02/20/2021 (Rain Date: 02/27/2021)
Day 1 of Event: 02/20/2021, Time Gates Open: 10:00 AM, Ending Time: 5:00 PM
Day 2 of Event: Time Gates Open: Ending Time:
Day 3 of Event: Time Gates Open: Ending Time:
Location: Williams Park
Application Prepared by: Olga Bof
Title: Founder/Executive Director
Cell Phone: 813-500-7708
Address: P. O. Box 7704
City: St. Petersburg
State: Florida
Zip: 33734
Email Address: keepsaintpetersburglocal@gmail.com
Additional Contact Person: Les Lloyd
Day Phone: (407) 421-8128
What month/year were you incorporated as nonprofit? January 2012
List all 501(c)3 entities that will benefit from this event. Keep Saint Petersburg Local is a Florida registered non-profit
Name of the for-profit entity?
Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
LOCALTOPIA is our city's largest "Community Celebration of All Things Local" showcasing *over* 250 of St. Pete's favorite independent businesses and community organizations.
Describe what economic benefit and impact this event will bring to St. Petersburg.
IMPACT: LOCALTOPIA has become one of St. Pete's most beloved and eagerly-anticipated annual events. It showcases the best of our city (shopping, eating & drinking, arts & culture, and more) all in one place. The attendees' fierce city pride displayed on the day of the festival is what distinguishes the event from any other that takes place in St. Pete. ECONOMIC BENEFIT: Participating vendors experience their highest sales days ever/record-breaking sales and engagement, and continue to have residual sales and engagement even months after the event. Many businesses that have debuted at the festival have gone on to experience incredible growth, including opening their own brick-and-mortar locations. As the most visual manifestation of our mission to "Keep Saint Petersburg Local," it helps keep more money circulating in our local economy.
Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.
Date Received: 4/16/20
Check or Cash: 
Application #: 
Packet: 
Permit #: 
Event Title:
Entity Name:
Event Date(s):
Day 1 of Event:
Day 2 of Event:
Day 3 of Event:
Location:
Application Prepared by:
Title:
Address:
Email Address:
Additional Contact Person:
What month/year were you incorporated as nonprofit?
List all 501(c)3 entities that will benefit from this event.
Name of the for-profit entity?
Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
LOCALTOPIA is our city's largest "Community Celebration of All Things Local" showcasing *over* 250 of St. Pete's favorite independent businesses and community organizations.
Describe what economic benefit and impact this event will bring to St. Petersburg.
IMPACT: LOCALTOPIA has become one of St. Pete's most beloved and eagerly-anticipated annual events. It showcases the best of our city (shopping, eating & drinking, arts & culture, and more) all in one place. The attendees' fierce city pride displayed on the day of the festival is what distinguishes the event from any other that takes place in St. Pete. ECONOMIC BENEFIT: Participating vendors experience their highest sales days ever/record-breaking sales and engagement, and continue to have residual sales and engagement even months after the event. Many businesses that have debuted at the festival have gone on to experience incredible growth, including opening their own brick-and-mortar locations. As the most visual manifestation of our mission to "Keep Saint Petersburg Local," it helps keep more money circulating in our local economy.
Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.
Does your group presently have liability insurance? YES NO
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
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
</tr>
<tr>
<td># Bleacher(s) needed. Each bleacher approx. 180 people</td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
</tr>
<tr>
<td>Chairs # needed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Public Address System</th>
</tr>
</thead>
<tbody>
<tr>
<td># of portable risers needed (4 in. x 8 in. x 16 in. sections)</td>
</tr>
</tbody>
</table>

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: Olga Bof
Co-Sign: Founder/Executive Director
Date: 4/16/2020

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>☒ Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>☐ VIP Area</td>
<td></td>
</tr>
<tr>
<td>☒ Staging</td>
<td>☒ Professional ☒ Showmobile ☐ Other</td>
</tr>
<tr>
<td>☒ Amplified Sound</td>
<td>☒ Performers ☐ Announcement Only</td>
</tr>
<tr>
<td>☒ Security</td>
<td>☒ Daytime - Private ☒ Overnight - Private ☒ Event Time Frame - SPPD</td>
</tr>
<tr>
<td>☒ Sanitary Facilities - Port-O-Lets</td>
<td>Regular Units 22 Disabled Units 3 Hand Washing 12</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.

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

Will you supply your own generators? ☐ YES ☒ NO

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

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

NO

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

Name: Keep Saint Petersberg Local Phone: 813-500-7708

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

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

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

List Vending Products, Name & Provider.

Over 250 vendors

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

Keep Saint Petersburg Local is a Florida registered non-profit

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

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

Same as for 2020 festival
I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

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

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

Name: Olga Bof
Title: Founder/Executive Director
Date: 4/16/2020
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 Nonprofit Corporation:</th>
<th>Keep Saint Petersburg Local</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Olga Bof</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Founder/Executive Director</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1441 28 Avenue North, St. Petersburg, FL 33704</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>813-500-7708</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:keepsaintpetersburglocal@gmail.com">keepsaintpetersburglocal@gmail.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>453585302</td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer?

- [ ] BY Mail
- [ ] BY EMAIL

Contact Name

Address

City, State, Zip

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

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

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

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

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

TOTAL GROSS REVENUE

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

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

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

TOTAL OPERATING EXPENSES
TOTAL NET INCOME

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

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

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

TOTAL ALLOCATION OF NET INCOME

Prepared by: __________________________ Date: _____________
### Detail by Entity Name

**Florida Not For Profit Corporation**

KEEP SAINT PETERSBURG LOCAL CORPORATION

**Filing Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Number</td>
<td>N11000011440</td>
</tr>
<tr>
<td>FEIN/EIN Number</td>
<td>45-3585302</td>
</tr>
<tr>
<td>Date Filed</td>
<td>12/13/2011</td>
</tr>
<tr>
<td>Effective Date</td>
<td>01/01/2012</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>Status</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>Last Event</td>
<td>REINSTATEMENT</td>
</tr>
<tr>
<td>Event Date Filed</td>
<td>01/14/2014</td>
</tr>
</tbody>
</table>

**Principal Address**

C/O Registered Agent, James Ryan  
449 Central Ave  
Suite 100  
SAINT PETERSBURG, FL 33701

Changed: 02/09/2017

**Mailing Address**

PO BOX 7704  
SAINT PETERSBURG, FL 33734

Changed: 02/09/2017

**Registered Agent Name & Address**

RYAN, JAMES C  
449 Central Ave  
Suite 100  
SAINT PETERSBURG, FL 33701

Name Changed: 02/09/2017

Address Changed: 02/09/2017

**Officer/Director Detail**

**Name & Address**

Title CEO  
BOF, OLGA M
PO BOX 7704
SAINT PETERSBURG, FL 33734

Title SECY
VIDAL, JORGE
PO BOX 7704
SAINT PETERSBURG, FL 33734

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

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

**Annual Reports**

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>02/09/2017</td>
</tr>
<tr>
<td>2018</td>
<td>04/10/2018</td>
</tr>
<tr>
<td>2019</td>
<td>02/27/2019</td>
</tr>
</tbody>
</table>

**Document Images**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/27/2019</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/10/2018</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/09/2017</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/27/2016</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>03/10/2015</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>12/13/2011</td>
<td>View image in PDF format</td>
</tr>
</tbody>
</table>

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

**Contract #:** 29956  
**User:** JSBENNIN  
**Date:** 08 Jun 2020  
**Status:** Firm

---

**KEEP SAINT PETERSBURG LOCAL CORPORATION**  
OLGA BOF  
449 CENTRAL AVE STE 100  
ST PETERSBURG FL 33701 3876 USA

---

**Purpose of Use:** LOCALTOPIA  
**Expected:** 25,000  
**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:**
- **Facility/Equipment:** Williams Park
  - **Starting:** Fri 19 Feb 21 06:00 am  
  - **Ending:** Sat 20 Feb 21 09:00 pm

**Additional Fees:**

<table>
<thead>
<tr>
<th><strong>Extra Fee</strong></th>
<th><strong>Quantity</strong></th>
<th><strong>Charge</strong></th>
<th><strong>Tax</strong></th>
<th><strong>Total</strong></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><strong>Extra Fee - Bookings</strong></td>
<td><strong>Hours</strong></td>
<td>39:00</td>
<td><strong>Quantity</strong></td>
<td>1</td>
</tr>
<tr>
<td>Co-Sponsored Permit Fee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Deposit:** $0.00  
**Total Applied:** $230.00  
**Contract Balance:** $0.00  
**Account Balance:** ($140.00)

---

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

**Payments:**
- **Date:** 09 Apr 2018  
  **Amount:** $140.00  
  **Payment Type:** Check  
  **Reference:** Rental  
  **Receipt Number:** 3027558
- **Date:** 07 May 2019  
  **Amount:** $90.00  
  **Payment Type:** Check  
  **Reference:** Rental  
  **Receipt Number:** 3322566

---

**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]  
OLGA BOF  
KEEP SAINT PETERSBURG LOCAL CORPORATION  
Name of User Organization, If Applicable

---

CITY OF ST. PETERSBURG, FLORIDA

By: [Sign Name]:  
Parks and Recreation Superintendent

[Print Name]  
Parks and Recreation Department

---

Printed: 08 Jun 2020, 12:55 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: PurpleStride Tampa Bay 2021  
Entity Name: Pancreatic Cancer Action Network  
Event Date(s): Feb. 26 (set up) - Feb. 27 (event) 2021  
Location: Vinoy Park  
Day 1 of Event: 2/26/21  
Day 2 of Event: 2/27/21  
Day 3 of Event:  
Application Prepared by: Addie Vroom  
Title: Community Relationship Manager  
Address: 1500 Rosecrans Ave. Ste. 200  
Email Address: avroom@pancan.org  
What month/year were you incorporated as nonprofit? 1999  
List all 501(c)3 entities that will benefit from this event. Pancreatic Cancer Action Network  
Name of the for-profit entity? N/A  
Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.  
Offers members of the community the opportunity to take action in the fight against pancreatic cancer by participating in a 5K awareness run/walk  
Describe what economic benefit and impact this event will bring to St. Petersburg.  
The unique course will highlight the beautiful waterfront in St. Petersburg. Many participants travel from across the state to participate and will require accommodations. Many participants also remain downtown after the event and patronize local businesses.  
Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.  
Does your group presently have liability insurance? ☑ YES ☐ NO  
How much? $1M per occurrence/$2M agg.  
Are there plans to sell or distribute beer/wine at your event? ☑ YES ☐ NO  
Will there be an admission / registration fee? ☑ YES ☐ NO  
Advanced Fee: $30  
Day of: $40  
Please provide the website address for your event. www.purplestride.org/tampabay  
Please provide a phone number that can be advertised to the public. 310-725-0025  
What is the estimated attendance for this event? Spectators: 100  
Participants: 1300  
Last Year’s Total Attendance: 1410
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>Chairs # needed</td>
<td>Boyd Hill</td>
<td></td>
</tr>
<tr>
<td>Public Address System</td>
<td>Which Location?</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure 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>Addie Vroom</th>
<th>Title:</th>
<th>Community Relationship Manager</th>
<th>Date:</th>
<th>4/14/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Sign:</td>
<td></td>
<td>Title:</td>
<td></td>
<td>Date:</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.

**Condition**

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

**Obligation**

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

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

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

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

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

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

[ ] Other:

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

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

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

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

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

None that we are aware of at this time.

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

Name:  Pancreatic Cancer Action Network    Phone: 310-725-0025

Address (including zip):  1500 Rosecrans Ave. Ste. 200, Manhattan Beach, CA. 90266

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

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

List Vending Products. Name & Provider.

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

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

N/A

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

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

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

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

Adult Registration - $30 (Untimed)/$35(Timed)
Youth Registration - $15 (Untimed)/$20 (Timed)
Survivor and volunteer registration is always free.
Prices will increase as we get closer to event date with all prices increased by $5-$15 on event day.

---

Other comments:

This will be our 15th annual PurpleStride Tampa Bay. The event has raised over $1.5 million for the fight against pancreatic cancer. Community support has grown over the last several years, including corporate sponsorships. We had a great experience hosting the event on Feb 29th, 2020 in Vinoy park and would love to host it there again. Toma and his team are EXCEPTIONAL. Marketing efforts are done on both a national level and a grassroots level through the help of volunteers.

---

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

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

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

Name: Addie Vroom
Title: Community Relationship Manager
Date: 4/14/2020
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 Nonprofit Corporation:</th>
<th>Pancreatic Cancer Action Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Julie Fleshman</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President &amp; CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1500 Rosecrans Ave. Ste. 200 Manhattan Beach, CA 90266</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>310-725-0025</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:jfleshman@pancan.org">jfleshman@pancan.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>33-0841281</td>
</tr>
</tbody>
</table>

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

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

**Name of Event:** PurpleStride Tampa Bay 2018  
**Date(s) of Event:** Feb 10, 2018

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>$36,325.75</td>
</tr>
<tr>
<td>Sponsorship</td>
<td>$42,500.00</td>
</tr>
<tr>
<td>Donations</td>
<td>$189,877.00</td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE:** $268,702.75

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising</td>
<td>$358.83</td>
</tr>
<tr>
<td>Decor</td>
<td>$485.00</td>
</tr>
<tr>
<td>Entertainment</td>
<td>$454.70</td>
</tr>
<tr>
<td>Equipment/Rentals</td>
<td>$5,066.60</td>
</tr>
<tr>
<td>Food &amp; Beverage</td>
<td>$0.00</td>
</tr>
<tr>
<td>Giveaways</td>
<td>$891.34</td>
</tr>
<tr>
<td>Postage</td>
<td>$270.93</td>
</tr>
<tr>
<td>Printing &amp; Copying</td>
<td>$1,376.00</td>
</tr>
<tr>
<td>Professional Services</td>
<td>$6,848.00</td>
</tr>
<tr>
<td>Supplies</td>
<td>$567.04</td>
</tr>
<tr>
<td>T-Shirts</td>
<td>$5,665.74</td>
</tr>
<tr>
<td>Venue</td>
<td>$360.00</td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES:** $22,344.18

**TOTAL NET INCOME:** $246,358.57

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pancreatic Cancer Action Network</td>
<td>$246,358.57</td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME:** $246,358.57

Prepared by: Addie Vroom  
Date: Apr 14, 2020
Detail by Entity Name
Foreign Not For Profit Corporation
PANCREATIC CANCER ACTION NETWORK, INC.

Filing Information
Document Number: F05000001056
FEI/EIN Number: 33-0841281
Date Filed: 02/14/2005
State: CA
Status: ACTIVE

Principal Address
1500 ROSECRANS AVENUE
SUITE 200
MANHATTAN BEACH, CA 90266

Changed: 10/14/2010

Mailing Address
1500 ROSECRANS AVENUE
SUITE 200
MANHATTAN BEACH, CA 90266

Changed: 10/14/2010

Registered Agent Name & Address
LEGALINC CORPORATE SERVICES, INC.
5237 SUMMERLIN COMMONS
SUITE 400
FORT MYERS, FL 33907

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

Officer/Director Detail
Name & Address
Title P

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

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

Title Director

Terrence Meck
1201 Broadway
Suite 504
New York, NY 10001

Title Director

Jeannne Ruesch
One Primrose Street
Chevy Chase, MD 20815

Title CFO

Croal, Tom
1500 ROSECRANS AVENUE
SUITE 200
MANHATTAN BEACH, CA 90266

Title Director

Cashion, Peter
1500 ROSECRANS AVENUE
SUITE 200
MANHATTAN BEACH, CA 90266

Title Director

Griswold, Scott
1500 ROSECRANS AVENUE
SUITE 200
MANHATTAN BEACH, CA 90266

Title Director

Kenner, Barbara
1500 ROSECRANS AVENUE
SUITE 200
MANHATTAN BEACH, CA 90266

Title Director

Ruesch, Jeannne
Title: Director
Kuhn, Jason

1500 ROSECRANS AVENUE
SUITE 200
MANHATTAN BEACH, CA 90266

### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>01/09/2018</td>
</tr>
<tr>
<td>2019</td>
<td>02/06/2019</td>
</tr>
<tr>
<td>2020</td>
<td>01/13/2020</td>
</tr>
</tbody>
</table>

### Document Images

- 01/13/2020 – ANNUAL REPORT [View image in PDF format]
- 02/06/2019 – ANNUAL REPORT [View image in PDF format]
- 01/09/2018 – ANNUAL REPORT [View image in PDF format]
- 02/21/2017 – ANNUAL REPORT [View image in PDF format]
- 09/07/2016 – Reg. Agent Change [View image in PDF format]
- 05/23/2016 – ANNUAL REPORT [View image in PDF format]
- 02/22/2016 – ANNUAL REPORT [View image in PDF format]
- 01/09/2014 – ANNUAL REPORT [View image in PDF format]
- 01/23/2013 – ANNUAL REPORT [View image in PDF format]
- 01/09/2012 – ANNUAL REPORT [View image in PDF format]
- 01/04/2011 – ANNUAL REPORT [View image in PDF format]
- 10/14/2010 – ANNUAL REPORT [View image in PDF format]
- 01/04/2010 – ANNUAL REPORT [View image in PDF format]
- 01/14/2009 – ANNUAL REPORT [View image in PDF format]
- 09/04/2008 – Reg. Agent Change [View image in PDF format]
- 01/11/2008 – ANNUAL REPORT [View image in PDF format]
- 01/04/2007 – ANNUAL REPORT [View image in PDF format]
- 03/09/2006 – ANNUAL REPORT [View image in PDF format]
- 02/14/2006 – Foreign Profit [View image in PDF format]
Contract #: 29957
Date: 08 Jun 2020

User: JSBENNIN
Status: Firm

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

Primary #: (301) 706-3339
Secondary #: (239) 728-8950
Other #: ()

Purpose of Use: PURPLESTRIDE TAMPA BAY 2021
Expected: 1,500

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Fri 26 Feb 21 06:00 am
Ending: Sat 27 Feb 21 09:00 pm

Facility/Equipment
<table>
<thead>
<tr>
<th></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>26 Feb 2021</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>Vinoy Park</td>
<td></td>
<td>27 Feb 2021</td>
<td>09:00 PM</td>
<td>$0.00</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$300.00</td>
</tr>
</tbody>
</table>

Additional Fees:
- Extra Fee - Bookings
  - Co-Sponsored Permit Fee (Vinoy)
    - Hours: 39:00
    - Quantity: 1
    - Charge: $300.00
    - Tax: $0.00
    - Total: $300.00

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

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By: (Sign Name) ADDIE VROOM
(Print Name)

PANCREATIC CANCER ACTION NETWORK
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Parks and Recreation Department

Printed: 08 Jun 2020, 01:02 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.
## Co-sponsored Event Application

**Date Received:** 5-18-20
**Check or Cash:**
**Application #:** 30
**Packet:** B
**Permit #:** 29958

<table>
<thead>
<tr>
<th>Event Title:</th>
<th>2021 STA Viking Festival</th>
<th>Phone No.:</th>
<th>813-461-4255</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entity Name:</td>
<td>The Scandinavian Trade Association</td>
<td>Federal I.D. Number:</td>
<td>813-366976</td>
</tr>
<tr>
<td>Event Date(s):</td>
<td>JANUARY 23 2021</td>
<td>Location:</td>
<td>Williams Park</td>
</tr>
<tr>
<td>Day 1 of Event:</td>
<td></td>
<td>Time Gates Open:</td>
<td>1000</td>
</tr>
<tr>
<td>Day 2 of Event:</td>
<td></td>
<td>Time Gates Open:</td>
<td>Ending Time:</td>
</tr>
<tr>
<td>Day 3 of Event:</td>
<td></td>
<td>Time Gates Open:</td>
<td>Ending Time:</td>
</tr>
<tr>
<td>Application Prepared by:</td>
<td>Eric B Hovland</td>
<td>Phone:</td>
<td>813-461-4255</td>
</tr>
<tr>
<td>Title:</td>
<td>President</td>
<td>Cell Phone:</td>
<td>813-461-4255</td>
</tr>
<tr>
<td>Address:</td>
<td>1115 Canyon Oaks Drive</td>
<td>City:</td>
<td>Brandon</td>
</tr>
<tr>
<td></td>
<td></td>
<td>State:</td>
<td>FL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Zip:</td>
<td>33511</td>
</tr>
<tr>
<td>Email Address:</td>
<td><a href="mailto:STAS01c3@gmail.com">STAS01c3@gmail.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Contact Person:</td>
<td></td>
<td>Day Phone:</td>
<td></td>
</tr>
<tr>
<td>What month/year were you incorporated as nonprofit?:</td>
<td>9-2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>List all 501(c)3 entities that will benefit from this event:</td>
<td>The Scandinavian Trade Association</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of the for-profit entity?:</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Describe your event with details.

The STA Viking Fest is a celebration of Viking history and culture. We focus on educational and entertaining demonstrations of Viking daily life for example, the process of spinning wool into fabric, metal forging, mead making, and Viking entertainment including games of strategy and oral productions of the Viking Sagas accompanied by authentic shadow puppetry. We provide a family friendly venue that focuses on education and inclusiveness. We encourage guests to dress in Viking apparel to enhance their immersive and enlightening cultural experience and to have a great time! We have been a popular venue in Tampa in years past, for unique educational opportunities for our local home school community. We would be very proud to feature our STA Viking Fest in the beautiful community of St Petersburg, Florida.

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

We feature many local artisans that create and vend their own diverse array of Viking themed goods, many of which are hand crafted on site. We feature local breweries and meaderies to source our beverage offerings to our guests. St Petersburg is nationally celebrated for its offerings and would be our preferred choice.

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

- **Does your group presently have liability insurance?**
  - [ ] YES
  - [x] NO
  - **How much?**

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

- **Will there be an admission / registration fee?**
  - [x] YES
  - [ ] NO
  - **Advanced Fee:** 10/5
  - **Day of:** 15/5

- **Please provide the website address for your event:** http://scandinaviantrade.org/sta-viking-fest/

- **Please provide a phone number that can be advertised to the public:** 813-461-4255

- **What is the estimated attendance for this event?**
  - Spectators: 800
  - Participants: 50
  - Last Year's Total Attendance: 350
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 10 Chairs # needed 80

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: Eric B Hovland
Co-Sign: [ ] Title: President
Date: 5-1-20

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

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:  Eric B Hovland  
Phone:  813-461-4255

Address (including zip):  1115 Canyon Oaks Drive Brandon Florida 33511

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.

The Scandinavian Trade Assoc 1115 Canyon Oaks Brandon FL 33511 813-461-4255

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

History and culture of Viking Daily Life.

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

Need Five Hours prior to opening to set all Viking Tents and Vendors and Need Two Hours after closing of event.
Other Comments: Please describe your fee structure.

Advance Adult $10 Advance Child $5
Day of Event $15 Adult and $5 Child

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: Eric B Hovland                      Title: Pres                     Date: 5-1-20
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.

| Name of the **Nonprofit** Corporation: | THE SCANDIANAVIAN TRADE ASSOC. |
| Name of Responsible Party (President or CEO ONLY): | ERIC B HOVLAND |
| Title of Responsible Party: | PRESIDENT |
| Physical Address of Responsible Party: | 1115 CANYON OAKS DRIVE BRANDON FLORIDA 33511 |
| Phone Number of Responsible Party: | 813-461-4255 |
| Email Address of Responsible Party: | STA501C3@GMAIL.COM |
| Nonprofit (Employee Identification Number): | 81-3866976 |

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

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

What method of invoicing would your organization prefer?

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

Page 7 of 8
# APPENDIX C

## STATEMENT OF REVENUE AND EXPENSES FORM

**2021 STA VIKING FESTIVAL**

## PRIOR YEAR'S EVENT

(Must be completed)

### I. REVENUE SOURCES

(attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ADMISSION</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>2. DRINK SALES</td>
<td>$602.00</td>
</tr>
<tr>
<td>3. VENDOR FEE</td>
<td>$300.00</td>
</tr>
<tr>
<td>4. T-SHIRT-RAFFLES-BOARDS</td>
<td>$102.00</td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE:** $5,004.00

### II. EXPENSES

(attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SITE RENTAL</td>
<td>$2,384.00</td>
</tr>
<tr>
<td>2. PRODUCTION FEE</td>
<td>$805.00</td>
</tr>
<tr>
<td>3. LICENSE - PERMIT</td>
<td>$240.00</td>
</tr>
<tr>
<td>4. MISC</td>
<td>$840.00</td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES:** $4,269.00

**TOTAL NET INCOME:** $735.00

### III. ALLOCATION OF NET INCOME

(attach sheet if more space is needed)

1.  $735.00

**TOTAL ALLOCATION OF NET INCOME:** $735.00

Prepared by: **ERIC B HOVLAND**

Date: **5-1-20**
This certifies that

SCANDINAVIAN TRADE ASSOCIATION
2909 W BAY TO BAY BLVD STE 208
TAMPA FL 33629-8175

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.
Date: SEP 21 2016

SCANDINAVIAN TRADE ASSOCIATION
2909 W BAY TO BAY BLVD STE 208
TAMPA, FL 33629-0000

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.
Sincerely,

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements
### Detail by Entity Name

**Florida Not For Profit Corporation**

**SCANDINAVIAN TRADE ASSOCIATION, INC.**

#### Filing Information
- **Document Number**: N16000008800
- **FEI/EIN Number**: 81-3866976
- **Date Filed**: 09/08/2016
- **State**: FL
- **Status**: ACTIVE

#### Principal Address
- 1115 Canyon Oaks Drive
- Brandon, FL 33511
- Changed: 04/18/2019

#### Mailing Address
- 1115 Canyon Oaks Drive
- Brandon, FL 33511
- Changed: 04/18/2019

#### Registered Agent Name & Address
- Hovland, Eric
- 1115 Canyon Oaks Drive
- Brandon, FL 33511
- Name Changed: 04/18/2019
- Address Changed: 04/18/2019

#### Officer/Director Detail

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORTENSON, TOM</td>
<td>Director</td>
</tr>
<tr>
<td>USCENTCOM, J5-P-LRPE</td>
<td></td>
</tr>
<tr>
<td>TAMPA, FL 33621</td>
<td></td>
</tr>
</tbody>
</table>

**Title President**

HOVLAND, ERIC

Name Changed: 04/18/2019
Address Changed: 04/18/2019
3315 W. EMPEDRADO ST.
TAMPA, FL 33629

Title SEC
HOVLAND-SAUNDERS, PATTI
1115 CANYON OAKS DRIVE
BRANDON, FL 33510

Title Treasurer
Placeres, Virginia Wright
4528 La Carmen Ct
Tampa, FL 33611

Title VP
Macys, Rich
1115 Canyon Oaks Drive
Brandon, FL 33511

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>04/28/2017</td>
</tr>
<tr>
<td>2018</td>
<td>04/26/2018</td>
</tr>
<tr>
<td>2019</td>
<td>04/18/2019</td>
</tr>
</tbody>
</table>

Document Images

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>View image in PDF format</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/18/2019</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>04/26/2018</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>04/26/2017</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>09/09/2016</td>
<td>Domestic Non-Profit</td>
<td></td>
</tr>
</tbody>
</table>

Florida Department of State, Division of Corporations
2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000008800

Entity Name: SCANDINAVIAN TRADE ASSOCIATION, INC.

Current Principal Place of Business:
1115 CANYON OAKS DRIVE
BRANDON, FL 33511

Current Mailing Address:
1115 CANYON OAKS DRIVE
BRANDON, FL 33511 US

FEI Number: 81-3866976

Certificate of Status Desired: No

Name and Address of Current Registered Agent:
HOVLAND, ERIC
1115 CANYON OAKS DRIVE
BRANDON, FL 33511 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ERIC HOVLAND 04/18/2019
Electronic Signature of Registered Agent

<table>
<thead>
<tr>
<th>Officer/Director Detail</th>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>MORTENSON, TOM</td>
<td>USCENTCOM, J5-P-LRPE</td>
<td>TAMPA FL 33621</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SEC</td>
<td>HOVLAND-SAUNDERS, PATTI</td>
<td>1115 CANYON OAKS DRIVE</td>
<td>BRANDON FL 33510</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>VP</td>
<td>MACYS, RICH</td>
<td>1115 CANYON OAKS DRIVE</td>
<td>BRANDON FL 33511</td>
</tr>
</tbody>
</table>

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all officers empowered.

SIGNATURE: ERIC HOVLAND 04/18/2019
Electronic Signature of Signing Officer/Director Detail

Date
# Florida Not For Profit Corporation

**SCANDINAVIAN TRADE ASSOCIATION, INC.**

## Filing Information

<table>
<thead>
<tr>
<th>Document Number</th>
<th>N16000008800</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEI/EIN Number</td>
<td>81-3866976</td>
</tr>
<tr>
<td>Date Filed</td>
<td>09/08/2016</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>Status</td>
<td>ACTIVE</td>
</tr>
</tbody>
</table>

## Principal Address

1115 Canyon Oaks Drive  
Brandon, FL 33511  

Changed: 04/18/2019

## Mailing Address

1115 Canyon Oaks Drive  
Brandon, FL 33511  

Changed: 04/18/2019

## Registered Agent Name & Address

Hovland, Eric  
1115 Canyon Oaks Drive  
Brandon, FL 33511  

Name Changed: 04/18/2019  
Address Changed: 04/18/2019

## Officer/Director Detail

### Name & Address

**Title Director**

MORTENSON, TOM  
PO Box 290321  
TAMPA, FL 33621

**Title President**

HOVLAND, ERIC
3315 W. EMPEDRADO ST.
TAMPA, FL 33629

Title SEC
HOVLAND-SAUNDERS, PATTI
1115 CANYON OAKS DRIVE
BRANDON, FL 33510

Title Treasurer
Placeres, Virginia Wright
4528 La Carmen Ct
Tampa, FL 33611

Title VP
Birney, Tim
5200 66th Way N,
St Petersburg, FL 33709

### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>04/26/2018</td>
</tr>
<tr>
<td>2019</td>
<td>04/18/2019</td>
</tr>
<tr>
<td>2020</td>
<td>05/28/2020</td>
</tr>
</tbody>
</table>

### Document Images

- [05/28/2020 – ANNUAL REPORT](#)
- [04/18/2019 – ANNUAL REPORT](#)
- [04/20/2018 – ANNUAL REPORT](#)
- [04/28/2017 – ANNUAL REPORT](#)
- [08/08/2016 – Domestic Non-Profit](#)

*Florida Department of State, Division of Corporations*
THE SCANDINAVIAN TRADE ASSOCIATION
ERIC HOVLAND
1115 CANYON OAKS DR
BRANDON FL 33511 USA

Purpose of Use: 2021 STA VIKING FESTIVAL
Expected: 800
Co-Sponsored Event

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Fri 22 Jan 21 06:00 am
Ending: Sat 23 Jan 21 09:00 pm

Facility/Equipment
Day  Date       Time        Fee  Extra Fee  Tax  Total
Williams Park  Fri 22 Jan 21 06:00 AM $0.00  $200.00  $0.00  $200.00
Park           23 Jan 21 09:00 PM

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

Extra Fee - Bookings
- Co-Sponsored Permit Fee
  Hours 39:00
  Quantity 1
  Charge $200.00
  Tax $0.00
  Total $200.00
  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) ERIC HOVLAND
(Print Name) THE SCANDINAVIAN TRADE ASSOCIATION
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Printed: 08 Jun 2020, 01:08 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: Reggae Rise Up Music Festival

Entity Name: Live Nite Events / Reggae Rise Up

Event Date(s): March 19, 20, 21

Location: Vinoy Park

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

Day 2 of Event: Saturday
Time Gates Open: Noon
Ending Time: 10:00 PM

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

Application Prepared by: Vaughn Carrick

Title: Owner

Address: 331 S. Rio Grand St.

City: SLC
State: Utah
Zip: 84101

Email Address: vaughn@liveniteevents.com

Additional Contact Person: Joey Traum

Day Phone: 385-319-9946

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

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

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

Describe your event with details.
The seventh series of Reggae Rise Up Florida will continue to be an impact to one of the largest reggae markets in the country. More than just a reggae festival, Reggae Rise Up is also a celebration of the diverse and dynamic culture of each community we visit. Featuring cuisines from local eateries, local brews, and showcasing local artists to round out the experience.

Describe what economic benefit and impact this event will bring to St. Petersburg.
The event will be attended by thousands of people, many of whom will visit local businesses ranging from gas stations to restaurants. We also plan to work out a "festival rate" with local hotels to encourage people to spend the night in St. Petersburg. The event itself will employ 200+ people who live in St. Petersburg area.

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

Does your group presently have liability insurance? YES

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

Will there be an admission / registration fee? YES

Advanced Fee: 40

Day of:

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

Please provide a phone number that can be advertised to the public. 801.419.0858

What is the estimated attendance for this event? Spectators 40,000
Participants 300

Last Year's Total Attendance 40,000
Please check the equipment and/or facilities you are requesting.

### Recreation Equipment
- **Showmobile (Yes/No)**: No
- **# Bleacher(s) needed**:
  - Each bleacher approx. 180 people: 0
- **Tables (6 ft) # needed**: 0
- **Chairs # needed**: 0
- **Public Address System**: No
- **# of portable risers needed** (4 in. x 8 in. x 16 in. sections): 0

### 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**: Vaughn Carrick  
**Co-Sign**: Joey Traum  
**Title**: Owner  
**Date**: May 11, 2020  
**Title**: Partner  
**Date**: May 11, 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>Vending Beer / Wine</td>
<td>Alcohol Permit</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>Additional insurance Required</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td>Professional</td>
</tr>
<tr>
<td>Amplified Sound</td>
<td>Showmobile</td>
</tr>
<tr>
<td>Security</td>
<td>Other</td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td>Performers</td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td>Announcement Only</td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

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

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

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

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

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

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

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

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

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

N/A

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

Name: [Live Nite Events, LLC] Phone: 801-419-0858

Address (including zip): 331 S. Rio Grande Street #108 / SLC, Utah / 84101

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

30 reggae artists will be performing on 2 stages

List Vending Products. Name & Provider.

TBD

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

The Teal Recovery Project

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

N/A

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

We would like to begin load in 5 days before event and load out will take place up to 3 days after the event. Parking needs are undetermined at this time.
Other Comments: Please describe your fee structure.

The tickets will vary pending artists confirmation. $40-$200 depending on GA to VIP and time purchased prior to event. They will increase in price as event gets closer.

Other Comments:

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

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

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

Name: Vaughn Carrick
Title: Owner
Date: May 11, 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 months prior to the event.

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

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

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

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

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation: The Teal Recovery Project
Name of Responsible Party (President or CEO ONLY): Rena Cardaio
Title of Responsible Party: President
Physical Address of Responsible Party: 13235 State RD 52 110 Hudson, FL34669
Phone Number of Responsible Party: 954-850-0443
Email Address of Responsible Party: rena@thetealrecoveryproject.org
Nonprofit (Employee Identification Number): 80-0891587

Name of the For-profit Corporation: Live Nite Events, LLC
Name of Responsible Party (President or CEO ONLY): Vaughn Carrick
Title of Responsible Party: Owner
Physical Address of Responsible Party: 331 S Rio Grande Street #108 / SLC, Utah 84101
Phone Number of Responsible Party: 801-419-0858
Email Address of Responsible Party: vaughn@liveniteevents.com
For-profit (Employee Identification Number) 45-5502551

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

What method of invoicing would your organization prefer?

☑️ BY Mail

Contact Name: Vaughn Carrick
Address: 331 S Rio Grande Street #108
City, State, Zip: SLC, Utah 84101

☐ BY EMAIL

Email Address:
# APPENDIX C

## STATEMENT OF REVENUE AND EXPENSES FORM

**PRIOR YEAR'S EVENT**

(Must be completed)

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

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

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

TOTAL GROSS REVENUE

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

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

TOTAL OPERATING EXPENSES

TOTAL NET INCOME

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

<table>
<thead>
<tr>
<th>1.</th>
<th></th>
</tr>
</thead>
<tbody>
<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: Vaughn Carrick  
Date: May 11, 2020
Detail by Entity Name
Florida Limited Liability Company
LIVE NITE EVENTS, LLC

Filing Information
Document Number: L20000063863
FEI/EIN Number: NONE
Date Filed: 02/26/2020
State: FL
Status: ACTIVE

Principal Address
331 S RIO GRAND STREET
108
SALT LAKE CITY, UT 84101

Mailing Address
331 S RIO GRAND STREET
108
SALT LAKE CITY, UT 84101

Registered Agent Name & Address
WAIER, RYAN
4260 14TH STREET NE
ST. PETERSBURG, FL 33703

Authorized Person(s) Detail
Name & Address
Title MGR

VAUGHN, CARRICK
331 S RIO GRAND STREET
SALT LAKE CITY, UT 84101

Annual Reports
No Annual Reports Filed

Document Images
02/26/2020 -- Florida Limited Liability
Detail by Entity Name
Florida Not For Profit Corporation
TEAL RECOVERY PROJECT INC

Filing Information
Document Number: N13000001185
FEI/EIN Number: 80-0891587
Date Filed: 02/06/2013
Effective Date: 02/01/2013
State: FL
Status: ACTIVE

Principal Address
13235 STATE RD 52
110
HUDSON, FL 34669

Mailing Address
13235 STATE RD 52
110
HUDSON, FL 34669

Registered Agent Name & Address
JACKSON, ANDREW BILL
13235 STATE RD 52
110
HUDSON, FL 34669

Officer/Director Detail
Name & Address

Title President
JACKSON, ANDREW BILL
13235 STATE RD 52
HUDSON, FL 34669

Title Secretary
REUSTLE, JESSICA
1755 BELLEMEADE DR.
CLEARWATER, FL 33755

Title VP
Carideo, Rena S  
5508 S. MACDILL AVE  
TAMPA, FL 33611

### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>01/15/2018</td>
</tr>
<tr>
<td>2019</td>
<td>04/18/2019</td>
</tr>
<tr>
<td>2020</td>
<td>06/03/2020</td>
</tr>
</tbody>
</table>

### Document Images

- [View image in PDF format](#) 09/03/2020 – ANNUAL REPORT
- [View image in PDF format](#) 04/18/2019 – ANNUAL REPORT
- [View image in PDF format](#) 09/14/2018 – AMENDED ANNUAL REPORT
- [View image in PDF format](#) 09/18/2018 – ANNUAL REPORT
- [View image in PDF format](#) 01/03/2017 – ANNUAL REPORT
- [View image in PDF format](#) 04/18/2016 – ANNUAL REPORT
- [View image in PDF format](#) 01/05/2016 – ANNUAL REPORT
- [View image in PDF format](#) 09/06/2015 – ANNUAL REPORT
- [View image in PDF format](#) 08/15/2014 – ANNUAL REPORT
- [View image in PDF format](#) 02/06/2013 – Domestic Non-Profit

Florida Department of State, Division of Corporations
Contract/Permit

Contract #: 29959
Date: 08 Jun 2020

LIVE NITE EVENTS LLC
VAUGHN CARRICK
324 SOUTH 400 W STE 275
SALT LAKE CITY FL 84101 USA

Purpose of Use: REGGAE RISE UP MUSIC FESTIVAL
Expected: 40,000
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 16 Mar 21 06:00 am
Ending: Mon 22 Mar 21 09:00 pm

Facility/Equipment
---
Vinoy Park
Starting Date: Tue 16 Mar 21 06:00 AM
Ending Date: Mon 22 Mar 21 09:00 PM
Fee: $0.00
Extra Fee: $900.00
Tax: $0.00
Total: $900.00

Vinoy Park
Starting Date: Tue 22 Mar 21 09:00 PM
Ending Date: Mon 22 Mar 21 09:00 PM
Fee: $0.00
Extra Fee: $900.00
Tax: $0.00
Total: $900.00

Addition 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: 3
  - Charge: $900.00
  - Tax: $0.00
  - Total: $900.00

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>$930.00</td>
<td>$0.00</td>
<td>$930.00</td>
</tr>
</tbody>
</table>

Total Deposit: $0.00
Total Applied: $570.00
Contract Balance: $360.00
Account Balance: $330.00

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>16 Jul 19</td>
<td>$900.00</td>
<td>Check</td>
<td>Rental</td>
<td>3389975</td>
</tr>
<tr>
<td>16 Jul 19</td>
<td>($870.00)</td>
<td>Check</td>
<td>Rental</td>
<td>3389975</td>
</tr>
<tr>
<td>16 Jul 19</td>
<td>$540.00</td>
<td>Check</td>
<td>Rental</td>
<td>3389975</td>
</tr>
</tbody>
</table>

Additional Notes:

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

By (Sign Name): ___________________________________________________________________
(Print Name): VAUGHN CARRICK
LIVE NITE EVENTS LLC

Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

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

Printed: 08 Jun 2020, 01:22 PM
User: jsbennin
Page: 1
<table>
<thead>
<tr>
<th>Role</th>
<th>Approval</th>
<th>Rejection</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor II / Foreman</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manager</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manager</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
**Event Title:** Stick Figure  
**Phone No.:** 801-419-085  
**Fax No.:**  

**Entity Name:** Live Nite Events  
**Federal I.D. Number:** 45-5502551  

**Event Date(s):** July 29-August 1  
**Location:** Vinoy Park  

**Day 1 of Event:** Saturday  
**Time Gates Open:** 4pm  
**Ending Time:** 10:00 PM  

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

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

**Application Prepared by:** Vaughn Carrick  
**Phone:** 801.419.0858  

**Title:** Owner  
**Cell Phone:** 801.652.7955  

**Address:** 331 S. Rio Grand St.  
**City:** SLC  
**State:** Utah  
**Zip:** 84101  

**Email Address:** vaughn@liveniteevents.com  

**Additional Contact Person:** Joey Traum  
**Day Phone:** 385-319-9946  

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

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

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

**Describe your event with details.**  
This will be a one day event with the reggae band Stick Figure for their upcoming 2021 nationwide tour. In addition to the music we will offer a variety of local food and general vendors.  

**Describe what economic benefit and impact this event will bring to St. Petersburg.**  
The event will be attended by thousands of people, many of whom will visit local businesses ranging from gas stations to restaurants. The event itself will employ 150+ people who live in the St. Petersburg area.  

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

**Does your group presently have liability insurance?**  
- [X] YES  
- [ ] NO  
**How much?** 3,000,000  

**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:** 30.00  
**Day of:** 35.00  

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

**Please provide a phone number that can be advertised to the public.** 801.419.0858  

**What is the estimated attendance for this event?**  
- Spectators: 6000  
- Participants: 50  
- Last Year's Total Attendance: 2000
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th></th>
<th>Special Events Facilities</th>
<th></th>
<th>Non-City Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td>No</td>
<td>Mahaffey Theater</td>
<td></td>
<td></td>
</tr>
<tr>
<td># Bleacher(s) needed. Each bleacher approx. 180 people</td>
<td>0</td>
<td>Coliseum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>0</td>
<td>Sunken Gardens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Address System</td>
<td>No</td>
<td>Boyd Hill</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of portable risers needed (4 in. x 8 in. x 16 in. sections)</td>
<td>0</td>
<td></td>
<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: Vaughn Carrick
Co-Sign: Joey Traum
Title: Owner
Title: Partner
Date: May 11, 2020
Date: May 11, 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>
</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>Vendors / Exhibitors</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Fire Inspection Permit</td>
</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></td>
</tr>
<tr>
<td>Security</td>
<td></td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>Marketing: Please check all that apply.</td>
<td></td>
</tr>
<tr>
<td>Invitations</td>
<td></td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td></td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td></td>
</tr>
<tr>
<td>Radio</td>
<td></td>
</tr>
<tr>
<td>Television</td>
<td></td>
</tr>
<tr>
<td>Remote Broadcast</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

☐ Other:

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

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

Will you supply your own generators?  ☒ YES ☐ NO

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

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

N/A

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

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

Address (including zip): 331 S. Rio Grande Street #108 / SLC, Utah / 84101

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

4 reggae bands on 1 stage.

List Vending Products. Name & Provider.

TBD

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

The Teal Recovery Project

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

N/A

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

We would like to begin load in 5 days before event and load out will take place up to 3 days after the event. Parking needs are undetermined at this time.
Other Comments: Please describe your fee structure.

The tickets will be $30 advance and $35 day of show.

Other comments:

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

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

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

Name: Vaughn Carrick
Title: Owner
Date: May 11, 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 Nonprofit Corporation:</th>
<th>The Teal Recovery Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Rena Cardaio</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>13235 State RD 52 110 Hudson, FL 34669</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>954-850-0443</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:rena@thetealrecoveryproject.org">rena@thetealrecoveryproject.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>80-0891587</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
<th>Live Nite Events, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Vaughn Carrick</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Owner</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>331 S Rio Grande Street #108 / SLC, Utah 84101</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>801-419-0858</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:vaughn@liveniteevents.com">vaughn@liveniteevents.com</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td>45-5502551</td>
</tr>
</tbody>
</table>

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

What method of invoicing would your organization prefer?  

☑️ BY Mail  

Contact Name: Vaughn Carrick  
Address: 331 S Rio Grande Street #108  
City, State, Zip: SLC, Utah 84101  

☐ BY EMAIL  

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

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

<table>
<thead>
<tr>
<th>Name of Event:</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL GROSS REVENUE

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

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

TOTAL OPERATING EXPENSES

TOTAL NET INCOME

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

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

TOTAL ALLOCATION OF NET INCOME

Prepared by: Vaughn Carrick
Date: May 11, 2020
Detail by Entity Name
Florida Limited Liability Company
LIVE NITE EVENTS, LLC

Filing Information
Document Number L20000063863
FEI/EIN Number NONE
Date Filed 02/26/2020
State FL
Status ACTIVE

Principal Address
331 S RIO GRAND STREET
108
SALT LAKE CITY, UT 84101

Mailing Address
331 S RIO GRAND STREET
108
SALT LAKE CITY, UT 84101

Registered Agent Name & Address
WAIER, RYAN
4260 14TH STREET NE
ST. PETERSBURG, FL 33703

Authorized Person(s) Detail
Name & Address
Title MGR

VAUGHN, CARRICK
331 S RIO GRAND STREET
SALT LAKE CITY, UT 84101

Annual Reports
No Annual Reports Filed

Document Images
02/20/2020 – Florida Limited Liability Viewer Image in PDF format
Detail by Entity Name
Florida Not For Profit Corporation
TEAL RECOVERY PROJECT INC

Filing Information
Document Number: N130000001185
FEI/EIN Number: 80-0891587
Date Filed: 02/06/2013
Effective Date: 02/01/2013
State: FL
Status: ACTIVE

Principal Address
13235 STATE RD 52
110
HUDSON, FL 34669

Mailing Address
13235 STATE RD 52
110
HUDSON, FL 34669

Registered Agent Name & Address
JACKSON, ANDREW III
13235 STATE RD 52
110
HUDSON, FL 34669

Officer/Director Detail

Name & Address

Title: President

JACKSON, ANDREW III
13235 STATE RD 52
HUDSON, FL 34669

Title: Secretary

REUSTLE, JESSICA
1755 BELLEMEADE DR.
CLEARWATER, FL 33755

Title: VP
Carideo, Rena S  
5508 S. MACDILL AVE  
TAMPA, FL 33611  

**Annual Reports**  

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>01/15/2018</td>
</tr>
<tr>
<td>2019</td>
<td>04/18/2019</td>
</tr>
<tr>
<td>2020</td>
<td>06/03/2020</td>
</tr>
</tbody>
</table>

**Document Images**  

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/03/2020</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/18/2019</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>09/14/2018</td>
<td>AMENDED ANNUAL REPORT</td>
</tr>
<tr>
<td>01/15/2018</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>01/03/2017</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>04/18/2016</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>01/05/2015</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>08/15/2014</td>
<td>ANNUAL REPORT</td>
</tr>
<tr>
<td>02/06/2013</td>
<td>Domestic Non-Profit</td>
</tr>
</tbody>
</table>

View image in PDF format
LIVE NITE EVENTS LLC
VAUGHN CARRICK
324 SOUTH 400 W STE 275
SALT LAKE CITY FL 84101 USA

Purpose of Use: STICK FIGURE
Expected: 6,000
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 29 Jul 21 06:00 am
Ending: Sun 01 Aug 21 09:00 pm

Facility/Equipment Day Date Time Fee Extra Fee Tax Total
Vinoy Park Thu 29 Jul 2021 06:00 AM $0.00 $300.00 $0.00 $300.00
Vinoy Park 01 Aug 2021 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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Extra Fee - Bookings</th>
<th>Hours</th>
<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Sponsored Permit Fee (Vinoy)</td>
<td>87.00</td>
<td>1</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$300.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$300.00</td>
</tr>
</tbody>
</table>

Charges:
<table>
<thead>
<tr>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 0.00</td>
<td>$330.00</td>
<td>$0.00</td>
<td>$330.00</td>
</tr>
</tbody>
</table>

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By (Sign Name): VAUGHN CARRICK
(Print Name): LIVE NITE EVENTS LLC
Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent
(Print Name): Parks and Recreation Department
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. Anthony’s Triathlon  
**Entity Name:** St. Anthony’s Healthcare  
**Event Date(s):** April 25, 2021  
**Location:** North Shore Pool & Vinoy Park  
**Day 1 of Event:** April 25, 2021  
**Time Gates Open:** 5AM  
**Ending Time:** 5 PM  
**Day 2 of Event:**  
**Time Gates Open:**  
**Ending Time:**  
**Day 3 of Event:**  
**Time Gates Open:**  
**Ending Time:**  
**Application Prepared by:** Patrick McGee  
**Title:** Event Director  
**Address:** 1200 7th Ave N  
**City:** St. Pete  
**State:** Florida  
**Zip:**  
**Email Address:** susan.daniels@baycare.org  
**Additional Contact Person:** Jenna manzella  
**Day Phone:** 7278251521  
**What month/year were you incorporated as nonprofit?** 1931  
**List all 501(c)3 entities that will benefit from this event.** St. Anthony’s Health Care Foundation  
**Name of the for-profit entity?** NA  
**Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.** The Event encourages healthy lifestyles: Positions the City of St. Pete as a progressive and healthy community.  
**Describe what economic benefit and impact this event will bring to St. Petersburg.** The Event captures 6000+ hotels nightly and contributes nearly $1.7 Million in direct impact according to the CVB.
Please check the equipment and/or facilities you are requesting.

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

# of bleacher(s) needed. Each bleacher approx. 180 people) [ ] 3

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

Public Address System [ ]

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

Special Events Facilities [ ] Non-City Locations

Mahaffey Theater [ ]

Coliseum [ ]

Sunken Gardens [ ]

Boyd Hill [ ]

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: Patrick McGee
Co-Sign: [ ]
Title: Event Director
Date: 6/16/2020

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 appendices listed below will not be processed.

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day’s events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 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></td>
</tr>
<tr>
<td>Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td></td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

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

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

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

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

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

We will need 220 power pedestals.

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? Keith/SAH

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

No.

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

Name: St. Anthony's Healthcare  Phone: 7278207790

Address (including zip): 1200 7th Ave N, St. Pete FL 33705

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

Background DJ Music during event, and live band will play at the awards ceremony/post race party.

List Vending Products. Name & Provider.

Limited food & Beverage Sales

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

St. Anthony's Healthcare Inc.
1200 7th Ave N
St. Pete, FL 33705

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

Welcoming remarks by SAH CEO/City Manager at the start of the race and awards ceremony

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

7th & Bayshore Dr. NE Parking lot Tuesday April 20th - April 26th
Other Comments: Please describe your fee structure.

Spectators- Free
Athletes- $65-170

Other comments:
Thank you for your continued support of St. Anthony's Triathlon!

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

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

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

Name: Patrick McGee
Title: Event Director
Date: 6/16/2020
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. Anthony's Health Care, Inc. |
| Name of Responsible Party (President or CEO ONLY): | Scott Smith |
| Title of Responsible Party: | President |
| Physical Address of Responsible Party: | 1200 7th ave NE St. Pete, FL 33705 |
| Phone Number of Responsible Party: | 727-820-7790 |
| Email Address of Responsible Party: | patrick.mcgee@baycare.org |
| Nonprofit (Employee Identification Number): | 59-20443026 |

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

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

## STATEMENT OF REVENUE AND EXPENSES FORM

**Prior Year’s Event**
(Must be completed)

### Name of Event:
1st. Anthony's Triathlon

### Date(s) of Event:
Apr 27, 2019 - Apr 28, 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>Entry Fees</td>
<td>$638,000.00</td>
</tr>
<tr>
<td>Sponsorship</td>
<td>$45,000.00</td>
</tr>
<tr>
<td>Merchandise Sales</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>Sports Expo Booth Sales</td>
<td>$19,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOTAL GROSS REVENUE: $712,000.00</td>
</tr>
</tbody>
</table>

---

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Services</td>
<td>$170,000.00</td>
</tr>
<tr>
<td>Salaries</td>
<td>$115,000.00</td>
</tr>
<tr>
<td>Event Supplies</td>
<td>$104,000.00</td>
</tr>
<tr>
<td>Prize Money</td>
<td>$53,000.00</td>
</tr>
<tr>
<td>Equipment Rental</td>
<td>$80,000.00</td>
</tr>
<tr>
<td>City of St. Pete</td>
<td>$86,000.00</td>
</tr>
<tr>
<td>Food &amp; Beverage</td>
<td>$18,500.00</td>
</tr>
<tr>
<td>Logistics Labor</td>
<td>$35,000.00</td>
</tr>
<tr>
<td>Advertising/Printing</td>
<td>$27,500.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOTAL OPERATING EXPENSES: $689,000.00</td>
</tr>
<tr>
<td></td>
<td>TOTAL NET INCOME: $23,000.00</td>
</tr>
</tbody>
</table>

---

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Anthony’s healthcare foundation</td>
<td>$23,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOTAL ALLOCATION OF NET INCOME: $23,000.00</td>
</tr>
</tbody>
</table>

---

Prepared by: Patrick McGee

Submitted by: Email

Date: 6/16/2021
Detail by Entity Name

Florida Not For Profit Corporation
ST. ANTHONY'S HOSPITAL, INC.

Filing Information

- Document Number: 753154
- FEI/EIN Number: 59-2043026
- Date Filed: 06/27/1980
- State: FL
- Status: ACTIVE
- Last Event: AMENDED AND RESTATED ARTICLES
- Event Date Filed: 07/24/2014
- Event Effective Date: NONE

Principal Address
1200 7TH AVENUE NORTH
ST. PETERSBURG, FL 33705

Changed: 04/27/2015

Mailing Address
1200 7TH AVENUE NORTH
ST. PETERSBURG, FL 33705

Changed: 04/27/2015

Registered Agent Name & Address
BayCare Health System, Inc.
ATTENTION: LEGAL SERVICES DEPARTMENT
2985 DREW STREET
CLEARWATER, FL 33759

Name Changed: 04/14/2016

Address Changed: 04/21/2014

Officer/Director Detail
Name & Address

Title VICE CHAIR
Ellinger, Emery
1200 7TH AVENUE NORTH
ST. PETERSBURG, FL 33705
Title PRESIDENT

WATERS, GLENN
2985 DREW STREET
CLEARWATER, FL 33759

Title Chair

Swanson, Cathy
1200 7th Street North
St. Petersburg, FL 33705

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>03/30/2018</td>
</tr>
<tr>
<td>2019</td>
<td>02/18/2019</td>
</tr>
<tr>
<td>2020</td>
<td>02/03/2020</td>
</tr>
</tbody>
</table>

Document Images

- 02/08/2020 – ANNUAL REPORT
- 02/18/2019 – ANNUAL REPORT
- 04/02/2018 – AMENDED ANNUAL REPORT
- 02/10/2018 – ANNUAL REPORT
- 04/24/2017 – ANNUAL REPORT
- 04/14/2016 – ANNUAL REPORT
- 04/27/2015 – ANNUAL REPORT
- 07/26/2014 – Amended and Restated Articles
- 04/21/2014 – ANNUAL REPORT
- 04/11/2013 – ANNUAL REPORT
- 04/25/2012 – ANNUAL REPORT
- 03/14/2011 – ANNUAL REPORT
- 04/22/2010 – ANNUAL REPORT
- 03/11/2009 – ANNUAL REPORT
- 04/14/2008 – ANNUAL REPORT
- 10/01/2007 – ANNUAL REPORT
- 04/18/2007 – ANNUAL REPORT
- 03/20/2006 – ANNUAL REPORT
- 04/20/2005 – ANNUAL REPORT
- 03/14/2004 – ANNUAL REPORT
- 01/17/2003 – ANNUAL REPORT
- 09/12/2002 – ANNUAL REPORT
- 10/22/2001 – ANNUAL REPORT
- 09/13/2000 – ANNUAL REPORT
- 08/06/1999 – ANNUAL REPORT
- 06/14/1998 – ANNUAL REPORT
- 12/02/1997 – Amendment
- 08/29/1997 – AMENDED AND RESTATED ARTICLES
- 04/14/1997 – ANNUAL REPORT
Contract/Permit

Contract #: 29973
Date: 01 Jul 2020

ST ANTHONY’S BAYCARE
PATRICK MCGEE
1200 7TH AVE N
ST PETERSBURG FL 33705 USA

Purpose of Use: ST. ANTHONY’S TRIATHLON

Expected: 11,000

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: Sun 25 Apr 21 06:00 am
Ending: Mon 26 Apr 21 09:00 pm

Facility/Equipment

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vinoy Park</td>
<td>Sun</td>
<td>25 Apr</td>
<td>06:00</td>
<td>$0.00</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>Vinoy Park</td>
<td></td>
<td>26 Apr</td>
<td>09:00</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Fees:
- Extra Fee
  - Co-Sponsored Application Fee: 1 $30.00 $0.00 $30.00
- Extra Fee - Bookings
  - Co-Sponsored Permit Fee (Vinoy): 39:00 1 $300.00 $0.00 $300.00
  - 1 $300.00 $0.00 $300.00

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

Balance of rental due and payable immediately.

Payments:
- Date: 20 Feb 2020
- Amount: $330.00
- Payment Type: Check
- Reference: Rental
- Receipt Number: 3534567

Additional Notes:

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

By:(Sign Name) ____________________________
(Print Name) PATRICK MCGEE
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: 01 Jul 2020, 10:53 AM
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: St. Anthony's Meek & Mighty
Entity Name: St. Anthony's Healthcare
Event Date(s): April 24, 2021
Location: North Shore Pool & Vinoy Park
Day 1 of Event: April 24, 2021
Day 2 of Event: 
Day 3 of Event: 
Application Prepared by: Patrick McGee
Title: Event Director
Address: 1200 7th Ave N
City: St. Pete
State: Florida
Email Address: Patrick.McGee@BayCare.org
Additional Contact Person: Jenna Manzella
What month/year were you incorporated as nonprofit? 1931
List all 501(c)3 entities that will benefit from this event: St. Anthony's Health Care Foundation
Name of the for-profit entity?: NA
Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
The Event encourages healthy lifestyles: Positions the City of St. Pete as a progressive and healthy community.
Describe what economic benefit and impact this event will bring to St. Petersburg.
The Event captures 6000+ hotels nightly and contributes nearly $1.7 Million in direct impact according to the CVB.
Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.
Does your group presently have liability insurance? YES
Are there plans to sell or distribute beer/wine at your event? YES
Will there be an admission / registration fee? YES
Please provide the website address for your event: www.satriathlon.com
Please provide a phone number that can be advertised to the public: 727-820-7790
What is the estimated attendance for this event? Spectators 1000, Participants 750, Last Year's Total Attendance 1600
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

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

Special Events Facilities

☐ Mahaffey Theater  
☐ Coliseum  
☐ Sunken Gardens  
☐ Boyd Hill  
☐ Non-City Locations  
Which Location?

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

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

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

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

Name: Patrick McGee  
Co-Sign: [ ]  
Title: Event Director  
Date: 6/16/2020

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>
</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>
</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? Keith/SAH

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

No.

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

Name: St. Anthony's Healthcare
Phone: 7278207790
Address (including zip): 1200 7th Ave N, St. Pete FL 33705

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

Background DJ Music

List Vending Products. Name & Provider.

Limited food & Beverage Sales

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.

Welcoming remarks by SAH CEO/City Manager at the start of the race and awards ceremony

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

7th & Bayshore Dr. NE Parking lot Tuesday April 24th- April 30th
4/24/20 @6:00PM
4/25/20 @4:30AM-10:00AM
Other Comments: Please describe your fee structure.

Spectators- Free
Athletes- $45-$65

Other comments:

Thank you for your continued support of St. Anthony's Triathlon

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

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

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

Name: Patrick McGee  
Title: Event Director  
Date: 6/16/2020
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.

<table>
<thead>
<tr>
<th>Name of the <strong>Nonprofit</strong> Corporation:</th>
<th>St. Anthony's Health Care, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Scott Smith</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1200 7th ave NE St. Pete, FL 33705</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-820-7790</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:patrick.mcgue@BayCare.org">patrick.mcgue@BayCare.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-20443026</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**
### 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>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**

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

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

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

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

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

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: [ ]

Date: [ ]

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

Florida Not For Profit Corporation
ST. ANTHONY'S HOSPITAL, INC.

Filing Information

Document Number: 753154
FEI/EIN Number: 59-2043026
Date Filed: 06/27/1980
State: FL
Status: ACTIVE

Last Event: AMENDED AND RESTATE ARTICLES
Event Date Filed: 07/24/2014
Event Effective Date: NONE

Principal Address
1200 7TH AVENUE NORTH
ST. PETERSBURG, FL 33705

Changed: 04/27/2015

Mailing Address
1200 7TH AVENUE NORTH
ST. PETERSBURG, FL 33705

Changed: 04/27/2015

Registered Agent Name & Address
BayCare Health System, Inc.
ATTENTION: LEGAL SERVICES DEPARTMENT
2985 DREW STREET
CLEARWATER, FL 33759

Name Changed: 04/14/2016

Address Changed: 04/21/2014

Officer/Director Detail

Name & Address

Title VICE CHAIR

Ellinger, Emery
1200 7TH AVENUE NORTH
ST. PETERSBURG, FL 33705
Title PRESIDENT

WATERS, GLENN
2985 DREW STREET
CLEARWATER, FL 33759

Title Chair

Swanson, Cathy
1200 7th Street North
St. Petersburg, FL 33705

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>03/30/2018</td>
</tr>
<tr>
<td>2019</td>
<td>02/18/2019</td>
</tr>
<tr>
<td>2020</td>
<td>02/03/2020</td>
</tr>
</tbody>
</table>

Document Images

- View image in PDF format
- View image in PDF format
- View image in PDF format
- View image in PDF format
- View image in PDF format
- View image in PDF format
- View image in PDF format
- View image in PDF format
- View image in PDF format
- View image in PDF format
- View image in PDF format
- View image in PDF format
- View image in PDF format
- View image in PDF format
- View image in PDF format
- View image in PDF format
- View image in PDF format
- View image in PDF format
- View image in PDF format
- View image in PDF format
- View image in PDF format
- View image in PDF format
- View image in PDF format
- View image in PDF format
Contract/Permit

Contract #: 29974
Date: 01 Jul 2020

ST ANTHONY’S BAYCARE
PATRICK MCGEE
1200 7TH AVE N
ST PETERSBURG FL 33705 USA

Purpose of Use: ST. ANTHONY'S MEEK & MIGHTY

Expected: 1,600
Co-Sponsored Event

Conditions of Use: Insurance Required

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

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

Facility/Equipment | Day | Date | Time | Fee | Extra Fee | Tax | Total |
Vinoy Park         | Tue  | 20 Apr 2021 | 06:00 AM | $0.00 | $300.00 | $0.00 | $300.00 |
Vinoy Park         | 24 Apr 2021 | 09:00 PM | $0.00 | $300.00 | $0.00 | $300.00 |

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

- Extra Fee - Bookings
  - Co-Sponsored Permit Fee (Vinoy)
    - Hours: 111:00
      - Quantity: 1
        - Charge: $300.00
        - Tax: $0.00
        - Total: $300.00

Charges:
- Fees | Extra Fees | Tax | Total | Deposit | Total Applied | Contract Balance | Account Balance
$0.00 | $330.00 | $0.00 | $330.00 | $0.00 | $330.00 | $0.00 | ($1,210.00)

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>20 Feb 2020</td>
<td>$230.00</td>
<td>Check</td>
<td>Rental</td>
<td>3534567</td>
</tr>
<tr>
<td>18 May 2020</td>
<td>$100.00</td>
<td>Check</td>
<td>Rental</td>
<td>3567768</td>
</tr>
</tbody>
</table>

Additional Notes:

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

By: (Sign Name)______________

(Print Name) PATRICK MCGEE

ST ANTHONY’S BAYCARE

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: 01 Jul 2020, 10:53 AM
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
### Event Title:
**Walk For Life 2021**

**Entity Name:** New Life Solutions  
**Event Date(s):** May 8, 2021  
**Location:** Vinoy Park / North Shore Park  
**Day 1 of Event:** Saturday  
**Day 2 of Event:**  
**Day 3 of Event:**  
**Application Prepared by:** Christina Maurice  
**Title:** Special Events Coordinator  
**Address:** 1910 E Bay Dr.  
**City:** Largo  
**State:** FL  
**Zip:** 33771  
**Email Address:** christina@newlifesolutions.org  
**Additional Contact Person:** Gail Friedman-Barrett  
**Phone:** 727-216-1410  
**Day Phone:** 727-216-1410  

### Event Title:
**St. Petersburg Event Word...**

**Email Address:**  
**Additional Contact Person:**  
**Phone:**  
**Day Phone:**  

### Describe your event with details.

Funds raised through this event will enable the A Woman's Place Medical Clinics to provide essential services known to be effective in decreasing material and health (infant) disparities in both pregnancy and birth for residents of Pinellas and Hillsborough counties.

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

Participants who travel from all over Pinellas County will walk and then stay downtown in St. Petersburg, where they can dine, shop and explore the city.

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

Does your group presently have liability insurance?  
△ YES  
□ NO  
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:  
https://iwalkforlife.com  

Please provide a phone number that can be advertised to the public:  
727-216-1410  

What is the estimated attendance for this event?  
Spectators: n/a  
Participants: 600  
Last Year's Total Attendance: 500  

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

**Recreation Equipment**
- Showmobile (Yes/No): No
- # Bleacher(s) needed: None
- Tables (6 ft): None
- Public Address System: None
- # of portable risers needed: None

**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:** Special Events Coordinator
**Date:** 6-24-2020
**Co-Sign:** [Signature]
**Title:** Director of Special Events
**Date:** 6-24-2020

**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</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Additional Insurance Required</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft</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:</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.

n/a

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

Name:  New Life Solutions  Phone:  787-216-1410

Address (Including zip):  1910 E Bay Dr., Largo, FL 33771

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

(1) One upbeat contemporary live band

List Vending Products. Name & Provider.

n/a

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

n/a

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

No formal speeches or demonstrations. Potential greeting from any current/former City officials present, as well as announcements & instructions.

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

6:00am Set-up  8:00am Check-in  9:00 drawings, announcements & instructions  9:15am Walk  9:45-11:30 refreshments  11:30-12:00 clean-up
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 WHOM BEHALF THIS APPLICATION IS BEING MADE.

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

Name: [Signature]
Title: Special Events Coord.
Date: 6-24-2020
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 Nonprofit Corporation:</th>
<th>New Lift Solutions, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Charles DiMarco</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President / CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>1910 E Bay Dr., Largo, FL 33771</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-216-1402 x 502</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:charles@newliftsolutions.org">charles@newliftsolutions.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-2588366</td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer?

- [ ] BY Mail
- [ ] BY EMAIL

Email Address: christina@newliftsolutions.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>Walk For Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) of Event:</td>
<td>5/8/21 - 5/8/21</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Statement of Revenue and Expenses Form</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Refer to attached P&amp;L</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL GROSS REVENUE</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Statement of Revenue and Expenses Form</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Refer to attached P&amp;L</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL NET INCOME</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Statement of Revenue and Expenses Form</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Refer to attached P&amp;L</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>All allocation to FREE Client Services</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL ALLOCATION OF NET INCOME</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Prepared by: Mary Rosen
Date: 6-16-2020
### New Life Solutions, Inc.
#### Walk for Life Profit & Loss
##### January through December 2019

<table>
<thead>
<tr>
<th>Ordinary Income/Expense</th>
<th>Income</th>
<th>Total Income</th>
<th>Gross Profit</th>
<th>Jan - Dec 19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
<td>892,528.33</td>
</tr>
<tr>
<td>4300 · Special Event Income</td>
<td></td>
<td></td>
<td></td>
<td>892,528.33</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td></td>
<td></td>
<td></td>
<td>892,528.33</td>
</tr>
<tr>
<td><strong>Expense</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5000 · Special Events-Direct Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5030 · Advertising</td>
<td>490.54</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5100 · Awards and Prizes</td>
<td>29,732.04</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5120 · Bank Service Chgs/Merchant Fees</td>
<td>6,959.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5180 · Contract Services</td>
<td>11,169.70</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5210 · Decorations</td>
<td>98.18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5050 · Dinner Club</td>
<td>8,833.45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5260 · Dues and Subscriptions</td>
<td>478.09</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5810 · Equipment Rental</td>
<td>5,056.22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5300 · Event Fees</td>
<td>2,011.03</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5380 · Food and Beverages</td>
<td>4,722.33</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5400 · Honorariums</td>
<td>833.30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5040 · Liaison Kick Off Breakfast</td>
<td>981.71</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5540 · Materials and Supplies</td>
<td>4,926.69</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5530 · Mileage</td>
<td>893.49</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5550 · Miscellaneous</td>
<td>18.71</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5680 · Postage &amp; Mallhouse Fees</td>
<td>9,290.18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5660 · Printing</td>
<td>16,588.60</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5661 · Printing-Copier Allocation</td>
<td>1,079.91</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5820 · Rent - Facilities</td>
<td>1,050.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5185 · Video Production</td>
<td>5,690.74</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5186 · Website Maintenance</td>
<td>375.05</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total 5000 · Special Events-Direct Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td>111,278.96</td>
</tr>
<tr>
<td><strong>Total Expense</strong></td>
<td></td>
<td></td>
<td></td>
<td>111,278.96</td>
</tr>
<tr>
<td><strong>Net Ordinary Income</strong></td>
<td></td>
<td></td>
<td></td>
<td>781,249.37</td>
</tr>
<tr>
<td><strong>Net Income</strong></td>
<td></td>
<td></td>
<td></td>
<td>781,249.37</td>
</tr>
</tbody>
</table>
Employer Identification Number: 59-2588366
Person to Contact: Ms. Sene
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Sep. 08, 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 December 1985.

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,

[Signature]

Susan M. O'Neill, Department Mgr.
Accounts Management Operations
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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
Wallace Welch & Willingham, Inc.
301 1st Ave. So., 5th Floor
Saint Petersburg FL 33701

INSURED
New Life Solutions Inc dba
A Woman's Place
1910 East Bay Drive
Largo FL 33771

COVERAGES CERTIFICATE NUMBER: 1002718121 REVISION NUMBER:

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.

INSTR. TYPE OF INSURANCE ADDL WORK (INJUR) LIMIT POLICY NUMBER POLICY EXP PER (MM/DD/YYYY) LIMITS

B COMMERCIAL GENERAL LIABILITY CLAIMS- MADE EACH OCCURRENCE

EXCESS LIABILITY OCCUR GENERAL AGGREGATE

UMBRELLA LIABILITY OCCUR GENERAL AGGREGATE

WORKERS COMPENSATION Y/N INSURER

A DIRECTORS & OFFICERS EPL

B PROFESSIONAL LIABILITY

C INTERNET LIABILITY

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Event: Walk for Life 2020

North Shore Park and City of St. Petersburg is additional insured with respect to General Liability if required by written contract subject to terms, conditions and exclusions of the policy form.

CERTIFICATE HOLDER
North Shore Vinoy Park
City of St. Petersburg
501 N. Shore Dr. NE
St. Petersburg FL 33701

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

© 1988-2015 ACORD CORPORATION. All rights reserved.
(1) 20X20’ TENT
CHECK-IN: 10 TABLES/20 CHAIRS (8 LONG, 2 SQUARE)

(4) 10X10’ TENTS
FOOD: 4 TABLES/4 CHAIRS/2 COOLERS (1 FOR TURNAROUND)
PRIZES: 3 TABLES/2 CHAIRS
DISPLAY: 2 TABLES/2 CHAIRS
FACE-PAINT & BALLOONS: 3 TABLES/5 CHAIRS

(1) 12X12 STAGE
10 FOLDING CHAIRS
EXTRA: 5 TABLES/20 CHAIRS
MAY 8, 2021
8:00 AM REGISTRATION
9:00 AM WALK STARTS
10:40AM-11:00AM END TIME

🌟 = Officer placement to assist Walkers crossing the street

- 5 Avenue Northeast and Bayshore Drive (SW Corner) eastbound
- 2 Avenue Northeast and Bayshore Drive (NW Corner) westbound

8th Ave NE
7th Ave NE
6th Ave NE
5th Ave NE
4th Ave NE
**Detail by Entity Name**

Florida Not For Profit Corporation
NEW LIFE SOLUTIONS, INC.

**Filing Information**

<table>
<thead>
<tr>
<th>Document Number</th>
<th>N07972</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEI/EIN Number</td>
<td>59-2588366</td>
</tr>
<tr>
<td>Date Filed</td>
<td>03/05/1985</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>Status</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>Last Event</td>
<td>NAME CHANGE AMENDMENT</td>
</tr>
<tr>
<td>Event Date Filed</td>
<td>06/05/2014</td>
</tr>
<tr>
<td>Event Effective Date</td>
<td>NONE</td>
</tr>
</tbody>
</table>

**Principal Address**

1910 EAST BAY DRIVE
LARGO, FL 33771

Changed: 04/20/2007

**Mailing Address**

1910 EAST BAY DRIVE
LARGO, FL 33771

Changed: 04/20/2007

**Registered Agent Name & Address**

DiMarco, Charles
10268 127th Ave N
Largo, FL 33773

Name Changed: 01/24/2019

Address Changed: 01/24/2019

**Officer/Director Detail**

**Name & Address**

| Title |  |
|-------|-
| DiMarco, Charles |  
10268 127th Ave N
Largo, FL 33773 |
Title Director, Treasurer

STUART, RODERICK
1539 RIDGEWOOD STREET
CLEARWATER, FL 33755

Title Director

CHAPMAN, TOM
9109 Silverthorn Rd
Seminole, FL 33777

Title Director, Chairman

Arrington, Kathy
2239 NW 82nd Terrace
Bell, FL 32619

Title Director

Higgins, Hugh, Esq.
3201 2nd Street N
St. Petersburg, FL 33704

Title Director, 2nd VC

Gaylord, Blake, Esq.
3935 Venetian Way
Tampa, FL 33634

Title Director, Secretary

Shirley, Jody
1180 Ponce de Leon #801A
Clearwater, FL 33756

Title Director, VC

Ullrich, John
7541 16th Ave N
St Petersburg, FL 33710

Title Director

Weis, Josh
3853 Northdale Blvd
Ste 192
Tampa, FL 33624

Title Director

Price, Justin
2665 Clubhouse Drive N  
Clearwater, FL 33761  

Title Director  

Lathrop, Nancy  
8044 13th Ave. S.  
St Petersburg, FL 33707  

### Annual Reports  

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>03/28/2018</td>
</tr>
<tr>
<td>2019</td>
<td>01/24/2019</td>
</tr>
<tr>
<td>2020</td>
<td>04/28/2020</td>
</tr>
</tbody>
</table>

### Document Images  

- 04/28/2020 — ANNUAL REPORT — View image in PDF format  
- 01/24/2019 — ANNUAL REPORT — View image in PDF format  
- 03/28/2018 — ANNUAL REPORT — View image in PDF format  
- 03/21/2017 — ANNUAL REPORT — View image in PDF format  
- 04/29/2016 — ANNUAL REPORT — View image in PDF format  
- 04/23/2015 — ANNUAL REPORT — View image in PDF format  
- 09/03/2014 — AMENDED ANNUAL REPORT — View image in PDF format  
- 06/05/2014 — Name Change — View image in PDF format  
- 04/21/2014 — ANNUAL REPORT — View image in PDF format  
- 04/24/2013 — ANNUAL REPORT — View image in PDF format  
- 04/19/2012 — ANNUAL REPORT — View image in PDF format  
- 04/20/2011 — ANNUAL REPORT — View image in PDF format  
- 04/22/2010 — ANNUAL REPORT — View image in PDF format  
- 04/21/2009 — ANNUAL REPORT — View image in PDF format  
- 04/19/2008 — ANNUAL REPORT — View image in PDF format  
- 04/20/2007 — ANNUAL REPORT — View image in PDF format  
- 04/24/2006 — ANNUAL REPORT — View image in PDF format  
- 03/31/2005 — ANNUAL REPORT — View image in PDF format  
- 04/23/2004 — ANNUAL REPORT — View image in PDF format  
- 05/01/2003 — ANNUAL REPORT — View image in PDF format  
- 04/04/2002 — ANNUAL REPORT — View image in PDF format  
- 01/25/2001 — ANNUAL REPORT — View image in PDF format  
- 04/18/2000 — ANNUAL REPORT — View image in PDF format  
- 05/01/1999 — ANNUAL REPORT — View image in PDF format  
- 05/27/1998 — ANNUAL REPORT — View image in PDF format  
- 05/19/1997 — ANNUAL REPORT — View image in PDF format  
- 03/08/1996 — ANNUAL REPORT — View image in PDF format  
- 03/09/1995 — ANNUAL REPORT — View image in PDF format
NEW LIFE SOLUTIONS INC
CHRISTINA MAURICE
1910 EAST BAY DR
LARGO FL 33771 USA

Purpose of Use: WALK FOR LIFE 2021  
Expected: 800  
Co-Sponsored Event

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
- Starting: Sat 08 May 2021 06:00 am
- Ending: Sat 08 May 2021 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>Sat 08 May 2021</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>Vinoy Park</td>
<td>09:00 PM</td>
<td></td>
<td>$0.00</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$300.00</td>
</tr>
</tbody>
</table>

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

- Extra Fee - Bookings
  - Co-Sponsored Permit Fee (Vinoy)
    - Hours: 15:00, Quantity 1, Charge $300.00, Tax $0.00, Total $300.00

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

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: Slightly Stoopid
Entity Name: Live Nite Events / Reggae Rise Up
Event Date(s): August 21st or 22nd, 2021
Location: Vinoy Park
Day 1 of Event: Saturday
Time Gates Open: 4pm
Ending Time: 10:00 PM
Day 2 of Event: 
Time Gates Open: 
Ending Time: 
Day 3 of Event: 
Time Gates Open: 
Ending Time: 
Application Prepared by: Vaughn Carrick
Title: Owner
Address: 331 S. Rio Grand St.
City: SLC
State: Utah
Zip: 84101
Email Address: vaughn@liveniteevents.com
Additional Contact Person: Joey Traum
Day Phone: 385-319-9946

What month/year were you incorporated as nonprofit? N/A
List all 501(c)3 entities that will benefit from this event. The Teal Recovery Project
Name of the for-profit entity? Live Nite Events, LLC

Describe your event with details.
This will be a one day event with the reggae band Slightly Stoopid for their upcoming 2021 nationwide tour. In addition to the music we will offer a variety of local food and general vendors

Describe what economic benefit and impact this event will bring to St. Petersburg.
The event will be attended by thousands of people, many of whom will visit local businesses ranging from gas stations to restaurants. The event itself will employ 150+ people who live in the St. Petersburg area.

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

Does your group presently have liability insurance? YES  NO
How much? 3,000,000

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: 30.00 Day of: 35.00

Please provide the website address for your event. www.reggaeriseup.com
Please provide a phone number that can be advertised to the public. 801.419.0858
What is the estimated attendance for this event? Spectators 10000
Participants 50
Last Year's Total Attendance 10000
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  No

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

Special Events Facilities

Non-City Locations

□ Mahaffey Theater

□ Coliseum

□ Sunken Gardens

□ Boyd Hill

Which Location?

□ Non-City Locations

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: Vaughn Carrick  Title: Owner  Date: June 23rd, 2020

Co-Sign: Joey Traum  Title: Partner  Date: June 23rd, 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</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>Performers</td>
</tr>
<tr>
<td>Security</td>
<td>Daytime - Private</td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td>Regular Units</td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

- 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.

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

Will you supply your own generators?  ☑ YES ☐ NO

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

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

N/A

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

Name: Live Nite Events, LLC  Phone: 801-419-0858
Address (including zip): 331 S. Rio Grande Street #108 / SLC, Utah / 84101

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

4 reggae bands on 1 stage.

List Vending Products, Name & Provider.

TBD

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

The Teal Recovery Project

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

N/A

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

We would like to begin load in 5 days before event and load out will take place up to 3 days after the event. Parking needs are undetermined at this time.
Other Comments: Please describe your fee structure.

The tickets will be $30 advance and $35 day of show.

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

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

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

Name: Vaughn Carrick
Title: Owner
Date: June 23rd, 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 Nonprofit Corporation</th>
<th>The Teal Recovery Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY)</td>
<td>Rena Cardaio</td>
</tr>
<tr>
<td>Title of Responsible Party</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party</td>
<td>13235 State RD 52 110 Hudson, FL34669</td>
</tr>
<tr>
<td>Phone Number of Responsible Party</td>
<td>954-850-0443</td>
</tr>
<tr>
<td>Email Address of Responsible Party</td>
<td><a href="mailto:rena@thetealrecoveryproject.org">rena@thetealrecoveryproject.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number)</td>
<td>80-0891587</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the For-profit Corporation</th>
<th>Live Nite Events, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY)</td>
<td>Vaughn Carrick</td>
</tr>
<tr>
<td>Title of Responsible Party</td>
<td>Owner</td>
</tr>
<tr>
<td>Physical Address of Responsible Party</td>
<td>331 S Rio Grande Street #108 / SLC, Utah 84101</td>
</tr>
<tr>
<td>Phone Number of Responsible Party</td>
<td>801-419-0858</td>
</tr>
<tr>
<td>Email Address of Responsible Party</td>
<td><a href="mailto:vaughn@liveniteevents.com">vaughn@liveniteevents.com</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number)</td>
<td>45-5502551</td>
</tr>
</tbody>
</table>

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

What method of invoicing would your organization prefer?

- [ ] BY Mail
  - Contact Name: Vaughn Carrick
  - Address: 331 S Rio Grande Street #108
  - City, State, Zip: SLC, Utah 84101

- [ ] BY EMAIL
**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)

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

**Amount**

**TOTAL GROSS REVENUE**

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

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

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

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

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

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: Vaughn Carrick

Date: June 23rd, 2020
### Detail by Entity Name

**Florida Limited Liability Company**

**LIVE NITE EVENTS, LLC**

#### Filing Information

- **Document Number**: L20000063863
- **FEI/EIN Number**: NONE
- **Date Filed**: 02/26/2020
- **State**: FL
- **Status**: ACTIVE

#### Principal Address

331 S RIO GRAND STREET 108 SALT LAKE CITY, UT 84101

#### Mailing Address

331 S RIO GRAND STREET 108 SALT LAKE CITY, UT 84101

#### Registered Agent Name & Address

WAIER, RYAN 4260 14TH STREET NE ST. PETERSBURG, FL 33703

#### Authorized Person(s) Detail

- **Title**: MGR
- **Name & Address**:
  - VAUGHN, CARRICK
  - 331 S RIO GRAND STREET SALT LAKE CITY, UT 84101

#### Annual Reports

- **No Annual Reports Filed**

#### Document Images

02/25/2020 – Florida Limited Liability
## Detail by Entity Name

**Florida Not For Profit Corporation**

**TEAL RECOVERY PROJECT INC**

### Filing Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Number</td>
<td>N13000001185</td>
</tr>
<tr>
<td>FEI/EIN Number</td>
<td>80-0891587</td>
</tr>
<tr>
<td>Date Filed</td>
<td>02/06/2013</td>
</tr>
<tr>
<td>Effective Date</td>
<td>02/01/2013</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>Status</td>
<td>ACTIVE</td>
</tr>
</tbody>
</table>

### Principal Address

13235 STATE RD 52  
110  
HUDSON, FL 34669

### Mailing Address

13235 STATE RD 52  
110  
HUDSON, FL 34669

### Registered Agent Name & Address

JACKSON, ANDREW BIII  
13235 STATE RD 52  
110  
HUDSON, FL 34669

### Officer/Director Detail

**Name & Address**

**Title President**

JACKSON, ANDREW BIII  
13235 STATE RD 52  
HUDSON, FL 34669

**Title Secretary**

REUSTLE, JESSICA  
1755 BELLEMEADE DR.  
CLEARWATER, FL 33755

**Title VP**
Carideo, Rena S  
5508 S. MACDILL AVE  
TAMPA, FL 33611

**Annual Reports**

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>01/15/2018</td>
</tr>
<tr>
<td>2019</td>
<td>04/18/2019</td>
</tr>
<tr>
<td>2020</td>
<td>06/03/2020</td>
</tr>
</tbody>
</table>

**Document Images**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>View image in PDF format</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/03/2020</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>04/18/2019</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>09/14/2018</td>
<td>AMENDED ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>01/15/2018</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>01/03/2017</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>04/18/2016</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>01/05/2015</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>08/15/2014</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>02/09/2013</td>
<td>Domestic Non-Profit</td>
<td></td>
</tr>
</tbody>
</table>
### Purpose of Use: SLIGHTLY STOOPID

**Expected:** 10,000

**Co-Sponsored Event Contract Balance:** $330.00

### Conditions of Use: Insurance Required

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

### Date(s) and Time(s) of Use:
- **Starting:** Wed 18 Aug 21 06:00 am
- **Ending:** Mon 23 Aug 21 09:00 pm

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vinoy Park</td>
<td>Wed</td>
<td>18 Aug 21</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>Vinoy Park</td>
<td>23 Aug 21</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Fees:

<table>
<thead>
<tr>
<th>Extra Fee</th>
<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Sponsored Application Fee</td>
<td>1</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Extra Fee - Bookings</td>
<td>Hours</td>
<td>Quantity</td>
<td>Charge</td>
<td>Tax</td>
</tr>
<tr>
<td>Co-Sponsored Permit Fee (Vinoy)</td>
<td>135:00</td>
<td>1</td>
<td>$300.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td></td>
<td>$300.00</td>
<td></td>
</tr>
</tbody>
</table>

### Charges:

<table>
<thead>
<tr>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
<th>Deposit</th>
<th>Total Applied</th>
<th>Contract Balance</th>
<th>Account Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$330.00</td>
<td>$0.00</td>
<td>$330.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$330.00</td>
<td>$660.00</td>
</tr>
</tbody>
</table>

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

### Payments:

**Additional Notes:**

---

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

By (Sign Name): VAUGHN CARRICK

(Print Name) LIVE NITE EVENTS LLC

Name of User Organization, If Applicable

---

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent

(Print Name) Parks and Recreation Department
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: WUSF'S LONGEST TABLE  
Phone No.: 800-288-0854  
Fax No.: 941-556-0990

Entity Name: UNIVERSITY OF SOUTH FLORIDA FOUNDATION, INC.  
I.D. Number: 59-0879015

Event Date(s): APRIL 15, 2021  
Location: BAYSHORE DR NE

Day 1 of Event: 9:00 AM  
Time Gates Open: 5:00 PM  
Ending Time: 11:00 PM

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

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

Application Prepared by: BRIAN JAMES WIGGINS  
Phone: 800-288-0854 EXT 312

Address: PO BOX 20251  
City: Bradenton  
State: FLORIDA  
Zip: 34204-0251

Email Address: BRIAN@BRIANWIGGINS.COM

Additional Contact Person: JOANN UROFSKY  
Day Phone: 813-974-8622

What month/year were you incorporated as nonprofit? SEPTEMBER 16, 1960

List all 501(c)3 entities that will benefit from this event. USF FOUNDATION, INC. BENEFIT OF WUSF PUBLIC MEDIA

Describe your event with details.  
SEE ATTACHED EVENT DETAIL STATEMENT

Describe what economic benefit and impact this event will bring to St. Petersburg.  
SEE ATTACHED EVENT DETAIL STATEMENT

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.  
WUSFLONGESTTABLE.COM

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 0
Event Details

WUSF Public Media Presents

The Longest Table

The Longest Table, benefiting WUSF Public Media, is a dining event that showcases prix fixe menus paired with custom adult beverages from the area’s finest restaurants. Diners enjoy an epicurean experience at grandly set tables right down the middle of Bayshore Drive NE in St. Petersburg.

Where & When

Location: Downtown St. Petersburg on Bayshore Drive NE from the Museum of Fine Arts to the Vinoy

Date: Thursday, April 15, 2021 (Rain Date: Friday, April 16, 2021)

Time: 5:30 Check in – 6:15 pm Grand Toast – 6:30 pm Dinner Begins

Ticket Price: Depends on the restaurant you choose

Attire: Evening casual

Event Beneficiary: WUSF Public Media

Reservations Required

Menus for each of the participating restaurants are available online at www.wusflongesttable.org (available mid February). Please select your dining experience and reserve your seat at www.wusflongesttable.org or by calling (800) 661-0823. Seating is limited. Guests must be 21 or older.

Check in and Seating

On the evening of April 15, 2021, make your way to your restaurant’s section of the table starting at 5:30 pm. From there a host or hostess will direct you to your seat.

Parking

Public parking lots and garage parking are available. Bayshore Drive NE from the Museum of Fine Arts to the Vinoy will be closed during the event. Side streets will remain open for vehicle access. Visit downtown St. Petersburg at www.stpete.org for more information.

Shopping

Downtown St. Petersburg, our host city, invites you to arrive early and explore the vibrant, charming downtown area filled with unique boutiques and galleries that make this a one-of-kind destination.
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 NO
# of portable risers needed (4 in. x 8 in. x 16 in. sections) NO

Special Events Facilities
Mahaffey Theater
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] BRIAN JAMES WIGGINS Title: CHIEF EVENT OFFICER Date: 6/29/2020

Co-Sign: [Signature] Title: Date: 

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

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

Marketing: Please check all that apply.

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

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

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

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

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

[N/A]

Will you supply your own generators? □ YES □ NO

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

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

[NO]

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

Name: [USF FOUADATION, INC.] Phone: 

Address (including zip): [4202 E FOWLER AVE TVB 100 TAMPA, FL 33620-6870]

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

1 BAND FOR PARTY IN THE PARK AFTER DINNER

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.

TAMPA BAY BAR SERVICE

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

WELCOME GUESTS AND PROVIDE INSTRUCTIONS

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

[N/A]
Other Comments: Please describe your fee structure.

THIS IS A TICKET EVENT. RESERVATION ARE HIGHLY RECOMMENDED BUT NOT REQUIRED.

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: CHIEF EVENT OFFICER: 6/19/2020
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: University of South Florida Foundation, Inc. for the benefit of WUSF Public Media

Name of Responsible Party (President or CEO ONLY): JoAnn Urofsky

Title of Responsible Party:

Physical Address of Responsible Party: 4202 East Fowler Avenue Tampa, FL 33620-6870

Phone Number of Responsible Party: 813-974-8622

Email Address of Responsible Party: jurofsky@wusf.org

Nonprofit (Employee Identification Number): 59-0879015

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

---

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

What method of invoicing would your organization prefer?

- [ ] BY Mail

  Contact Name

  Address

  City, State, Zip

- [x] BY EMAIL

  Email Address: brian@brianwiggins.com
PHOTOS FROM

WUSF LONGEST TABLE EVENT

DOWNTOWN ST PETE
### Detail by Entity Name

**Florida Not For Profit Corporation**

**UNIVERSITY OF SOUTH FLORIDA FOUNDATION, INC.**

**Filing Information**

<table>
<thead>
<tr>
<th>Document Number</th>
<th>701392</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEI/EIN Number</td>
<td>59-0879015</td>
</tr>
<tr>
<td>Date Filed</td>
<td>09/02/1960</td>
</tr>
<tr>
<td>Effective Date</td>
<td>09/09/1958</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>Status</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>Last Event</td>
<td>AMENDED AND RESTATED ARTICLES</td>
</tr>
<tr>
<td>Event Date Filed</td>
<td>08/13/2003</td>
</tr>
<tr>
<td>Event Effective Date</td>
<td>NONE</td>
</tr>
</tbody>
</table>

**Principal Address**

GIBBONS ALUMNI CENTER  
4202 E FOWLER AVE ALC 100  
TAMPA, FL 33620

Changed: 04/27/2009

**Mailing Address**

GIBBONS ALUMNI CENTER  
4202 E FOWLER AVE ALC 100  
TAMPA, FL 33620

Changed: 04/27/2009

**Registered Agent Name & Address**

SEGREST, NOREEN  
USF FOUNDATION GENERAL COUNSEL  
4202 EAST FOWLER AVENUE, ALC100  
TAMPA, FL 33620

Name Changed: 08/13/2003

Address Changed: 01/06/2004

**Officer/Director Detail**

**Name & Address**

Title CHRM
<table>
<thead>
<tr>
<th>Annual Reports</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Year</td>
<td>Filed Date</td>
</tr>
<tr>
<td>2018</td>
<td>01/23/2018</td>
</tr>
<tr>
<td>2019</td>
<td>01/03/2019</td>
</tr>
<tr>
<td>2020</td>
<td>04/21/2020</td>
</tr>
</tbody>
</table>

Document Images

- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
<table>
<thead>
<tr>
<th>Date</th>
<th>Document Type</th>
<th>View Image in PDF format</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/10/2015</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/07/2014</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/14/2013</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/16/2012</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/02/2011</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/06/2010</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/27/2009</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/05/2008</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/08/2007</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/05/2006</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/12/2005</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/06/2004</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>09/13/2003</td>
<td>Amended and Restated Articles</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/03/2003</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/14/2002</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/31/2001</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/27/2000</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/12/2000</td>
<td>Amended and Restated Articles</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/25/1999</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/14/1998</td>
<td>Amended and Restated Articles</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/16/1998</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>03/03/1997</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/20/1997</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>02/27/1995</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
</tbody>
</table>
Purpose of Use: WUSF'S LONGEST TABLE

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 15 Apr 21 06:00 AM
- Ending: Thu 15 Apr 21 11:00 PM

Facility/Equipment
- North Straub Park

Additional Fees:
- Extra Fee - Bookings
  - Co-Sponsored Permit Fee (Waterfront)
    - Hours: 17:00
    - Quantity: 1
    - Charge: $200.00
    - Tax: $0.00
    - Total: $200.00

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

Balance of rental due and payable immediately.

Payments:
- Date: 07 Aug 2019
- Amount: $30.00
- Payment Type: Check
- Reference: Rental
- Receipt Number: 3409138
- Date: 07 Aug 2019
- Amount: $200.00
- Payment Type: Check
- Reference: Rental
- Receipt Number: 3409138

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): BRIAN WIGGINS
(Print Name): MIXON & WIGGINS LLC

Name of User Organization, If Applicable
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: 97X BBQ MUSIC + ARTS FESTIVAL

Entity Name: COX MEDIA GROUP - TAMPA BAY

Event Date(s): 5/29/21 or 6/5/21

Day 1 of Event: 5/29/21
Time Gates Open: 11A
Ending Time: 10P

Day 2 of Event: 5/29/21
Time Gates Open: 11A
Ending Time: 10P

Day 3 of Event: 5/29/21
Time Gates Open: 11A
Ending Time: 10P

Application Prepared by: DAN CONNELLY

Title: CREATIVE SERVICES AND SPECIAL EVENTS DIR.

Address: 11300 4TH ST W, SUITE 300
City: ST. PETERSBURG
State: FL
Zip: 33716

Email Address: DAN.CONNELLY@COX.COM

Additional Contact Person: MIKE OLIVIERO

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

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

Name of the for-profit entity? COX MEDIA GROUP

Describe your event with details.

THIS WILL BE THE 15TH ANNUAL 97X BBQ MUSIC AND ARTS FESTIVAL. IT'S AN ALL-DAY MUSIC AND ARTS FESTIVAL ON THE BEAUTIFUL WATERFRONT OF VINOY PARK. NATIONAL AND LOCAL BANDS ARE FEATURED ALONG WITH LOCAL ARTISTS CREATING MURALS AND SCULPTURES THROUGHOUT THE PARK.

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

THIS EVENT PULLS FANS FROM ALL OVER TAMPA BAY AND BRINGS THEM TO DOWNTOWN ST. PETERSBURG FOR THE DAY/WEEKEND. THEY VISIT BARS, RESTAURANTS, AND SHOPS BEFORE AND AFTER THE EVENT. IN ADDITION, THEY STAY AT LOCAL HOTELS. WE ALSO SHOWCASE LOCAL ARTISTS WHO CAN SELL THEIR ARTWORK AND BROADEN THE AWARENESS OF THE ST. PETE CULTURE.

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: 45

Please provide the website address for your event. WWW.97XONLINE.COM

Please provide a phone number that can be advertised to the public. 727 579 - 2000

What is the estimated attendance for this event? Spectators 12,000 Participants 500 Last Year's Total Attendance 10,000
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) [ ]

Special Events Facilities
[ ] Non-City Locations

[ ] Mahaffey Theater
[ ] Coliseum
[ ] Sunken Gardens
[ ] Boyd Hill

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

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

Public Address System [ ]

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

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

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

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

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

Name: ____________________________ Title: ____________________________ Date: __________
Co-Sign: ____________________________ Title: ____________________________ Date: __________

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>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></td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>Marketing: Please check all that apply.</td>
<td></td>
</tr>
<tr>
<td>Invitations</td>
<td>Radio</td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td>Television</td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td>Remote Broadcast</td>
</tr>
<tr>
<td>City logo should be used in any promotional</td>
<td></td>
</tr>
<tr>
<td>materials, posters, flyers, ads, website,</td>
<td></td>
</tr>
<tr>
<td>public service announcements, and press</td>
<td></td>
</tr>
<tr>
<td>releases.</td>
<td></td>
</tr>
</tbody>
</table>
Electrical Requirements:

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

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

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

ACTIVATION OF ALL PEDESTALS IN BACKSTAGE AREA FOR RV'S ALONG WITH MAJORITY OF PEDESTALS IN THE PARK FOR MERCHANT/VENDORS. WE WILL PROVIDE GENERATOR FOR STAGE AND OTHER HIGH USAGE NEEDS.

Will you supply your own generators? □ YES □ NO

Will your event have a licensed electrician on-site during the event? □ YES □ NO □ 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: [COX MEDIA GROUP] Phone: [727-579-7000]
Address (including zip): [11204 4TH STREET N. SUITE 300 ST. PETERSBURG, FL 33714]

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

ALTERNATIVE / POP MUSIC
1 STAGE
8-10 BANDS

List Vending Products. Name & Provider.

VARIOUS VENDORS SELLING FOOD, BEVERAGES, T-SHIRTS, MERCH, ETC

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

TENTATIVE:
PARC
3100 75TH ST. N.
ST. PETERSBURG, FL 33710

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

STAGE ANNOUNCEMENTS BETWEEN BANDS WILL ANNOUNCE PARTICIPATING SPONSORS, PROMOTIONS, AND DISCUSS EVENT UPDATES.

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

SETUP/LOAD IN OF TENTS + FENCING TO BEGIN ON MONDAY PRIOR.
STAGE LOAD IN ON FRIDAY.
VENDORS LOAD IN ON FRI AND SAT.
PARKING - WE WOULD REQUEST ALL AVAILABLE PARKING IN NORTH LOT AND AROUND NORTH SHORE POOL.
LOAD OUT BEGINS IMMEDIATELY AFTER EVENT.
Other Comments: Please describe your fee structure.

Tickets will be on sale through Ticketmaster. Two prices - GA and VIP.

Other comments:

We are excited to continue this partnership with the City of St. Petersburg!

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

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

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

Name: [Signature] Title: Special Event Dir. Date: 6.29.20
# Detail by Entity Name

Foreign Limited Liability Company  
COX MEDIA, L.L.C.

## Filing Information
- **Document Number**: M05000001473  
- **FEI/EIN Number**: 58-1444671  
- **Date Filed**: 03/18/2005  
- **State**: DE  
- **Status**: ACTIVE

## Principal Address
- **Address**: 6205-8 PEACHTREE DUNWOODY ROAD  
  ATLANTA, GA 30328

- **Changed**: 06/15/2015

## Mailing Address
- **Address**: 6205-A PEACHTREE DUNWOODY ROAD  
  ATLANTA, GA 30328

- **Changed**: 04/17/2020

## Registered Agent Name & Address
- **Name**: CORPORATION SERVICE COMPANY  
  **Address**: 1201 HAYS STREET  
  TALLAHASSEE, FL 32301-2525

## Authorized Person(s) Detail

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESSER, PATRICK J</td>
<td>6205-B PEACHTREE DUNWOODY ROAD</td>
<td>President, Director</td>
</tr>
<tr>
<td>VICKERS, MARY</td>
<td>6205-B PEACHTREE DUNWOODY ROAD</td>
<td>VP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Director, Secretary</td>
</tr>
</tbody>
</table>
PRYOR, JULIETTE W.  
6205-B PEACHTREE DUNWOODY ROAD  
ATLANTA, GA 30328

Title: Director

MCBRIDE, PERLEY  
6205-B PEACHTREE DUNWOODY ROAD  
ATLANTA, GA 30328

Title: MANAGER

COX LAHC, INC.  
6205-B PEACHTREE DUNWOODY ROAD  
ATLANTA, GA 30328

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>04/24/2018</td>
</tr>
<tr>
<td>2019</td>
<td>04/22/2019</td>
</tr>
<tr>
<td>2020</td>
<td>04/17/2020</td>
</tr>
</tbody>
</table>

Document Images

- 04/17/2020 -- ANNUAL REPORT  
- View Image in PDF format
- 04/22/2019 -- ANNUAL REPORT  
- View Image in PDF format
- 04/24/2018 -- ANNUAL REPORT  
- View Image in PDF format
- 04/17/2017 -- ANNUAL REPORT  
- View Image in PDF format
- 04/16/2016 -- ANNUAL REPORT  
- View Image in PDF format
- 04/23/2015 -- ANNUAL REPORT  
- View Image in PDF format
- 04/18/2014 -- ANNUAL REPORT  
- View Image in PDF format
- 04/24/2013 -- ANNUAL REPORT  
- View Image in PDF format
- 04/20/2012 -- ANNUAL REPORT  
- View Image in PDF format
- 04/14/2011 -- ANNUAL REPORT  
- View Image in PDF format
- 02/17/2010 -- ANNUAL REPORT  
- View Image in PDF format
- 02/12/2009 -- ANNUAL REPORT  
- View Image in PDF format
- 02/31/2008 -- ANNUAL REPORT  
- View Image in PDF format
- 04/13/2007 -- ANNUAL REPORT  
- View Image in PDF format
- 03/31/2006 -- ANNUAL REPORT  
- View Image in PDF format
- 02/19/2005 -- Forage Limited  
- View Image in PDF format
Detail by Entity Name
Florida Not For Profit Corporation
PARC, INC.

Filing Information
Document Number 715815
FEI/EIN Number 59-0791038
Date Filed 01/02/1969
State FL
Status ACTIVE
Last Event AMENDMENT AND NAME CHANGE
Event Date Filed 10/19/2011
Event Effective Date NONE

Principal Address
3190 TYRONE BLVD NORTH
ST PETERSBURG, FL 33710

Changed: 02/22/1996

Mailing Address
3190 TYRONE BLVD NORTH
ST PETERSBURG, FL 33710

Changed: 02/22/1996

Registered Agent Name & Address
HIGGINS, KAREN
3190 TYRONE BLVD NORTH
ST PETERSBURG, FL 33710

Name Changed: 10/19/2011
Address Changed: 10/19/2011

Officer/Director Detail
Name & Address
Title President, CEO
HIGGINS, KAREN PRESIDE
3190 TYRONE BLVD NORTH
ST. PETERSBURG, FL 33710
Title Chairman

Gates, Doug, WMS
Raymond James
200 Central Avenue
24th Floor
SAINT PETERSBURG, FL 33701

Title Secretary, Treasurer

Myers, Mark
1 Beach Drive, SE
#1102
St. Petersburg, FL 33701

Title Vice Chairman

Manings, Joel, CRPC
Merrill Lynch
200 Central Avenue
Ste. 1400
St. Petersburg, FL 33701

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>01/11/2019</td>
</tr>
<tr>
<td>2019</td>
<td>10/18/2019</td>
</tr>
<tr>
<td>2020</td>
<td>03/27/2020</td>
</tr>
</tbody>
</table>

Document Images

- 09/27/2020 -- ANNUAL REPORT
- 10/18/2019 -- AMENDED ANNUAL REPORT
- 09/11/2019 -- ANNUAL REPORT
- 09/08/2018 -- ANNUAL REPORT
- 11/14/2017 -- AMENDED ANNUAL REPORT
- 09/20/2017 -- AMENDED ANNUAL REPORT
- 01/31/2017 -- ANNUAL REPORT
- 09/18/2016 -- ANNUAL REPORT
- 02/23/2013 -- ANNUAL REPORT
- 10/28/2014 -- AMENDED ANNUAL REPORT
- 09/14/2013 -- AMENDED ANNUAL REPORT
- 09/19/2013 -- ANNUAL REPORT
- 01/17/2012 -- ANNUAL REPORT
- 10/19/2011 -- Amendment And Name Change
- 04/05/2011 -- ANNUAL REPORT
- 09/01/2010 -- ANNUAL REPORT
- 02/18/2009 -- ANNUAL REPORT
- 04/10/2008 -- ANNUAL REPORT
Contract/Permit

COX MEDIA LLC
DAN CONNELLY
11300 4TH ST N STE 300
ST PETERSBURG FL 33716 2941 USA

Purpose of Use: 97X BBQ MUSIC & ART FESTIVAL

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 25 May 21 06:00 am
Ending: Mon 31 May 21 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>Tue</td>
<td>25 May 2021</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$300.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Vinoy Park</td>
<td>31 May 2021</td>
<td>09:00 PM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Additional Fees:
- Extra Fee - Bookings
  - Co-Sponsored Permit Fee (Vinoy)
    - Hours: 159:00
    - Quantity: 1
    - Charge: $300.00
    - Tax: $0.00
    - Total: $300.00

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

Account Balance: ($630.00)

Contract Balance: $330.00

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: James Weldon Johnson Literary Festival
Entity Name: Friends of Johnson Branch Library, Inc.
Event Date(s): March 20, 2021
Location: James Weldon Johnson Community Library

Day 1 of Event:
- Time Gates Open: 10:00am
- Ending Time: 4:00pm

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

Day 3 of Event:

Application Prepared by: Kevin W. Johnson
Phone: 727-342-2235
Address: P.O. Box 1001
City: St. Pete
State: FL
Zip: 33703
Email Address: johnson279@yahoo.com
Additional Contact Person: Ernie W. Coney
Day Phone: 727-459-8500

What month/year were you incorporated as nonprofit? September 1, 1990
List all 501(c)3 entities that will benefit from this event:
- James Weldon Johnson Community Library

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

Describe what economic benefit and impact this event will bring to St. Petersburg.
Exposing the community to business and nonprofit organizations. The festival will also help promote businesses and organizations.

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

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

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

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

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

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

What is the estimated attendance for this event? Spectators 400 Participants 40 Last Year's Total Attendance 380
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
<th>Non-City Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td></td>
<td></td>
</tr>
<tr>
<td># Bleacher(s) needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) # 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.

Name: [Signature]
Co-Sign: [Signature]

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

a. 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.

b. 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>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>Performers</td>
</tr>
<tr>
<td>Security</td>
<td>Announcement Only</td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td>Daytime - Private</td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td>Overnight - Private</td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td>Event Time Frame - SPPD</td>
</tr>
<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 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

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

Name: ________________________________ Phone: ________________________________

Address (including zip): ________________________________

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

List Vending Products, Name & Provider.

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

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

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

Other comments:

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

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

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

Name: [Signature] Title: [President] Date: 6-17-2020
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.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>Friends of Johnson Branch Library, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Ernie H. Coney</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>2526 - 16th Ave. Se, St. Petersburg, Fl 33712</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-459-9500</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:allrise.7777@hotmail.com">allrise.7777@hotmail.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>59-3035195</td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer?

☑ BY Mail

Contact Name

Address

City, State, Zip

☑ BY EMAIL

Email Address:
<p>| | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL GROSS REVENUE

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

TOTAL OPERATING EXPENSES

TOTAL NET INCOME

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

TOTAL ALLOCATION OF NET INCOME

Prepared by: ___________________________ Date: ___________________________

Name of Event: ___________________________
Date(s) of Event: ___________________________
# Proposed Expenses

**City of St. Petersburg**
- Co-sponsorship application: $30.00
- Parade Permit: $30.00
- Park Permit: $30.00
- Enoch Davis Center Rental: $100.00
- Equipment Rental: $2,800.00

**Equipment Rental**
- Bounce House: $950.00
- Tent: $200.00

**T-shirts**: $900.00
- Bracelets and arm bands: $130.00
- Insurance: $500.00
- Balloons: $210.00
- Character (Elmo): $150.00
- Food Supplies: $400.00
- Gift Cards: $400.00
- For Profit Vendor Gift Certificates: $100.00
- General Supplies: $150.00
- Printing: $200.00
- Face Painter: $100.00
- Book Bags: $450.00
- Entertainment: $1,000.00
- Publicity: $500.00
- Children’s Section: $100.00

**TOTAL**: $8,330.00
**Detail by Entity Name**

Florida Not For Profit Corporation
FRIENDS OF JOHNSON BRANCH LIBRARY, INC.

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

**Principal Address**
1059 18 AVE SOUTH
SAINT PETERSBURG, FL 33701

Changed: 05/05/2003

**Mailing Address**
PO BOX 1061
ST. PETERSBURG, FL 33731

Changed: 04/24/2012

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

Name Changed: 05/01/2002

Address Changed: 05/01/2002

**Officer/Director Detail**

**Name & Address**

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

**Title S**
<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>04/29/2018</td>
</tr>
<tr>
<td>2019</td>
<td>02/25/2019</td>
</tr>
<tr>
<td>2020</td>
<td>04/28/2020</td>
</tr>
</tbody>
</table>
Purpose of Use: JAMES WELDON JOHNSON LITERACY FESTIVAL

Expected: 400

Co-Sponsored Event

Contract Balance $0.00

Facility/Equipment

<table>
<thead>
<tr>
<th>Facility/Equipment</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Extra Fee</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enoch Davis Park</td>
<td>Sat</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>Park</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Fees:

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

Extra Fee - Bookings

<table>
<thead>
<tr>
<th>Extra Fee - Bookings</th>
<th>Hours</th>
<th>Quantity</th>
<th>Charge</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Sponsored Permit Fee</td>
<td>15:00</td>
<td>1</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td></td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
</tr>
</tbody>
</table>

Charges:

<table>
<thead>
<tr>
<th>Fees</th>
<th>Extra Fees</th>
<th>Tax</th>
<th>Total</th>
<th>Deposit</th>
<th>Total Applied</th>
<th>Contract Balance</th>
<th>Account Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$60.00</td>
<td>$0.00</td>
<td>$60.00</td>
<td>$60.00</td>
<td>$60.00</td>
<td>$0.00</td>
<td>($100.00)</td>
</tr>
</tbody>
</table>

Balance of rental due and payable immediately.

Payments:

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Payment Type</th>
<th>Reference</th>
<th>Receipt Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>07 May 2019</td>
<td>$30.00</td>
<td>Check</td>
<td>Rental</td>
<td>3322553</td>
</tr>
<tr>
<td>12 Jun 2019</td>
<td>$30.00</td>
<td>Cash</td>
<td>Rental</td>
<td>3354917</td>
</tr>
</tbody>
</table>

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

By (Sign Name) KEVIN JOHNSON

(Print Name) FRIENDS OF JOHNSON BRANCH LIBRARY INC

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): Parks and Recreation Superintendent

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

Entity Name: Awakening Into The Sun Inc.

Event Date(s): Saturday 3/6/2021 & Sunday 3/7/2021

Location: North Straub Park

Day 1 of Event: 3/6/2021
  Time Gates Open: 9am
  Ending Time: 6pm

Day 2 of Event: 3/7/2021
  Time Gates Open: 10am
  Ending Time: 6pm

Day 3 of Event: 3/8/2021
  Time Gates Open: 9am
  Ending Time: 6pm

Application Prepared by: Maria T Carranza

Title: President

Address: 2126 1st Avenue S.

City: St.Petersburg

State: Florida

Zip: 33712

Email Address: carranzamaite@hotmail.com

Additional Contact Person: Robin Smith

Day Phone: 407-342-8028

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

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

Name of the for-profit entity? Awakening Wellness Center

Describe your event with details.

There is an increasing recognition of the benefits that everyone gets when they are exposed to active life styles. During this event our foundation invites the community to experiment different types of exercises; Learn how to use their vocal chords (to sing), play instruments, meditate... Awakening Into the Sun, INC. brings this and much and much more. It brings small business groups that talk about natural ways to better take care of their health. This activity is also FREE and more and more people look for it every year.

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

This event aim to help innovators and the small business community. Vendors interact with each other; It also bring curious people who spend a bid of money (helping the economy as well). Best of all... Its Spring Break (it brings out of state visitors) and lastly, this event is usually the week prior to the Grand Prix where most of the guys who come look for healthy activities to go to.

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

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

How much?

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

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

Advanced Fee: 10 Day of:

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

Please provide a phone number that can be advertised to the public. 727-565-2214

What is the estimated attendance for this event? Spectators 7500 Participants Over 100 Last Year’s Total Attendance 8000
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
<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>
</tbody>
</table>

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

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

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria T. Carranza</td>
<td>President</td>
<td>7/8/2020</td>
</tr>
<tr>
<td>Loretta McGrath</td>
<td>Chair Member</td>
<td>7/8/2020</td>
</tr>
</tbody>
</table>

**NOTE:**

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

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

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

**PLEASE ATTACH THE FOLLOWING**

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

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>[✓] Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>[✓] Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>[✓] Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>[✓] Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>[✓] Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>[✓] Vending Beer / Wine</td>
<td></td>
</tr>
<tr>
<td>[✓] Erecting Tents - Larger than 10ft x 12ft</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>[✓] Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>[✓] Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>[✓] Open Flame Food Preparation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>[✓] Pyrotechnics</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>[✓] Require Street Closure</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>[✓] VIP Area</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>[✓] Staging</td>
<td></td>
</tr>
<tr>
<td>[✓] Amplified Sound</td>
<td>[✓] 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></td>
</tr>
<tr>
<td>[✓] Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>[✓] Invitations</td>
<td></td>
</tr>
<tr>
<td>[✓] Posters / Flyers</td>
<td>[✓] Radio</td>
</tr>
<tr>
<td>[✓] Newspaper / Internet</td>
<td>[✓] Television</td>
</tr>
<tr>
<td></td>
<td>[✓] Remote Broadcast</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: Maria T Carranza  Phone: 727-688-1921

Address (including zip): 2126 1st Avenue S. St. Petersburg Florida 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.

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.

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

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

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

Name: Maria T. Carranza
Title: President
Date: 7/8/2020
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 (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>Corporation Type</th>
<th>Corporation Name</th>
<th>Responsible Party Name</th>
<th>Title</th>
<th>Physical Address</th>
<th>Phone Number</th>
<th>Email Address</th>
<th>Employee ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonprofit</td>
<td>Awakening Into The Sun, Inc.</td>
<td>Maria T. Carranza</td>
<td>President</td>
<td>2126 1st Avenue S. St. Petersburg Florida 33712</td>
<td>727-688-1921</td>
<td><a href="mailto:carranzamaite@hotmail.com">carranzamaite@hotmail.com</a></td>
<td>454064670</td>
</tr>
<tr>
<td>For-profit</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

What method of invoicing would your organization prefer?

- [ ] BY Mail
- [ ] BY EMAIL

<table>
<thead>
<tr>
<th>Contact</th>
<th>Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awakening Into The Sun, Inc.</td>
<td>2126 1st Avenue S.</td>
<td>St. Petersburg Florida</td>
</tr>
</tbody>
</table>

Email Address: carranzamaite@hotmail.com
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></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**

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

1. Stage  
2. Music Equipment  
3. Park + Staff  
4. Advertising  

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

**TOTAL OPERATING EXPENSES**  
**TOTAL NET INCOME**

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

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

**TOTAL ALLOCATION OF NET INCOME**

Prepared by:  
Date:
## Detail by Entity Name

**Florida Not For Profit Corporation**

**AWAKENING INTO THE SUN, 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>
</tr>
</thead>
<tbody>
<tr>
<td>N13000009904</td>
<td>46-4064670</td>
<td>10/31/2013</td>
<td>FL</td>
<td>ACTIVE</td>
</tr>
</tbody>
</table>

### Principal Address

2126 1st Ave South  
SAINT PETERSBURG, FL 33712

Changed: 02/27/2020

### Mailing Address

2126 1st Ave South  
SAINT PETERSBURG, FL 33712

Changed: 05/22/2020

### Registered Agent Name & Address

Carranza, Maria  
5921 Jefferson Park Dr  
Tampa, FL 33625

Name Changed: 01/24/2017

Address Changed: 02/27/2020

### Officer/Director Detail

**Name & Address**

Title PSD

CARRANZA, MARIA T  
5921 Jefferson Park Dr  
Tampa, FL 33625

### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>02/16/2018</td>
</tr>
</tbody>
</table>
2019 01/28/2019
2020 02/27/2020

**Document Images**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>View image in PDF format</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/27/2020</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>01/28/2019</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>07/27/2019</td>
<td>AMENDED ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>04/19/2018</td>
<td>AMENDED ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>02/18/2016</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>01/24/2017</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>04/14/2016</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>07/31/2015</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>04/30/2014</td>
<td>ANNUAL REPORT</td>
<td></td>
</tr>
<tr>
<td>10/31/2013</td>
<td>Domestic Non-Profit</td>
<td></td>
</tr>
</tbody>
</table>

Florida Department of State, Division of Corporations
AWAKENING INTO THE SUN INC
MARIA CARRANZA
2126 1ST AVE S
ST PETERSBURG FL 33712 1204 USA

Purpose of Use: AWAKENING INTO THE SUN

Expected: 8,000

Co-Sponsored Event

Contract Balance $430.00

Conditions of Use: Insurance Required

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

Date(s) and Time(s) of Use:
Starting: Fri 05 Mar 21 06:00 am
Ending: Sun 07 Mar 21 09:00 pm

Facility/Equipment Day Date Time Fee Extra Fee Tax Total
North Straub Park Fri 06 Mar 2021 06:00 AM $0.00 $400.00 $0.00 $400.00
Park 07 Mar 2021 09:00 PM

Additional Fees:
- Extra Fee - Bookings
  - Co-Sponsored Permit Fee (Waterfront)
    - Hours: 63:00
    - Quantity: 2
    - Charge: $400.00
    - Tax: $0.00
    - Total: $400.00

Charges:
- Fees: $0.00
- Extra Fees: $430.00
- Tax: $0.00
- Total: $430.00
- 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) MARIA CARRANZA
(Print Name) AWAKENING INTO THE SUN INC
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.
**Event Title:** Heroes Memorial 5K/10K Run

**Entity Name:** Heroes of the St. Pete Police, Inc.

**Event Date(s):**
- Day 1: Fri., March 19, 2021
- Day 2: 3/19/21
- Day 3: Time Gates Open: 3pm

**Location:** Demens Landing Park

**Application Prepared by:** Michael Mannino

**Title:** Race Director & Committee Member

**Address:** 1234 Sedewa Circle S.

**City:** Clearwater

**State:** FL

**Zip:** 33755

**Email Address:** manning michael@gmail.com

**Additional Contact Person:** Suzanne Mannino

**Phone:** 727-415-1988

**Cell Phone:** Same

**Day Phone:** 727-226-7223

**What month/year were you incorporated as nonprofit?** March 2004

**List all 501(c)3 entities that will benefit from this event:**
- Heroes of the St. Pete Police, Inc.

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

**Describe your event with details.**

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

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

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

---

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

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

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

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

- **Advanced Fee:** $30

- **Day of:**

- **Please provide the website address for your event.**

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

- **What is the estimated attendance for this event?**
  - Spectators: 500
  - Participants: 450

- **Last Year's Total Attendance:** 450

---

**Page 1 of 8**
Same as previous year

Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) [No]

Special Events Facilities
Non-City Locations

Mahaffey Theater
Which Location?

Mahaffey Theater

Coliseum

Sunken Gardens

Boyd Hill

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

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

Public Address System [N/A]

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: [Name redacted]
Title: Race Director
Date: 7/2/20

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

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

Please Attach the Following:

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

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

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

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

Marketing: Please check all that apply.

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

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

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

Speakers & Sound System, Finishline arch, lighting

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: Heroes of the St Pete Police, Inc. Phone: 727-445-1988
Address (including zip): 100 And Ave South, Suite 600, St. Petersburg, FL 33701

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

(4) Rises, from city, top 40's, family-friendly music, music player-NO Band

List Vending Products. Name & Provider.

TBA

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

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

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

Award presentation & thank you's

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

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

10K -> $35 pre-registration + $50 day of event
5K -> $30 pre-registration + $45 day of event
1 mile -> $25 " " + $30 " "

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

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

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

Name: [Signature] Title: Race Director + Committee Member Date: 7/2/20
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>Heroes Of The St. Pete Police And Fire Rescue, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>James Newman</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Registered Agent / Treasurer</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>100 2nd Ave. S., Suite #600, St. Pete 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-821-6161 ext. 1634</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:jnewman@gsscpa.com">jnewman@gsscpa.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>20-0342484</td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer?

- [ ] BY Mail
- [ ] Contact Name
  Michael Mannino
- [ ] Address
  1212 Sedeeva Cir. South
  Clearwater, FL 33755
- [ ] BY EMAIL
- [X] Email Address:
  mannino.michael@gmail.com
**Detail by Entity Name**

Florida Not For Profit Corporation

HEROES OF THE ST. PETE POLICE AND FIRE RESCUE, INC.

<table>
<thead>
<tr>
<th>Filing Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Number</td>
<td>N03000009213</td>
</tr>
<tr>
<td>FEI/EIN Number</td>
<td>20-0342484</td>
</tr>
<tr>
<td>Date Filed</td>
<td>10/22/2003</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>Status</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>Last Event</td>
<td>AMENDED AND</td>
</tr>
<tr>
<td>RESTATEDARTICLES/NAME CHANGE</td>
<td></td>
</tr>
<tr>
<td>Event Date Filed</td>
<td>12/15/2017</td>
</tr>
<tr>
<td>Event Effective Date</td>
<td>NONE</td>
</tr>
</tbody>
</table>

**Principal Address**

C/O GREGORY SHARER & STUART P.A.

100 2ND AVE SOUTH

SUITE 600

ST PETERSBURG, FL 33701

**Mailing Address**

C/O GREGORY SHARER & STUART P.A.

100 2ND AVE SOUTH

SUITE 600

ST PETERSBURG, FL 33701

**Registered Agent Name & Address**

NEWMAN, JAMES G

100 2ND AVENUE SOUTH

SUITE 600

ST. PETERSBURG, FL 33701

Name Changed: 10/20/2004

Address Changed: 10/20/2004

**Officer/Director Detail**

**Name & Address**

Title Treasurer

NEWMAN, JAMES G
Title President

HANNIGAN, KEVIN
1216 66th STREET N.
ST. PETERSBURG, FL 33710

### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>01/10/2017</td>
</tr>
<tr>
<td>2018</td>
<td>02/19/2018</td>
</tr>
<tr>
<td>2019</td>
<td>02/08/2019</td>
</tr>
</tbody>
</table>

### Document Images

- 02/08/2019 -- ANNUAL REPORT
- 02/19/2018 -- ANNUAL REPORT
- 12/15/2017 -- Amended & Restated Articles/Name
- 01/10/2017 -- ANNUAL REPORT
- 02/04/2016 -- ANNUAL REPORT
- 01/09/2015 -- ANNUAL REPORT
- 01/10/2014 -- ANNUAL REPORT
- 01/24/2013 -- ANNUAL REPORT
- 01/06/2012 -- ANNUAL REPORT
- 02/21/2011 -- ANNUAL REPORT
- 01/13/2010 -- ANNUAL REPORT
- 04/27/2009 -- ANNUAL REPORT
- 04/25/2008 -- ANNUAL REPORT
- 02/22/2007 -- ANNUAL REPORT
- 05/08/2008 -- ANNUAL REPORT
- 01/06/2005 -- ANNUAL REPORT
- 10/20/2004 -- REINSTATEMENT
- 08/27/2004 -- Name Change
- 05/12/2004 -- Name Change
- 10/22/2003 -- Domestic Non-Profit

View image in PDF format
Event Name: Heroes Memorial Run 5K/10K
Event Date(s): 3/19/21 Fri.

Event Location: Demens Landing

Event Representative: Michael R. Mannino

Address: 1212 Seedea Cir. S.
Phone: 727-415-1987
Fax: 
E-Mail: mannino.michael@gmail.com

Event Website: 

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. X 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. X No. ___ N/A ___
2. **Portable Toilet Units:**
   **For single user portable toilet or bathing units clustered at a single location, at least five percent (5%) but no less than one accessible toilet unit shall be installed in each grouping and they should be placed on an accessible route. If only one is provided in a location, it should be accessible.**
   
   a. Total Number of Portable Units: 
   b. Total Number of Accessible Portable Units: 
   c. Is there at least one accessible unit in each group including accessible hand washing facilities (even if the group is a single unit)? 
   Yes [ ] No [ ] N/A [ ]

3. **Accessible Routes:**
   a. Do you plan to have any entrance or exit areas to the event, or is the event open to the public with no restricted access?
      Open: [ ] Restricted/Ticketed: [ ]
   b. If restricted, are your entrances and exits (means of egress, including emergency exits) at least 44 inches wide and free from barriers to provide an accessible route? In addition, the “gate” or entry “door” must provide a minimum of a 32” clear opening.
      Yes [ ] No [ ]
   
   * If any of your entrances and/or exits do not have the 32-inch minimum clearance, please document the reasons for the restriction and whether you have alternative entrances and exits that are marked with signs.

   c. If you have a passenger loading/unloading zone, is it accessible?
      Yes [ ] No [ ] N/A [ ]
   d. Is the route of travel through the event stable, firm, free from obstructions, slip resistant and at least 36 inches wide?
      Yes [ ] No [ ]
   
   *If you are using ancillary ramps to provide access, please document that below (all ramps shall be at a ratio of no more than 1:12 - 1 inch incline to each foot in length):
      Check Here: [ ]

   * City of St. Petersburg Parks and Recreation Department have for your use the following for an additional fee to install by city staff: Mobi-Mats – They are used to create an equal access pathway for all recreational users if needed.

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

c. Is there any seating available for dining?
   Yes [X] 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 [X] No [ ]

e. Do you plan to have any seating available for viewing concerts or other performances?
   Yes [ ] No [ ] N/A [X] ❌

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 [X] ❌

*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 [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 ☒  No  _______  N/A  _______

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

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

Contact Name:  Michael Mannino  Phone: 727-415-1988
Email Address:  maniino.michael@gmail.com  Fax:

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

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

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

__________________________  7/2/20
Signature, Event Representative  Date:

Michael Mannino
Print Name, Event Representative

This event has been approved by the Community Affairs Division:

__________________________  _________
ADA Coordinator  Date

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

Additional copies of this form can be found on our Web site at www.stpete.org/caforms.htm
Detail by Entity Name
Florida Not For Profit Corporation
HEROES OF THE ST. PETE POLICE AND FIRE RESCUE, INC.

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

Principal Address
C/O RSM
100 2ND AVE SOUTH
SUITE 600
ST PETERSBURG, FL 33701

Changed: 01/15/2020

Mailing Address
RSM
100 2ND AVE SOUTH
SUITE 600
ST PETERSBURG, FL 33701

Changed: 01/15/2020

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

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

Officer/Director Detail
Name & Address
### Treasurer

NEWMAN, JAMES G  
100 2ND AVE SOUTH STE 600  
ST PETERSBURG, FL 33701

### President

HANNIGAN, KEVIN  
1216 66th STREET N.  
ST. PETERSBURG, FL 33710

### Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>02/19/2018</td>
</tr>
<tr>
<td>2019</td>
<td>02/08/2019</td>
</tr>
<tr>
<td>2020</td>
<td>01/15/2020</td>
</tr>
</tbody>
</table>

### Document Images

<table>
<thead>
<tr>
<th>Document Images</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/15/2021 -- ANNUAL REPORT</td>
</tr>
<tr>
<td>02/08/2018 -- ANNUAL REPORT</td>
</tr>
<tr>
<td>02/19/2018 -- ANNUAL REPORT</td>
</tr>
<tr>
<td>12/15/2017 -- Amended &amp; Restated Articles of Inc.</td>
</tr>
<tr>
<td>01/10/2017 -- ANNUAL REPORT</td>
</tr>
<tr>
<td>02/04/2016 -- ANNUAL REPORT</td>
</tr>
<tr>
<td>01/09/2016 -- ANNUAL REPORT</td>
</tr>
<tr>
<td>01/10/2014 -- ANNUAL REPORT</td>
</tr>
<tr>
<td>01/24/2013 -- ANNUAL REPORT</td>
</tr>
<tr>
<td>01/09/2012 -- ANNUAL REPORT</td>
</tr>
<tr>
<td>02/21/2011 -- ANNUAL REPORT</td>
</tr>
<tr>
<td>01/13/2010 -- ANNUAL REPORT</td>
</tr>
<tr>
<td>04/27/2009 -- ANNUAL REPORT</td>
</tr>
<tr>
<td>04/25/2008 -- ANNUAL REPORT</td>
</tr>
<tr>
<td>02/22/2007 -- ANNUAL REPORT</td>
</tr>
<tr>
<td>05/08/2006 -- ANNUAL REPORT</td>
</tr>
<tr>
<td>01/06/2005 -- ANNUAL REPORT</td>
</tr>
<tr>
<td>10/20/2004 -- REINSTATEMENT</td>
</tr>
<tr>
<td>08/27/2004 -- Name Change</td>
</tr>
<tr>
<td>03/12/2004 -- Name Change</td>
</tr>
<tr>
<td>10/22/2003 -- Dissolve Non-Profit</td>
</tr>
</tbody>
</table>
HEROES OF THE ST PETE POLICE INC
MICHAEL MANNINO
1212 SEDEEVA CIR S
CLEARWATER FL 33755 USA

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

Dates and Times of Use:
Starting: Fri 05 Mar 21 06:00 am
Ending: Fri 05 Mar 21 11:00 pm

Facility/Equipment
Demens Landing Park
Fri 05 Mar 2021 06:00 AM
11:00 PM

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

Extra Fee - Bookings
Co-Sponsored Permit Fee (Waterfront)
Hours
17:00
Quantity
1
Charge
$200.00
Tax
$0.00
Total
$200.00

Charge:
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
07 Aug 2019
24 Mar 2020
Amount
$30.00
$200.00
Payment Type
Check
Account Adjustment
Reference
Rental
Rental
Receipt Number
3409128
3564543

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 MANNINO
HEROES OF THE ST PETE POLICE INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

User: jsbennin
Printed: 10 Jul 2020, 10:50 AM
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
Event Title: Mainsail Art Festival
Entity Name: Mainsail Art Festival Inc.
Event Date(s):
Day 1 of Event: April 17, 2021
Time Gates Open: 9 am
Ending Time: 4 pm
Day 2 of Event: April 18, 2021
Time Gates Open: 10 am
Ending Time: 5 pm
Day 3 of Event:
Location: Vinoy Park
Application Prepared by: Jane Ferguson
Title: Co-Chair
Address: 4838 Paradise Way S
City: St. Petersburg
State: FL
Zip: 33710
Email Address: jferguson@mhaffeycompany.com
Additional Contact Person: Lisa Wells
Day Phone: 727.599.3939

What month/year were you incorporated as nonprofit? October 1993
List all 501(c)3 entities that will benefit from this event.
MainSail Art Festival Inc/Pinellas Co Schools

Describe your event with details.

See attached 2019/2020 app

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

See attached

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:

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

Please provide a phone number that can be advertised to the public:
727.873.5855

What is the estimated attendance for this event? Spectators 100,000 Participants 250 Last Year's Total Attendance 0
Please check the equipment and/or facilities you are requesting.

Recreation Equipment
Showmobile (Yes/No) [Yes]

Special Events Facilities
Mahaffey Theater
Coliseum
Sunken Gardens
Boyd Hill

Non-City Locations
Which Location?

# of Bleacher(s) needed. Each bleacher approx. 180 people [10]

Tables (6 ft) # needed [20]
Chairs # needed [30]

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: [Signature]
Co-Sign: [Signature]
Title: Co-Chair
Date: 6-29-2020

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>
</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>
</tbody>
</table>

Marketing: Please check all that apply.

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

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:
Does your event require any power needs using more than the standard 110/20amp located in the parks? □ YES □ NO
If YES, check all that apply. □ RVS  □ Coffee Vendors  □ Ice Bins  □ Freezers  □ Ice Cream Vendors  □ Catering Trucks
□ Other:

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

**RVs for Treasurer/Finance Committee and Performing Arts**

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: Main Sail Art Festival Inc.  Phone: 727.430.3423
Address (including zip): 4838 Paradise Way S St. Petersburg, FL 33705

Type of music, # of stages, and # of bands.
Main Stage  Showmobile  Variety of musical performers

List Vending Products: Name & Provider.
Food vendors T&D
Merchandise vendor: Main Sail Art Festival Promotions Committee

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.
Great Bay Distributors
2750 Volpake Ave N SP 33716

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

None

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

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

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

Name: [Signature]  Title: [Signature]  Date: 6/29/20
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>Mainsail Art Festival</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Jane Ferguson</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Co-Chair 2020/2021 Festival Committee</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>4838 Paradise Way S, St. Petersburg, FL 33705</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727.430.3423</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:janeferguson@mahaffeycompany.com">janeferguson@mahaffeycompany.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td></td>
</tr>
</tbody>
</table>

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

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

What method of invoicing would your organization prefer?

- [ ] BY Mail
- [ ] BY EMAIL

Contact Name

Address

City, State, Zip

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artist Fees</td>
<td>$122,103.70</td>
</tr>
<tr>
<td>Concessions</td>
<td>$53,000.93</td>
</tr>
<tr>
<td>Sponsorships</td>
<td>$5,800.00</td>
</tr>
<tr>
<td>Culinary Arts Vendors</td>
<td>$15,715.00</td>
</tr>
<tr>
<td>Interest</td>
<td>$4.74</td>
</tr>
<tr>
<td>Misc. Income (from ATM machines on site)</td>
<td>$165.47</td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**: $196,789.84

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs</td>
<td>$20,786.43</td>
</tr>
<tr>
<td>Performing Arts</td>
<td>$12,671.48</td>
</tr>
<tr>
<td>Judging &amp; Awards</td>
<td>$64,565.38</td>
</tr>
<tr>
<td>Concessions &amp; Promotions</td>
<td>$18,790.71</td>
</tr>
<tr>
<td>Publicity/Advertising/Web/Printing/Event Support Costs (Rentals &amp; Security)</td>
<td>$19,923.23</td>
</tr>
<tr>
<td>City, Permits, Sales Tax, Insurance</td>
<td>$52,029.96</td>
</tr>
<tr>
<td>Refunds</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>Young at ARt</td>
<td>$6,979.42</td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**: $197,246.61

**TOTAL NET INCOME**: ($456.77)

### 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>N/A</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**: 

Prepared by: Cathy Hakes, Mainsail Treasurer

Date: July 11, 2017

Page 8 of 8
Describe your events set-up and tear down time frame.

Please provide first day/date of set up and last day/date of tear down.

First day/date of set up is Friday, April 19, 2019 and last day of tear down is Sunday, April 21, 2019.

Mainsail Committee members are in the park starting Tuesday, April 16, 2019 (to do a first walk through of the park) and Wednesday, April 17, 2019 as the City staff delivers the Performing Arts stage and our tent rental company begins set up of tents next to the Performing Arts Stage for performers and in front of the stage for those who will be enjoying the entertainment. They also set up tents for our 10 to 12 food vendors and for our t-shirt and poster sales venue.

Although our exhibiting artists will arrive very early on Friday, April 20, 2019 check in does not begin until the Mainsail Committee is satisfied that the booth spaces have been drawn and – most importantly – marked to indicate booth space numbers. This is usually around 1 p.m.

Having the City staff there starting early Friday has always been helpful, as they assist with parking direction – monitor entrance and exit from the park to their parking area, and troubleshoot issues within the park (e.g. electric, water and filling in holes with mulch). Activity in the park on Friday is almost as busy as on the first day of the festival as food vendors, the Junior League "Kids Create" volunteers set up their activities, and the "Young at Art" student artwork exhibit is set up in its designated area of the park. Great Explorations joined us last year with kids' activities and Duncan McClellan DMG School Project sets up on Friday for their glass blowing demonstrations on Saturday and Sunday.

With so many moving parts on Friday, we have been grateful that in the past the City staff has been there to help us to ensure that all of our exhibiting and vendor guests are operating with care and that park rules and city regulations are followed.

The show closes at 5 pm on Sunday and we do not allows any of the artist or vendors to drive into the park (to pack up their tents) until fire safety officials and St. Pete police have confirmed that all festival guests have cleared the park and City staff give us the go-ahead to allow vehicles into the park.
Event Name: Mainstreet Art Festival
Event Date(s): April 17 - 18

Event Location: Vinoy Park

Event Representative: Jane Ferguson, 2020-2021 Co-Chair

Address: 4838 Paradise Way St. Petersburg, FL 33705

Phone: 727.430.3423 Fax: E-Mail: jane.ferguson@mainstreetarts.org

Event Website: www.mainstreetarts.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. X No. _____ N/A ________

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

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

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

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

   c. Are your private parking facilities in compliance with Ch. 553.5041 of the Florida Statutes or the Florida Building Code?

   Yes. ______ No. ________ N/A ________
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: __35__
   b. Total Number of Accessible Portable Units: __6__
   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 [X] 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 [X] No [ ]

e. Do you plan to have any seating available for viewing concerts or other performances?

   Yes [X] No [ ]

f. If yes, do you have a section reserved with accessible, unobstructed viewing for persons with disabilities and their companions?

   Yes [X] 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. (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. (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: Jane Ferguson Phone: 727-430-3423
Email Address: jane.ferguson@makeready.com Fax: _____________

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

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

I certify that the answers above are true to the best of my knowledge and intentions:

Signature, Event Representative: Jane Ferguson Date: 7.8.20

Print Name, Event Representative: Jane Ferguson

This event has been approved by the Community Affairs Division:

ADA Coordinator: __________________________ Date: __________________________

PLEASE RETURN THIS FORM WITH YOUR EVENT LAYOUT MAP TO:

City of St. Petersburg
Community Affairs Division
P.O. Box 2842, St. Petersburg, FL 33731-2842
Phone: 727-893-7345 Fax: 727-551-3247
E-Mail: Lendel.Bright@stpete.org

Additional copies of this form can be found on our Web site at www.stpete.org/caforms.htm
Detail by Entity Name
Florida Not For Profit Corporation
MAINSAIL ART FESTIVAL, INCORPORATED

Filing Information
Document Number N11835
FEI/EIN Number 59-2650459
Date Filed 10/31/1985
State FL
Status ACTIVE
Last Event AMENDMENT
Event Date Filed 02/17/1989
Event Effective Date NONE

Principal Address
147 2ND AVE. SO.
ST PETERSBURG, FL 33701

Changed: 06/28/2019

Mailing Address
717 LUTHER PALMER ROAD
CLEVELAND, GA 30528

Changed: 07/17/2007

Registered Agent Name & Address
FERGUSON, JANE LINK
147 2ND AVE. SO.
ST PETERSBURG, FL 33701

Name Changed: 06/28/2019

Address Changed: 06/28/2019

Officer/Director Detail
Name & Address

Title Steering Committee/Treasurer

HAKES, CATHY
717 LUTHER PALMER ROAD
CLEVELAND, GA 30528
Title Steering Committee

FISHER, GREGORY H
5520 FIRST AVE N.
ST PETERSBURG, FL 33710

Title Co-Chair

FERGUSON, JANE
4838 PARADISE WAY SO
ST. PETERSBURG, FL 33705

Title Co-Chair

Wells, Lisa
1311 Monticello Blvd
ST. PETERSBURG, FL 33703

Title Steering Committee

Osterland, Stevie S
5219 19th Ave No.
St. Petersburg, FL 33710

Title Steering Committee

Firebaugh, Chloe
728 46 Ave No
St. Petersburg, FL 33703

Annual Reports

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>02/02/2018</td>
</tr>
<tr>
<td>2019</td>
<td>02/06/2019</td>
</tr>
<tr>
<td>2020</td>
<td>01/23/2020</td>
</tr>
</tbody>
</table>

Document Images

- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
- [View image in PDF format](#)
<table>
<thead>
<tr>
<th>Date</th>
<th>Report Type</th>
<th>View Image</th>
<th>View in PDF Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/12/2005</td>
<td>ANNUAL REPORT</td>
<td>View Image</td>
<td>View in PDF format</td>
</tr>
<tr>
<td>01/31/2008</td>
<td>ANNUAL REPORT</td>
<td>View Image</td>
<td>View in PDF format</td>
</tr>
<tr>
<td>07/17/2007</td>
<td>ANNUAL REPORT</td>
<td>View Image</td>
<td>View in PDF format</td>
</tr>
<tr>
<td>01/11/2006</td>
<td>ANNUAL REPORT</td>
<td>View Image</td>
<td>View in PDF format</td>
</tr>
<tr>
<td>01/11/2005</td>
<td>ANNUAL REPORT</td>
<td>View Image</td>
<td>View in PDF format</td>
</tr>
<tr>
<td>03/04/2004</td>
<td>ANNUAL REPORT</td>
<td>View Image</td>
<td>View in PDF format</td>
</tr>
<tr>
<td>02/12/2003</td>
<td>ANNUAL REPORT</td>
<td>View Image</td>
<td>View in PDF format</td>
</tr>
<tr>
<td>11/27/2002</td>
<td>ANNUAL REPORT</td>
<td>View Image</td>
<td>View in PDF format</td>
</tr>
<tr>
<td>01/27/2001</td>
<td>ANNUAL REPORT</td>
<td>View Image</td>
<td>View in PDF format</td>
</tr>
<tr>
<td>03/08/2000</td>
<td>ANNUAL REPORT</td>
<td>View Image</td>
<td>View in PDF format</td>
</tr>
<tr>
<td>04/09/1999</td>
<td>ANNUAL REPORT</td>
<td>View Image</td>
<td>View in PDF format</td>
</tr>
<tr>
<td>02/19/1998</td>
<td>ANNUAL REPORT</td>
<td>View Image</td>
<td>View in PDF format</td>
</tr>
<tr>
<td>02/27/1997</td>
<td>ANNUAL REPORT</td>
<td>View Image</td>
<td>View in PDF format</td>
</tr>
<tr>
<td>03/13/1996</td>
<td>ANNUAL REPORT</td>
<td>View Image</td>
<td>View in PDF format</td>
</tr>
</tbody>
</table>

Florida Department of State, Division of Corporations
**City of St. Petersburg**

MAINSAIL ART FESTIVAL INC  
JANE FERGUSON  
147 2ND AVE S STE 300  
ST PETERSBURG, FL 33701 USA

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance</td>
<td>$630.00</td>
</tr>
</tbody>
</table>

Applied To: 29989 - MAINSAIL ART FESTIVAL

Vinoy Park - Vinoy Park
April 15, 2021 6:00 am to April 19, 2021 9:00 pm

Payment: Check ($600.00)

Balance $30.00

**APPROVED REFUNDS ARE BY CHECK ONLY**
Contract/Permit

Contract #: 29989
Date: 10 Jul 2020

MAINSAIL ART FESTIVAL INC
JANE FERGUSON
147 2ND AVE S STE 300
ST PETERSBURG FL 33701 USA

Purpose of Use: MAINSAIL ART FESTIVAL

Expected: 100,000

Conditions of Use: Insurance Required

Other Information:
- Use of beer and wine: Yes
- Use of fencing: No
- Use of liquor: No

Date(s) and Time(s) of Use:
Starting: Thu 15 Apr 21 06:00 AM
Ending: Mon 19 Apr 21 09:00 PM

Facility/Equipment

Vinoy Park
Thu 15 Apr 2021 06:00 AM $0.00 $600.00 $0.00 $600.00
Vinoy Park
19 Apr 2021 09:00 PM

Addition Fees:

Extra Fee
Co-Sponsored Application Fee 1 $30.00 $0.00 $30.00

Extra Fee - Bookings
Co-Sponsored Permit Fee (Vinoy) Hours Quantity Charge Tax Total
11:00 2 $600.00 $0.00 $600.00

Total:
$600.00 $0.00 $600.00

Charges:

Fees $0.00 $630.00 $0.00 $630.00
Extra Fees $0.00 $600.00 $0.00 $600.00
Tax $0.00 $0.00 $0.00
Total $630.00 $600.00 $1230.00

Deposit $0.00 $0.00
Total Applied $600.00 $600.00
Contract Balance $30.00 $30.00
Account Balance $30.00

Balance of rental due and payable immediately.

Payments:

Date 10 Jul 2020
Amount $600.00
Payment Type Check
Reference Rental
Receipt Number 3588398

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By (Signature): JANE FERGUSON
(Print Name) MAINSAIL ART FESTIVAL INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Signature): Parks and Recreation Superintendent
(Print Name)

By (Signature): 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.
Event Title: Car-Free Central
Phone No.: (727) 821-5166
Fax No.: (727) 896-6302

Event Date(s): January 10, 2021
Location: Central Avenue from waterfront to 31st Street

Day 1 of Event: January 10, 2021
Time Gates Open: 11am Ending Time: 4pm
Day 2 of Event: 
Time Gates Open: 
Ending Time: 
Day 3 of Event: 
Time Gates Open: 
Ending Time: 

Application Prepared by: Nicole Roberts
Title: Community Outreach Coordinator
Phone: (321) 482-0314
Address: 244 Second Avenue North Suite 201
City: St. Petersburg State: FL Zip: 33701
Email Address: nicole@stpetepartnership.org
Additional Contact Person: Cesar Morales Day Phone: (703) 343-0450

What month/year were you incorporated as nonprofit? July 2017

List all 501(c)3 entities that will benefit from this event.

Name of the for-profit entity?

Describe your event with details.

This year, OpenStreets St. Pete and Car-Free St. Pete are coming together to bring the largest open streets event that St. Pete has ever seen. Following the top community desires communicated in the St. Pete 2050 Visioning Process, we have decided to shut down Central Avenue from the Waterfront to 31st Street. The Grand Central, EDGE, and Central Arts Districts are supportive of this event, collaborating with us on the programming in their designated areas to ensure the success of their established businesses. In addition to having established businesses spilling out onto the sidewalk and street, we will also have fun events such as yoga and musical performances at different areas along the route. Our goal is to take one of the city's largest open spaces (the streets) and make a safe and creative space for people to participate in healthy and fun activities while also gaining a unique perspective of the city in which they live.

Describe what economic benefit and impact this event will bring to St. Petersburg.

The economic impact will be great for the established businesses along Central Avenue that are allowed to expand their normal operations into the street, drawing more patrons. The intended impact is to show the community and the businesses how beneficial it can be to have the street closed to cars so that the space can be used for things other than vehicular transportation, such as active transportation (walking, biking, skating, etc.), activities, and business.

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. www.carfreestpete.com

Please provide a phone number that can be advertised to the public. (727) 821-5166

What is the estimated attendance for this event? Spectators □ Participants □ Last Year's Total Attendance □
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) [No]

# Bleachers needed. Each bleacher approx. 180 people [No]

Tables (6 ft) # needed [No] Chairs # needed [No]

Public Address System [No]

# Of portable risers needed (4 in. x 8 in. x 16 in. sections) [No]

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: Community Outreach Coordinator Date: 4/6/2020

Co-Sign: [Signature] Title: Lead Organizer Date: 4/13/20

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>
</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? 11 - 20 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>Marketing: Please check all that apply.</td>
<td></td>
</tr>
<tr>
<td>Invitations</td>
<td></td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td></td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td></td>
</tr>
<tr>
<td>Radio</td>
<td></td>
</tr>
<tr>
<td>Television</td>
<td></td>
</tr>
<tr>
<td>Remote Broadcast</td>
<td></td>
</tr>
</tbody>
</table>

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks?  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, we are requesting that the Mayor allow the Central Avenue Trolley to run during the event although Street Closure Permits are not generally given when vehicles are on the route. We are requesting this because we believe it will alleviate some of the businesses on Central Avenue's concerns about employees getting to work as well as provide a way for physically handicapped individuals to explore the Central Avenue area.

If City permits, licenses, or services are required for event, who will pay for them?

Name: St. Petersburg Downtown Partnership  Phone: (727) 821-5166

Address (including zip): 244 Second Avenue North, Suite 201 St. Petersburg, FL 33701

Type of music, # of stages, and # of bands.

Type of music: Pop, light rock, reggae, etc.

# of Stages: 3

# of Bands: 10

List Vending Products, Name & Provider.

To be determined.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

Shift St. Pete, PO BOX 2198 St Pete 33731, (703) 343-0450

Explain subject/purpose of all speeches/demonstrations which will occur.

All speeches will celebrate St. Pete, the ways the street can be used if car-free, and all the ways we can go car-free in our community.

Discuss your load in/load out parking needs, include times and dates.

For: Jan 10, 2021: Street Closure Starts @ 9:00 AM, Set Up Time: 9:00 AM – 10:30 AM, Event Time: 11:00 AM – 4:00 PM, Clean UP Time: 4:00 PM – 6:00 PM, Goal is to have streets clear by 6pm to re-open the roads, Only vehicles carrying equipment for set-up will be allowed access to the OpenStreets route.
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: Community Outreach Coordinator  
Date: 4/6/2020
Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Yinoy Park will be assessed $300.00 per event day (e.g., 1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 months prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non-refundable $1,200.00 late fee.

* The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.

* Payment will be required at least ten (15) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.

* All first time entities requesting events will be required to complete a credit application.
Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

<table>
<thead>
<tr>
<th>Name of the Nonprofit Corporation:</th>
<th>Shift St. Pete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Cesar Morales</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Lead Organizer</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>PO BOX 2198 St Pete 33731</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>(703) 343-0450</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:cesarmorales@gmail.com">cesarmorales@gmail.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>47-4317273</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td></td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number)</td>
<td></td>
</tr>
</tbody>
</table>

Please include a copy of the 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:  nicole@stpetepartnership.org
Name of Event: OpenStreets St. Pete
Date(s) of Event: Oct 20, 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>AARP Sponsorship</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Bishops Sponsorship</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Florida Juice Food Truck</td>
<td>$75.00</td>
</tr>
<tr>
<td>Clara Rose Ice Cream</td>
<td>$75.00</td>
</tr>
<tr>
<td>Latin Lunch Box</td>
<td>$75.00</td>
</tr>
<tr>
<td>SPCA</td>
<td>$250.00</td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE** $6,475.00

## II. EXPENSES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bouchard Insurance</td>
<td>$1,047.18</td>
</tr>
<tr>
<td>Al Lang Parking Rental</td>
<td>$450.00</td>
</tr>
<tr>
<td>Portable Sanitation</td>
<td>$500.00</td>
</tr>
<tr>
<td>SPPD Event Permit</td>
<td>$30.00</td>
</tr>
<tr>
<td>SPPD Road Closure Permit</td>
<td>$30.00</td>
</tr>
<tr>
<td>Event Music</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Albert Whitted Park Fee</td>
<td>$230.00</td>
</tr>
<tr>
<td>Parks and Rec fee</td>
<td>$997.02</td>
</tr>
<tr>
<td>Tents and tables</td>
<td>$1,148.11</td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES** $5,432.31

**TOTAL NET INCOME** $1,042.69

## III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

Prepared by: Nicole Roberts
Date: Apr 6, 2020
## Event Title:
Reggae Rise Up Music Festival

## Entity Name:
Live Nite Events

## Event Date(s):
October 2, 3, 4 - 2020

## Location:

### Day 1 of Event:
- **Time Gates Open:** Noon
- **Ending Time:** 10:00 PM

### Day 2 of Event:
- **Time Gates Open:** Noon
- **Ending Time:** 10:00 PM

### Day 3 of Event:
- **Time Gates Open:** 1 pm
- **Ending Time:** 10:00 PM

## Application Prepared by:
Vaughn Carrick

## Title:
Owner

## Address:
331 S. Rio Grand St.

### City:
SLC

### State:
Utah

### Zip:
84101

## Email Address:
vaughn@liveniteevents.com

## Additional Contact Person:
Joey Traum

## Day Phone:
385-319-9946

## Event Title:
Reggae Rise Up Music Festival

## Phone No.:
801-419-0858

## Fax No.:

## Federal I.D. Number:
45-5502551

## Event Date(s):
October 2, 3, 4 - 2020

## Location:

### Day 1 of Event:
- **Time Gates Open:** Noon
- **Ending Time:** 10:00 PM

### Day 2 of Event:
- **Time Gates Open:** Noon
- **Ending Time:** 10:00 PM

### Day 3 of Event:
- **Time Gates Open:** 1 pm
- **Ending Time:** 10:00 PM

## Application Prepared by:
Vaughn Carrick

## Title:
Owner

## Address:
331 S. Rio Grand St.

### City:
SLC

### State:
Utah

### Zip:
84101

## Email Address:
vaughn@liveniteevents.com

## Additional Contact Person:
Joey Traum

## Day Phone:
385-319-9946

## What month/year were you incorporated as nonprofit?
N/A

## List all 501(c)3 entities that will benefit from this event.
- The Teal Recovery Project

## Name of the for-profit entity?
Live Nite Events, LLC

### Describe your event with details.

The sixth series of Reggae Rise Up Florida will be a continue to be an impact to one of the largest reggae markets in the country. More than just a reggae festival, Reggae Rise Up is also a celebration of the diverse and dynamic culture of each community we visit. Featuring cuisines from local eateries, local, brews, and local showcasing artists to round out the experience.

### Describe what economic benefit and impact this event will bring to St. Petersburg.

The event will be attended by thousands of people, many of whom will visit local businesses ranging from gas stations to restaurants. We also plan to work out a "festival rate" with local hotels to encourage people to spend the night in St. Petersburg. The event itself will employ 200+ people who live in the St. Petersburg area.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

## Does your group presently have liability insurance?
X YES

## Are there plans to sell or distribute beer/wine at your event?
X YES

## Will there be an admission/registration fee?
X YES

## Please provide the website address for your event.
www.reggaeriseupflorida.com

## Please provide a phone number that can be advertised to the public.
801.419.0858

## What is the estimated attendance for this event?
Spectators 40000
Participants 300

Last Year's Total Attendance 40000
Please check the equipment and/or facilities you are requesting.

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 [ ] No

# of portable risers needed (4 in. x 8 in. x 16 in. sections) [ ] 0

Special Events Facilities

[ ] Mahaffey Theater
[ ] Coliseum
[ ] Sunken Gardens
[ ] Boyd Hill

Non-City Locations

Which Location?

[ ] 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: Vaughn Carrick
Title: Owner
Date: 05/03/20

Co-Sign: Joey Traum
Title: Partner
Date: 05/03/20

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>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></td>
<td>Hand Washing 15</td>
</tr>
<tr>
<td></td>
<td>Daytime - Private 110</td>
</tr>
<tr>
<td></td>
<td>Overnight - Private 15</td>
</tr>
<tr>
<td></td>
<td>Event Time Frame - SPPD        15</td>
</tr>
<tr>
<td></td>
<td>Professional 20</td>
</tr>
<tr>
<td></td>
<td>Performers</td>
</tr>
<tr>
<td></td>
<td>Annunciation Only</td>
</tr>
</tbody>
</table>

Marketing: Please check all that apply.

- Invitations
- Posters / Flyers
- Newspaper / Internet
- City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

- Radio
- Television
- Remote Broadcast
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☒ YES ☐ NO

If YES, check all that apply. ☒ RV'S ☐ Coffee Vendors  ☐ Ice Bins  ☐ Freezers  ☐ Ice Cream Vendors  ☐ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Stage and lights, Box Office, Back stage production offices and artist green room areas.

Will you supply your own generators? ☒ YES ☐ NO

Will your event have a licensed electrician on-site during the event? ☒ YES ☐ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

N/A

If City permits, licenses, or services are required for event, who will pay for them?

Name: Live Nite Events, LLC Phone: 801-419-0858

Address (including zip): 331 S. Rio Grande Street #108 / SLC, Utah / 84101

Type of music, # of stages, and # of bands.

30 Reggae music artists will be performing on two stages

List Vending Products. Name & Provider.

TBD

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

The Teal Recovery Project

Explain subject/purpose of all speeches/demonstrations which will occur.

N/A

Discuss your load in/load out parking needs, include times and dates.

We would like to begin load in 5 days before event and load out will take place up to 3 days after the event. Parking needs are undetermined at this time.
Other Comments: Please describe your fee structure.

The tickets will vary pending artist confirmations. $40 - $200 depending on GA or VIP and time purchased prior to event. They will go up in price as the event gets closer.

Other comments:

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Vaughn Carrick
Title: Owner
Date: 05/03/20
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 <strong>Nonprofit</strong> Corporation:</th>
<th>The Teal Recovery Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Rena Cardalo</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>13235 State RD 52 110 Hudson, FL34669</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>954-850-0443</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:rena@thetealrecoveryproject.org">rena@thetealrecoveryproject.org</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>80-0891587</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the <strong>For-profit</strong> Corporation:</th>
<th>Live Nite Events, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Vaughn Carrick</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>Owner</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>331 S Rio Grande Street #108 / SLC, Utah 84101</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>801-419-0858</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:vaughn@liveniteevents.com">vaughn@liveniteevents.com</a></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td>45-5502551</td>
</tr>
</tbody>
</table>

Please include a copy of the the current IRS Nonprofit Affidavit / For Profit

What method of invoicing would your organization prefer?

- [x] BY Mail
  - Contact Name: Vaughn Carrick
  - Address: 331 S Rio Grande Street #108
  - City, State, Zip: SLC, Utah 84101

- [ ] BY EMAIL
**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)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

**II. EXPENSES**

(attach sheet if more space is needed)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

**III. ALLOCATION OF NET INCOME**

(attach sheet if more space is needed)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: Vaughn Carrick  
Date: 05/03/20
# Detail by Entity Name

Florida Not For Profit Corporation
TEAL RECOVERY PROJECT INC

**Filing Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Number</td>
<td>N13000001185</td>
</tr>
<tr>
<td>FEI/EIN Number</td>
<td>80-0891587</td>
</tr>
<tr>
<td>Date Filed</td>
<td>02/06/2013</td>
</tr>
<tr>
<td>Effective Date</td>
<td>02/01/2013</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>Status</td>
<td>ACTIVE</td>
</tr>
</tbody>
</table>

**Principal Address**

13235 STATE RD 52  
110  
HUDSON, FL 34669

**Mailing Address**

13235 STATE RD 52  
110  
HUDSON, FL 34669

**Registered Agent Name & Address**

JACKSON, ANDREW BILL  
13235 STATE RD 52  
110  
HUDSON, FL 34669

**Officer/Director Detail**

**Name & Address**

**Title**  
JACKSON, ANDREW BILL  
13235 STATE RD 52  
HUDSON, FL 34669

**Title**  
REUSTLE, JESSICA  
1755 BELLEMEADE DR.  
CLEARWATER, FL 33755

**Title**  
VP
Carideo, Rena S  
5508 S. MACDILL AVE  
TAMPA, FL 33611  

**Annual Reports**

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>01/15/2018</td>
</tr>
<tr>
<td>2018</td>
<td>09/14/2018</td>
</tr>
<tr>
<td>2019</td>
<td>04/18/2019</td>
</tr>
</tbody>
</table>

**Document Images**

- 04/16/2016 – ANNUAL REPORT  [View image in PDF format]
- 09/14/2016 – AMENDED ANNUAL REPORT  [View image in PDF format]
- 01/15/2018 – ANNUAL REPORT  [View image in PDF format]
- 01/10/2017 – ANNUAL REPORT  [View image in PDF format]
- 04/18/2016 – ANNUAL REPORT  [View image in PDF format]
- 04/05/2015 – ANNUAL REPORT  [View image in PDF format]
- 09/15/2014 – ANNUAL REPORT  [View image in PDF format]
- 02/08/2013 – Domestic Non-Profit  [View image in PDF format]

Florida Department of State, Division of Corporations
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: Gulf to Bay - Monthly Food Themed Rallies
Entity Name: Gulf To Bay Food Truck Association
Event Date(s): 2/21-22, 4/17 5/15 6/19 7/24 8/21 9/18 10/16
Location: Feb and Sept North Straub, rest at Albert Whitted
Day 1 of Event: Time Gates Open: 6pm Ending Time: 11pm
Day 2 of Event: Time Gates Open: Ending Time: 
Day 3 of Event: Time Gates Open: Ending Time: 
Application Prepared by: Beata Browne
Title: Treasurer
Address: 2305 S. Thixton Ct.
City: Tampa
State: FL
Zip: 
Email Address: gulf2bayfta@gmail.com
Additional Contact Person: Maggie Lofflin
What month/year were you incorporated as nonprofit? 01/27/2014
List all 501(c)3 entities that will benefit from this event: Gulf To Bay Food Truck Association, Westfall Charities, parking
Name of the for-profit entity?
Describe your event with details.
Food truck events always bring a great sense of community as well as fun. They bring many different types of people all together for an evening of fun and food. St. Pete already has a great image of being on the cutting edge and more "in tune" to what the public seeks and this just helps add to the repertoire of that image. Who doesn't love a food truck event!
Describe what economic benefit and impact this event will bring to St. Petersburg.
We have successfully produced over 30 events in the St. Petersburg area in the last 3 years. We consistently produce a family friendly event month after month utilizing local performers, food trucks, small businesses for our local services and craft vendors! Benefits include creating a wonderful free community event for all ages to enjoy. We employ city staff (police and parks and rec) which brings additional revenue to the city workers. We will have at least half of the food trucks who are from St. Pete, as well as additional staff hired for the day to work the event local to the St. Pete area. We are the epitome of eat local. Some attendees may not be from St. Pete but may come just for the occasion of participating in the event and may then filter on into other businesses in the area, to continue celebrating all things local, so it will help with additional revenue to all the.
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? NO
Are there plans to sell or distribute beer/wine at your event? NO
Will there be an admission / registration fee? YES
Please provide the website address for your event. www.gulf2bayfta.org lists all of our events
Please provide a phone number that can be advertised to the public. 813-720-7060
What is the estimated attendance for this event? Spectators varies Participants varies Last Year's To Attendance varies
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: [ ]
- Chairs # needed: [ ]
- Public Address System: [ ]
- # of portable risers needed (4 in. x 8 in. x 16 in. sections): [ ]

**Special Events Facilities**
- Non-City Locations
- Mahaffey Theater
- Coliseum
- Sunken Gardens
- Boyd Hill

**Which Location?**
- North Straub, Albert Whitted

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)
**FIRE:** Paramedics, Inspectors
**PARKS SERVICES:** Cleanup Personnel, Dumpster(s), Trash Receptacles
**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:** Beata Browne  
**Title:** Treasurer  
**Co-Sign:** Maggie Loflin  
**Title:** President  
**Date:** 8/4/19

**NOTE:**
- a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.
- b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.
- c. Applications lacking information or the required completed appendixes listed below will not be processed.

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON,  
Parks & Recreation Manager,  
727-893-7766 or EMAIL: StPeteEvents@stpete.org
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Public Invited</td>
<td>General Liability Insurance</td>
</tr>
<tr>
<td>☑ Located in Park</td>
<td>Park Permit</td>
</tr>
<tr>
<td>☑ Vending Product / Merchandise Sales</td>
<td>Occupational License</td>
</tr>
<tr>
<td>☑ Vending Food / Beverage</td>
<td>Health Inspection</td>
</tr>
<tr>
<td>☑ Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>☑ Vending Beer / Wine</td>
<td></td>
</tr>
<tr>
<td>☐ Erecting Tents - Larger than 10ft x 12ft</td>
<td>Alcohol Permit Additional insurance Required</td>
</tr>
<tr>
<td>☐ Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☐ Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☐ Open Flame Food Preparation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>☐ Pyrotechnics</td>
<td>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>☑ 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>☑ Radio</td>
<td></td>
</tr>
<tr>
<td>☑ Television</td>
<td></td>
</tr>
<tr>
<td>☐ Remote Broadcast</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  X  NO
If YES, check all that apply.  □ RVS  □ Coffee Vendors  □ Ice Bins  □ Freezers  □ Ice Cream Vendors  □ Catering Trucks  □ Other.

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

________________________________________________________________________

Will you supply your own generators?  X  YES  □ NO

Will your event have a licensed electrician on-site during the event?  □ YES  X  NO  If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

________________________________________________________________________

If City permits, licenses, or services are required for event, who will pay for them?

Name:  Gulf to Bay Food Truck Association  Phone:  813-720-7060
Address (including zip):  2305 S. Thixton Ct. Tampa FL 33629

Type of music, # of stages, and # of bands.

Live Band, one stage

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.

We will carry our own liquor license for the event.

________________________________________________________________________

Explain subject/purpose of all speeches/demonstrations which will occur.

N/A

________________________________________________________________________

Discuss your load in/load out parking needs, include times and dates.

We will need parking for the attendees when the event is located in Albert Whitted park. We will need to have the park area block off as early as possible, on the day of the event until the crowds disperse at the end of the event at 11pm.
Other Comments: Please describe your fee structure.

Fee structure is based on providing additional events for our Members and attendees. We do not profit from the event instead use funds to pay for each event and future events where there is less alcohol revenue and sponsor monies coming in.

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: Beata Browne
Title: Treasurer
Date: 8/4/19
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>Gulf to Bay Food Truck Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Maggie Loeflin</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>President</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>2305 S. Thixton Ct. Tampa, FL 33629-4784</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>720-706-7437</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:gulfobayta@gmail.com">gulfobayta@gmail.com</a></td>
</tr>
<tr>
<td>Nonprofit (Employee Identification Number):</td>
<td>647B4426</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the For-profit Corporation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
</tr>
</tbody>
</table>

Please include a copy of the current IRS Nonprofit Affidavit / For Profit.

What method of invoicing would your organization prefer?

- [ ] BY Mail  
  Contact Name: Beata Browne  
  Address: 2305 S. Thixton Ct.  
  City, State, Zip: Tampa, FL 33629

- [ ] BY EMAIL  
  Email Address: gulfobayta@gmail.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. Alcohol</td>
<td>Varies</td>
</tr>
<tr>
<td>2. Sponsors</td>
<td>Varies</td>
</tr>
<tr>
<td>3. Vendors</td>
<td>Varies</td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE**

---

<table>
<thead>
<tr>
<th>II. EXPENSES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All City rentals (Tables, Chairs, Stage, Lighting, power sources)</td>
<td>Varies</td>
</tr>
<tr>
<td>2. Portable restrooms</td>
<td>Varies</td>
</tr>
<tr>
<td>3. Alcohol</td>
<td>Varies</td>
</tr>
<tr>
<td>4. Additions for staff</td>
<td>Varies</td>
</tr>
<tr>
<td>5. Entertainment</td>
<td>Varies</td>
</tr>
<tr>
<td>6. Ice</td>
<td>Varies</td>
</tr>
<tr>
<td>7. Misc.</td>
<td>Varies</td>
</tr>
<tr>
<td>8. Advertising</td>
<td>Varies</td>
</tr>
<tr>
<td>9. City of St. Pete parks staff and police</td>
<td>Varies</td>
</tr>
<tr>
<td>10. Insurance</td>
<td>Varies</td>
</tr>
<tr>
<td>11. Accounting</td>
<td>Varies</td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

---

<table>
<thead>
<tr>
<th>III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Any additional income goes back into future events as some events are not profitable</td>
<td>$1-$2K</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: Beata Browne  
Date: 3/4/19
**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 Constitue 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).

<table>
<thead>
<tr>
<th>PRODUCER</th>
<th>CONTACT NAME</th>
<th>PHONE (AG. NO. EXT.)</th>
<th>FAX (AG. NO.)</th>
<th>E-MAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairchild, Addison &amp; McKone</td>
<td>Fairchild, Addison &amp; McKone</td>
<td>813-681-4893</td>
<td>813-685-8610</td>
<td><a href="mailto:COl@FAMins.com">COl@FAMins.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INSURED</th>
<th>INSURER(S) AFFORDING COVERAGE</th>
<th>NAIC #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gulf to Bay Food Truck Assc.</td>
<td>Southern Owners Ins</td>
<td>10190</td>
</tr>
</tbody>
</table>

**Coverages**

<table>
<thead>
<tr>
<th>INSURER</th>
<th>TYPE OF INSURANCE</th>
<th>ADDL SUBRO GWRL</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
<th>POLICY EXP (MM/DD/YYYY)</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>CLAIMS-MADE</td>
<td>X OCCUR</td>
<td>Y</td>
<td>20864321</td>
<td>05/02/2019</td>
</tr>
<tr>
<td>X</td>
<td>COMMERCIAL AUTOMOBILE LIABILITY</td>
<td>ANY AUTO</td>
<td>OWNED</td>
<td>SCHEDULED AUTOS</td>
<td>NON-OWNED AUTOS</td>
<td>UMBERLLA LIABILITY</td>
</tr>
<tr>
<td>X</td>
<td></td>
<td>DED</td>
<td>RETENTION</td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Description of Operations / Locations / Vehicles (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Professional And Trade Associations
Certificate Holder is an Additional Insured in regards to General Liability coverage as required.

**Certificate Holder**

<table>
<thead>
<tr>
<th>CITYS12</th>
<th>CANCELLATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of St Petersburg</td>
<td>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</td>
</tr>
</tbody>
</table>

**Authorized Representative**
Fairchild, Addison & McKone

ACORD 25 (2016/03) © 1988-2015 ACORD CORPORATION. All rights reserved.
First Port Rally - 2015 at the Port of St Pete

August - 2017 Taco and Beer Fiesta event
V- Sentimental Art - Art
V- JolArt Jewelry - Jewelry
V- Beryls Bracelets - Jewelry
V- BHAppy Art & Gifts - Art Gifts
V- Rescue Me Bakery Dog Treats
V- Jerky Man Dan's - Jerky
V- Southern JAR - Jarred food
V- Great Vertiz Crochet clothes
V- VidaCann - CBD
E- Everything Must Glow
V- LilyRose Jewelry - Power
V- Alam - Magic Tricks
V- Golden Zen Boutique - Jewelry
V- Mystic Sisters 4 Ever - Jewelry
V- Glow Crazy Now - Toys
V- Badass Baubles
V- Smokey's Lifestyle Cigars
V- Dental Students
BH- Bounce Houses (3)
S- T-Mobile - Power
S- PRP Wine International - Power
S- Furman Marketing - Power
S- Gulf Coast Eye Care - Power
S- TopGolf - Power
S- VSPC - Power
S- VSPC - Boat
**Florida Department of State**

**Division of Corporations**

---

### Detail by Entity Name

**Florida Not For Profit Corporation**

**GULF TO BAY FOOD TRUCK ASSOCIATION INC.**

**Filing Information**

- **Document Number**: N14000001027
- **FEI/EIN Number**: 46-4784426
- **Date Filed**: 01/27/2014
- **State**: FL
- **Status**: ACTIVE

**Principal Address**

- 7101 BURLINGTON AVE N
- St. Petersburg, FL 33710

  **Changed**: 03/13/2019

**Mailing Address**

- 7101 BURLINGTON AVE N
- St. Petersburg, FL 33710

  **Changed**: 03/13/2019

**Registered Agent Name & Address**

- Browne, Beata M
- 7101 BURLINGTON AVE N
- St. Petersburg, FL 33710

  **Name Changed**: 01/15/2018

**Address Changed**: 03/13/2019

**Officer/Director Detail**

**Name & Address**

**Title President**

- LOFLIN, MARGARET R
- 7101 BURLINGTON AVE N
- ST. PETERSBURG, FL 33710

  **Title Treasurer**

- Browne, Beata M
2305 S Thixton Ct  
Tampa, FL 33629

**Annual Reports**

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>01/10/2017</td>
</tr>
<tr>
<td>2018</td>
<td>01/15/2018</td>
</tr>
<tr>
<td>2019</td>
<td>03/13/2019</td>
</tr>
</tbody>
</table>

**Document Images**

<table>
<thead>
<tr>
<th>Date</th>
<th>Report Type</th>
<th>View Image in PDF Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/13/2019</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/15/2018</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/10/2017</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/28/2016</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>04/22/2015</td>
<td>ANNUAL REPORT</td>
<td>View image in PDF format</td>
</tr>
<tr>
<td>01/27/2014</td>
<td>Domestic Non-Profit</td>
<td>View image in PDF format</td>
</tr>
</tbody>
</table>

Florida Department of State, Division of Corporations

http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=Entity...  8/7/2019
Event Title: American Stage in Williams Park  
Entity Name: The American Stage Company Inc  
Event Date(s): October 1-25-2020  
Day 1 of Event: Thursday-Sun  
Time Gates Open: 6:00pm  
Ending Time: 10pm  
Day 2 of Event:  
Time Gates Open:  
Ending Time:  
Day 3 of Event:  
Time Gates Open:  
Ending Time:  
Application Prepared by: Tom Block  
Title: General Manager  
Address: P.O. Box 1560  
City: St. Pete  
State: FL  
Email Address: tomblock@americanstage.org  
Additional Contact Person: Stephanie Gularie  
What month/year were you incorporated as nonprofit? October 1977  
List all 501(c)3 entities that will benefit from this event. American Stage  
Name of the for-profit entity?  
Describe your event with details. 
It will contribute to the quality of life in the region. Bringing professional theatre to downtown’s Williams Park.  
Describe what economic benefit and impact this event will bring to St. Petersburg. Provides employment for actors, designers and technicians. Brings business to local eating and drinking establishments. Out of town patrons stay at local hotels.  
Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.  
Does your group presently have liability insurance? YES  
How much? 1,000,000.00  
Are there plans to sell or distribute beer/wine at your event? YES  
Will there be an admission / registration fee? YES  
Advanced Fee: 16.00  
Day of: 20.00  
Please provide the website address for your event. americanstage.org  
Please provide a phone number that can be advertised to the public. 823-7529  
What is the estimated attendance for this event? Spectators 5,000  
Participants 40  
Last Year’s Total Attendance 0
Please check the equipment and/or facilities you are requesting.

**Recreation Equipment**
- Showmobile (Yes/No)
- # Bleacher(s) needed. Each bleacher approx. 180 people)
- Tables (6 ft) # needed
- Chairs # needed
- Public Address System
- # of portable risers needed (4 in. x 8 in. x 16 in. sections)

**Special Events Facilities**
- Mahaffey Theater
- Coliseum
- Sunken Gardens
- Boyd Hill

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

- **POLICE:** Public Safety Personnel, Marine Services
- **TRAFFIC:** Personnel, Equipment (cones, barricades, no parking signs)
- **FIRE:** Paramedics, Inspectors
- **PARKS SERVICES:** Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
- **RECREATION SERVICES:** On-site Presence, Logistics Help, Liaison with Other Departments

**Note:** The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: Tom Block
Title: General Manager
Date: 6/10/20

**NOTE:**
1. 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.
2. 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.
3. 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>✅ Require Street Closure</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>✅ VIP Area</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>✅ Staging</td>
<td></td>
</tr>
<tr>
<td>✅ Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>✅ Security</td>
<td></td>
</tr>
<tr>
<td>✅ Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>✅ Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>✅ Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>✅ Marketing</td>
<td></td>
</tr>
<tr>
<td>✅ Invitations</td>
<td></td>
</tr>
<tr>
<td>✅ Posters / Flyers</td>
<td></td>
</tr>
<tr>
<td>✅ Newspaper / Internet</td>
<td></td>
</tr>
<tr>
<td>✅ Radio</td>
<td></td>
</tr>
<tr>
<td>✅ Television</td>
<td></td>
</tr>
<tr>
<td>✅ Remote Broadcast</td>
<td></td>
</tr>
</tbody>
</table>

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? □ 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 need to figure out what is out 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.

No

If City permits, licenses, or services are required for event, who will pay for them?

Name:  American Stage

Address (including zip):  P.O. Box 1560, St. Pete Florida 33731

Phone:  823-1600 208

Type of music, # of stages, and # of bands.

Existing stage.

List Vending Products. Name & Provider.

Food, beer, wine, soda, ice cream and tee shirts. American Stage

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

American Stage

Explain subject/purpose of all speeches/demonstrations which will occur.

Discuss your load in/load out parking needs, include times and dates.

March 15 set up take down by May 4.
Other Comments: Please describe your fee structure.

Reserved Chairs $38.00
Premium Blankets $38.00
General Wed-Thursday and Sunday $16.00 plus $4.00 at gate
Friday and Saturday $21.00 plus $4.00 at gate

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: Tom Block          Title: General Manager          Date: 7/10/20
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: The American Stage Company Inc
Name of Responsible Party (President or CEO ONLY): Stephanie Gularte
Title of Responsible Party: CEO
Physical Address of Responsible Party: 244 2nd Ave N St. Pete 33701
Phone Number of Responsible Party: 727-823-1600
Email Address of Responsible Party: sgularte@americanstage.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: tomblock@americanstage.org
## APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

### I. REVENUE SOURCES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>TICKETS</td>
<td>$502,452.00</td>
</tr>
<tr>
<td>CONCESSIONS</td>
<td>$81,429.00</td>
</tr>
<tr>
<td>DONATIONS</td>
<td>$17,406.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Gross Revenue:** $602,291.00

### II. EXPENSES (attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEES &amp; ROYALTIES</td>
<td>$99,983.00</td>
</tr>
<tr>
<td>PAYROLL</td>
<td>$94,393.00</td>
</tr>
<tr>
<td>PRODUCTION COSTS INCLUDING CI</td>
<td>$196,891.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Operating Expenses:** $391,269

**Total Net Income:** $391,269

### III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

1. AMERICAN STAGE: $211,023.00
2.          : $          
3.          : $          
4.          : $          
5.          : $          
6.          : $          

**Total Allocation of Net Income:** $211,023.00

Prepared by: [Signature]  
Date: [Date]
Detail by Entity Name
Florida Not For Profit Corporation
THE AMERICAN STAGE COMPANY, INC.

Filing Information
Document Number 740338
FEI/EIN Number 59-1777189
Date Filed 10/05/1977
State FL
Status ACTIVE
Last Event NAME CHANGE
AMENDMENT
Event Date Filed 03/31/1982
Event Effective Date NONE

Principal Address
244 2ND AVE N
SUITE 320
SAINT PETERSBURG, FL 33701

Changed: 01/10/2020

Mailing Address
P O BOX 1560
ST PETERSBURG, FL 33731

Changed: 01/21/2016

Registered Agent Name & Address
GULARTE, STEPHANIE
244 2ND AVE N
SUITE 320
SAINT PETERSBURG, FL 33701

Name Changed: 04/06/2015

Address Changed: 01/10/2020

Officer/Director Detail
Name & Address
Title VICECHAIR, VC
HIOTIS, ANNIE
244 2ND AVE N
SUITE 320
SAINT PETERSBURG, FL 33701

Title Chairman
RUSIGNUOLO, ROBYN
244 2ND AVE N
SUITE 320
SAINT PETERSBURG, FL 33701

Title TREASURER
MAINELLI, KARI
244 2ND AVE N
SUITE 320
SAINT PETERSBURG, FL 33701

Title SECRETARY
CLEMENT, REGINA
244 2ND AVE N
SUITE 320
SAINT PETERSBURG, FL 33701

Title PRODUCING ARTISTIC DIRECTOR
GULARTE, STEPHANIE
244 2ND AVE N
SUITE 320
SAINT PETERSBURG, FL 33701

<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>01/31/2018</td>
</tr>
<tr>
<td>2019</td>
<td>01/29/2019</td>
</tr>
<tr>
<td>2020</td>
<td>01/10/2020</td>
</tr>
</tbody>
</table>

Document Images

<table>
<thead>
<tr>
<th>Date</th>
<th>View image in PDF format</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/10/2020</td>
<td></td>
</tr>
<tr>
<td>01/29/2019</td>
<td></td>
</tr>
<tr>
<td>01/31/2018</td>
<td></td>
</tr>
<tr>
<td>02/02/2017</td>
<td></td>
</tr>
<tr>
<td>01/21/2016</td>
<td></td>
</tr>
<tr>
<td>04/05/2015</td>
<td></td>
</tr>
<tr>
<td>06/18/2014</td>
<td></td>
</tr>
<tr>
<td>09/19/2013</td>
<td></td>
</tr>
<tr>
<td>01/24/2012</td>
<td></td>
</tr>
<tr>
<td>01/04/2011</td>
<td></td>
</tr>
<tr>
<td>01/14/2010</td>
<td></td>
</tr>
<tr>
<td>03/20/2009</td>
<td></td>
</tr>
</tbody>
</table>
THE AMERICAN STAGE COMPANY INC  
TOM BLOCK  
PO BOX 1560  
ST PETERSBURG FL 33731 USA

**Purpose of Use:** AMERICAN STAGE IN WILLIAMS PARK  
**Expected:** 5,000  
**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: Mon 28 Sep 20 06:00 am  
- Ending: Thu 29 Oct 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>Williams Park Park</td>
<td>Mon</td>
<td>28 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></td>
<td>29 Oct 2020</td>
<td>09:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Fees:**
- **Extra Fee**  
  - Co-Sponsored Application Fee: Quantity 1, Charge $30.00, Tax $0.00, Total $30.00
- **Extra Fee - Bookings**  
  - Co-Sponsored Permit Fee (Waterfront): Hours 759:00, Quantity 3, Charge $600.00, Tax $0.00, Total $600.00

**Charges:**
- Fees $0.00  
- Extra Fees $630.00  
- Tax $0.00  
- Total $630.00  
- Deposit $0.00  
- Total Applied $630.00  
- Contract Balance $0.00  
- Account Balance $0.00

Balance of rental due and payable immediately.

**Payments:**
- Date 26 Sep 2019  
- Amount $630.00  
- Payment Type Check  
- Reference Rental  
- Receipt Number 3437704

**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) TOM BLOCK  
(Print Name) THE AMERICAN STAGE COMPANY INC  
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) Parks and Recreation Superintendent  
(Print Name) Parks and Recreation Department
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.

<table>
<thead>
<tr>
<th></th>
<th>Approved or</th>
<th>Rejected</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor II / Foreman</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manager</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manager</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Event Title: American Stage in the Park Phone No.: 727-823-1600
Entity Name: The American Stage Company Inc. Fax No.: 727-821-2444
Event Date(s): November 4-22 2020 Location: Demens Landing
Day 1 of Event: Wed-Sun Time Gates Open: 6:00pm Ending Time: 10:30pm
Day 2 of Event: 
Day 3 of Event: 
Application Prepared by: Tom Block 
Title: General Manager Phone: 
Address: P.O. Box 1560 City: St. Pete State: FL Zip: 33731
Email Address: tomblock@americanstage.org
Additional Contact Person: Stephanie Gularte Day Phone: 823-1600
What month/year were you incorporated as nonprofit? October 1977
List all 501(c)3 entities that will benefit from this event. American Stage
Name of the for-profit entity? 
Describe your event with details.
It will contribute to the quality of life in the region. Bringing professional theatre to the downtown waterfront. 8,000 plus will a live play under the stars. One of the oldest cultural events in the region.
Describe what economic benefit and impact this event will bring to St. Petersburg.
Provides employment for actors, designers and technicians. Brings business to local eating and drinking establishments. Out of town patrons stay at local hotels.
Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.
Does your group presently have liability insurance? ☑ YES ☐ NO 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: 16.00 Day of: 20.00
Please provide the website address for your event americanstage.org
Please provide a phone number that can be advertised to the public. 2823-7529
What is the estimated attendance for this event? Spectators 8,000 Participants 40 Last Year's Total Attendance 0
Please check the equipment and/or facilities you are requesting.

<table>
<thead>
<tr>
<th>Recreation Equipment</th>
<th>Special Events Facilities</th>
<th>Non-City Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showmobile (Yes/No)</td>
<td>Mahaffey Theater</td>
<td>Which Location?</td>
</tr>
<tr>
<td># Bleacher(s) needed</td>
<td>Coliseum</td>
<td></td>
</tr>
<tr>
<td>Tables (6 ft) # needed</td>
<td>Sunken Gardens</td>
<td></td>
</tr>
<tr>
<td>Public Address System</td>
<td>Boyd Hill</td>
<td></td>
</tr>
<tr>
<td># of portable risers needed (4 in. x 8 in. x 16 in. sections)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services

TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)

FIRE: Paramedics, Inspectors

PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration

RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: Tom Block
Title: General Manger
Date: 6/10/20
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)
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></td>
</tr>
<tr>
<td>Vendors / Exhibitors</td>
<td></td>
</tr>
<tr>
<td>How many?</td>
<td></td>
</tr>
<tr>
<td>Vending Beer / Wine</td>
<td>Alcohol Permit Additional Insurance Required</td>
</tr>
<tr>
<td>Erecting Tents - Larger than 10ft x 12ft</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Fence Installation</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Other Structures</td>
<td>Temporary Structure Permit</td>
</tr>
<tr>
<td>Open Flame Food Preparation</td>
<td>Fire Inspection Permit</td>
</tr>
<tr>
<td>Pyrotechnics</td>
<td>Fireworks Permit</td>
</tr>
<tr>
<td>Require Street Closure</td>
<td>Parade or Street Closure Permit(s)</td>
</tr>
<tr>
<td>VIP Area</td>
<td></td>
</tr>
<tr>
<td>Staging</td>
<td></td>
</tr>
<tr>
<td>Amplified Sound</td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td></td>
</tr>
<tr>
<td>Sanitary Facilities - Port-O-Lets</td>
<td></td>
</tr>
<tr>
<td>Off-site Parking / Shuttle</td>
<td></td>
</tr>
<tr>
<td>Semitruck / Tractor Trailer</td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td></td>
</tr>
<tr>
<td>Performers</td>
<td></td>
</tr>
<tr>
<td>Announcement Only</td>
<td></td>
</tr>
<tr>
<td>Daytime - Private</td>
<td></td>
</tr>
<tr>
<td>Overnight - Private</td>
<td></td>
</tr>
<tr>
<td>Event Time Frame - SPPD</td>
<td></td>
</tr>
<tr>
<td>Regular Units</td>
<td></td>
</tr>
<tr>
<td>Disabled Units</td>
<td></td>
</tr>
<tr>
<td>Hand Washing</td>
<td></td>
</tr>
<tr>
<td>City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.</td>
<td></td>
</tr>
</tbody>
</table>
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.

The park has needed power.

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: American Stage
Address (including zip): Phone: 823-1600 208

Type of music, # of stages, and # of bands.

Music from a musical with live band.

List Vending Products. Name & Provider.

Food, beer, wine, soda, ice cream and tee shirts. American Stage

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

American Stage

Explain subject/purpose of all speeches/demonstrations which will occur.

Discuss your load in/load out parking needs, include times and dates.

Load In begins beginning of October and ends 4 days after closing.
Other Comments: Please describe your fee structure.

Reserved Chairs $38.00
Premium Blankets $38.00
General Wed-Thursday and Sunday $16.00 plus $4.00 at gate
Friday and Saturday $21.00 plus $4.00 at gate

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: Tom Block | Title: General Manager | Date: 7/10/20
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>The American Stage Company Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Stephanie Gularte</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>244 2nd Ave N St Pete 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-823-1600</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:sgularte@americanstage.org">sgularte@americanstage.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>
<td></td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td></td>
</tr>
<tr>
<td>For-profit (Employee Identification Number):</td>
<td></td>
</tr>
</tbody>
</table>

Please include a copy of the current IRS Nonprofit Affidavit / For Profit

What method of invoicing would your organization prefer?

- [ ] BY Mail

Contact Name

Address

City, State, Zip

- [x] BY EMAIL

Email Address: tomblock@americanstage.org
<table>
<thead>
<tr>
<th></th>
<th>REVENUE SOURCES (attach sheet if more space is needed)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>TICKETS</td>
<td>503,152.00</td>
</tr>
<tr>
<td>2.</td>
<td>CONCESSIONS</td>
<td>81,429.00</td>
</tr>
<tr>
<td>3.</td>
<td>DONATIONS</td>
<td>17,406.00</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOTAL GROSS REVENUE</td>
<td>602,291.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>EXPENSES (attach sheet if more space is needed)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>FEES &amp; ROYALTIES</td>
<td>99,983.00</td>
</tr>
<tr>
<td>2.</td>
<td>PAYROLL</td>
<td>94,393.00</td>
</tr>
<tr>
<td>3.</td>
<td>PRODUCTION COSTS INCLUDING CITY</td>
<td>196,891.00</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOTAL OPERATING EXPENSES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOTAL NET INCOME</td>
<td>391,209.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>ALLOCATION OF NET INCOME (attach sheet if more space is needed)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>AMERICAN STAGE</td>
<td>211,023.00</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOTAL ALLOCATION OF NET INCOME</td>
<td></td>
</tr>
</tbody>
</table>

Prepared by:  
Date:  

Name of Event: AMERICAN STAGE in the Park  
Date(s) of Event: 04-10-19 - 05-12-19
### Detail by Entity Name

**Florida Not For Profit Corporation**  
THE AMERICAN STAGE COMPANY, INC.

#### Filing Information

<table>
<thead>
<tr>
<th>Document Number</th>
<th>740338</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEI/EIN Number</td>
<td>59-1777189</td>
</tr>
<tr>
<td>Date Filed</td>
<td>10/05/1977</td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
</tr>
<tr>
<td>Status</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>Last Event</td>
<td>NAME CHANGE</td>
</tr>
<tr>
<td>Event Date Filed</td>
<td>03/31/1982</td>
</tr>
<tr>
<td>Event Effective Date</td>
<td>NONE</td>
</tr>
</tbody>
</table>

#### Principal Address

244 2ND AVE N  
SUITE 320  
SAINT PETERSBURG, FL 33701  

Changed: 01/10/2020

#### Mailing Address

P O BOX 1560  
ST PETERSBURG, FL 33731  

Changed: 01/21/2016

#### Registered Agent Name & Address

GULARTE, STEPHANIE  
244 2ND AVE N  
SUITE 320  
SAINT PETERSBURG, FL 33701  

Name Changed: 04/06/2015

Address Changed: 01/10/2020

#### Officer/Director Detail

**Name & Address**

Title VICECHAIR, VC  
Hiotis, Annie
<table>
<thead>
<tr>
<th>Report Year</th>
<th>Filed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>01/31/2018</td>
</tr>
<tr>
<td>2019</td>
<td>01/29/2019</td>
</tr>
<tr>
<td>2020</td>
<td>01/10/2020</td>
</tr>
</tbody>
</table>

### Document Images

- 01/19/2020 -- ANNUAL REPORT
- 01/29/2019 -- ANNUAL REPORT
- 01/31/2018 -- ANNUAL REPORT
- 02/02/2017 -- ANNUAL REPORT
- 01/21/2016 -- ANNUAL REPORT
- 01/05/2015 -- ANNUAL REPORT
- 04/18/2014 -- ANNUAL REPORT
- 03/19/2013 -- ANNUAL REPORT
- 01/24/2012 -- ANNUAL REPORT
- 01/04/2011 -- ANNUAL REPORT
- 01/14/2010 -- ANNUAL REPORT
- 03/02/2009 -- ANNUAL REPORT
THE AMERICAN STAGE COMPANY INC
TOM BLOCK
PO BOX 1560
ST PETERSBURG FL 33731 USA

Purpose of Use: AMERICAN STAGE IN THE PARK

Expected: 8,000

Contract Balance $630.00

Conditions of Use: Insurance Required

Other Information:
- Use of beer and wine: Yes
- Use of fencing: Yes
- Use of liquor: No

Date(s) and Time(s) of Use:
Starting: Mon 19 Oct 20 06:00 am
Ending: Sun 29 Nov 20 09:00 pm

Facility/Equipment Day Date Time Fee Extra Fee Tax Total
Demens Landing Park Mon 19 Oct 2020 06:00 AM $0.00 $600.00 $0.00 $600.00
Park 29 Nov 2020 09:00 PM

Additional Fees:
- Extra Fee - Bookings
  - Co-Sponsored Permit Fee (Waterfront)
    - Hours: 999:00
    - Quantity: 3
    - Charge: $600.00
    - Tax: $0.00
    - Total: $600.00

Charges:
- Fees: $0.00
- Extra Fees: $630.00
- Tax: $0.00
- Total: $630.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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) TOM BLOCK
(Print Name) THE AMERICAN STAGE COMPANY 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: 13 Jul 2020, 03:38 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: American Stage in the Park

Entity Name: The American Stage Company Inc

Event Date(s): April 7-May 2 2021

Location: Demens Landing

Day 1 of Event: Wed-Sun
Time Gates Open: 6:00pm
Ending Time: 10:30pm

Day 2 of Event:
Time Gates Open:
Ending Time:

Day 3 of Event:
Time Gates Open:
Ending Time:

Application Prepared by: Tom Block

Title: General Manager

Address: P.O. Box 1560
City: St. Pete
State: FL
Zip: 33731

Email Address: tomblock@americanstage.org

Additional Contact Person: Stephanie Gularte
Day Phone: 823-1600

What month/year were you incorporated as nonprofit? October 1977

List all 501(c)3 entities that will benefit from this event:
American Stage

Name of the for-profit entity?

Describe your event with details.
It will contribute to the quality of life in the region. Bringing professional theatre to the downtown waterfront, 8,000 plus will see a live play under the stars. One of the oldest cultural events in the region.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Provides employment for actors, designers and technicians. Brings business to local eating and drinking establishments. Out of town patrons stay at local hotels.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? [X] YES [ ] NO

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: 16.00
Day of: 20.00

Please provide the website address for your event: americanstage.org

Please provide a phone number that can be advertised to the public: 823-7529

What is the estimated attendance for this event? Spectators: 8,000
Participants: 40
Last Year's Total Attendance: 0

Page 1 of 8
Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Special Events Facilities

☐ Showmobile (Yes/No)

☐ Mahaffey Theater

☐ # Bleacher(s) needed. Each bleacher approx. 180 people

☐ Coliseum

☐ Tables (6 ft) # needed

☐ Sunken Gardens

☐ Chairs # needed

☐ Boyd Hill

# of portable risers needed (4 in. x 8 in. x 16 in. sections)

Which Location?

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services

TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)

FIRE: Paramedics, Inspectors

PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration

RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name: Tom Block

Co-Sign:

Title: General Manager

Date: 6/10/20

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>
</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 13</td>
<td></td>
</tr>
<tr>
<td>Disabled Units 2</td>
<td></td>
</tr>
<tr>
<td>Hand Washing 2</td>
<td></td>
</tr>
<tr>
<td>Invitations</td>
<td></td>
</tr>
<tr>
<td>Posters / Flyers</td>
<td></td>
</tr>
<tr>
<td>Newspaper / Internet</td>
<td></td>
</tr>
<tr>
<td>Radio</td>
<td></td>
</tr>
<tr>
<td>Television</td>
<td></td>
</tr>
<tr>
<td>Remote Broadcast</td>
<td></td>
</tr>
</tbody>
</table>

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.
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.

The park has needed power.

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: American Stage Phone: 823-1600 208
Address (including zip):

Type of music, # of stages, and # of bands.

Music from a musical with live band.

List Vending Products. Name & Provider.

Food, beer, wine, soda, ice cream and tee shirts. American Stage

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

American Stage

Explain subject/purpose of all speeches/demonstrations which will occur.

Discuss your load in/load out parking needs, include times and dates.

March 15 set up take down by May 4.
Other Comments: Please describe your fee structure.

Reserved Chairs $38.00
Premium Blankets $38.00
General Wed-Thursday and Sunday $16.00 plus $4.00 at gate
Friday and Saturday $21.00 plus $4.00 at gate

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: Tom Block
Title: General Manager
Date: 7/10/20
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 <strong>Nonprofit</strong> Corporation:</th>
<th>The American Stage Company Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Responsible Party (President or CEO ONLY):</td>
<td>Stephanie Gularte</td>
</tr>
<tr>
<td>Title of Responsible Party:</td>
<td>CEO</td>
</tr>
<tr>
<td>Physical Address of Responsible Party:</td>
<td>244 2nd Ave N St, Pete 33701</td>
</tr>
<tr>
<td>Phone Number of Responsible Party:</td>
<td>727-823-1600</td>
</tr>
<tr>
<td>Email Address of Responsible Party:</td>
<td><a href="mailto:sgularte@americanstage.org">sgularte@americanstage.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></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?

- [X] BY EMAIL
  - [ ] Contact Name
  - [ ] Address
  - [ ] City, State, Zip
  - [X] Email Address: tomblock@americanstage.org

Page 7 of 8
# APPENDIX C
## STATEMENT OF REVENUE AND EXPENSES FORM
### PRIOR YEAR'S EVENT

(Must be completed)

## I. REVENUE SOURCES
(attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tickets</td>
<td>503,450.00</td>
</tr>
<tr>
<td>2. Concessions</td>
<td>81,429.00</td>
</tr>
<tr>
<td>3. Donations</td>
<td>17,406.00</td>
</tr>
</tbody>
</table>

**TOTAL GROSS REVENUE:** 602,285.00

## II. EXPENSES
(attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fees &amp; Royalties</td>
<td>99,983.00</td>
</tr>
<tr>
<td>2. Payroll</td>
<td>94,393.00</td>
</tr>
<tr>
<td>3. Production Costs Including City</td>
<td>196,891.00</td>
</tr>
</tbody>
</table>

**TOTAL OPERATING EXPENSES:** 391,267.00

**TOTAL NET INCOME:** 391,267.00

## 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. American Stage</td>
<td>211,023.00</td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION OF NET INCOME:** 211,023.00

Prepared by: ___________________________ DATE: ___________________________
Detail by Entity Name
Florida Not For Profit Corporation
THE AMERICAN STAGE COMPANY, INC.

Filing Information

Document Number: 740338
FEI/EIN Number: 59-1777189
Date Filed: 10/05/1977
State: FL
Status: ACTIVE
Last Event: NAME CHANGE
AMENDMENT
Event Date Filed: 03/31/1982
Event Effective Date: NONE

Principal Address
244 2ND AVE N
SUITE 320
SAINT PETERSBURG, FL 33701

Changed: 01/10/2020

Mailing Address
P O BOX 1560
ST PETERSBURG, FL 33731

Changed: 01/21/2016

Registered Agent Name & Address
GULARTE, STEPHANIE
244 2ND AVE N
SUITE 320
SAINT PETERSBURG, FL 33701

Name Changed: 04/06/2015

Address Changed: 01/10/2020

Officer/Director Detail

Name & Address
Title VICECHAIR, VC

HIOTIS, ANNIE
244 2ND AVE N
SUITE 320
SAINT PETERSBURG, FL 33701

Title Chairman

RUSIGNUOLO, ROBYN
244 2ND AVE N
SUITE 320
SAINT PETERSBURG, FL 33701

Title TREASURER

MAINELLI, KARI
244 2ND AVE N
SUITE 320
SAINT PETERSBURG, FL 33701

Title SECRETARY

CLEMENT, REGINA
244 2ND AVE N
SUITE 320
SAINT PETERSBURG, FL 33701

Title PRODUCING ARTISTIC DIRECTOR

GULARTE, STEPHANIE
244 2ND AVE N
SUITE 320
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>01/31/2018</td>
</tr>
<tr>
<td>2019</td>
<td>01/29/2019</td>
</tr>
<tr>
<td>2020</td>
<td>01/10/2020</td>
</tr>
</tbody>
</table>

Document Images

01/10/2020 - ANNUAL REPORT
01/29/2019 - ANNUAL REPORT
01/31/2018 - ANNUAL REPORT
02/02/2017 - ANNUAL REPORT
01/12/2016 - ANNUAL REPORT
01/06/2015 - ANNUAL REPORT
04/10/2014 - ANNUAL REPORT
03/19/2013 - ANNUAL REPORT
01/22/2012 - ANNUAL REPORT
01/04/2011 - ANNUAL REPORT
01/14/2010 - ANNUAL REPORT
03/20/2009 - ANNUAL REPORT
Contract/Permit

THE AMERICAN STAGE COMPANY INC
TOM BLOCK
PO BOX 1560
ST PETERSBURG FL 33731 USA

Contract #: 29993
Date: 13 Jul 2020

Purpose of Use: AMERICAN STAGE IN THE PARK
Expected: 8,000
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: Mon 22 Mar 2021 06:00 am
Ending: Mon 10 May 2021 09:00 pm

Facility: Demens Landing 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>Demens Landing Park</td>
<td>Mon</td>
<td>22 Mar</td>
<td>06:00 AM</td>
<td>$0.00</td>
<td>$600.00</td>
<td>$0.00</td>
<td>$600.00</td>
</tr>
<tr>
<td>Park</td>
<td></td>
<td>10 May</td>
<td>09:00 PM</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Additional Fees:
- Extra Fee - Bookings: Co-Sponsored Permit Fee (Waterfront)
  Hours: 1,191:00
  Quantity: 3
  Charge: $600.00
  Tax: $0.00
  Total: $600.00

Charges:
- Fees: $0.00
- Extra Fees: $630.00
- Tax: $0.00
- Total: $630.00
- Deposit: $0.00
- Total Applied: $630.00
- Contract Balance: $630.00
- Account Balance: $1,260.00

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) TOM BLOCK
(Print Name) THE AMERICAN STAGE COMPANY 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: 13 Jul 2020, 03:42 PM
User: jsbennin
The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.
CITY OF ST PETERSBURG
CO-SPONSORSHIP AGREEMENT

THIS AGREEMENT (“Agreement”) entered into this 11th day of October 2018, by and between the City of St. Petersburg, Florida, a municipal corporation (“City”) and «Profit_Organization», a Florida for-profit corporation [or LLC] authorized to do business in the state of Florida (“Promoter”) and «Non_Profit_Organization», a Florida non-profit corporation authorized to do business in the state of Florida (“Non-Profit”) (collectively, “Parties”).

WITNESSETH

WHEREAS, the City wishes to promote recreation and leisure activities within the City; and

WHEREAS, the Promoter and the Non-Profit desire to produce the event described in the Co-Sponsored Event Application completed by the Promoter and co-signed by the Non-Profit (hereinafter, “Application”); and

WHEREAS, the City Council has designated the following described event as a Co-Sponsored Event.

NOW THEREFORE, in consideration of the foregoing recitals (which are incorporated into this Agreement by reference), and the promises and covenants contained herein, the Parties agree as follows:

1. SPONSORSHIP. The Promoter shall produce «Event_Name» (“Event”) to be held at «Event_Location» St. Petersburg, Florida on «Event_Date» between the hours of «Times». The Event must be produced in accordance with the Application. The Promoter shall use the name and logo of the City of St. Petersburg as a named co-sponsor of the Event. The City’s co-sponsorship of the Event is in name only. No funds will be expended by the City for the Event. The Promoter is responsible for the payment for all City Services (as hereinafter defined) and all other costs and expenses of the Event. The Non-Profit is a party to this Agreement for the purposes of establishing the co-sponsorship status of the Event and establishing the Non-Profit’s right to financial benefit from the Event. The Non-Profit is not be responsible for any costs for City Services (as hereinafter defined) or any other costs or expenses of the Event.

2. SERVICES. The City will provide the following services (“City Services”) for the Event.

<table>
<thead>
<tr>
<th>Police</th>
<th>Fire</th>
<th>Fire Plan Review</th>
<th>Recreation</th>
<th>Parks includes Sanitation</th>
<th>Permits</th>
<th>Traffic</th>
<th>Other</th>
<th>Stormwater (includes Sanitation)</th>
<th>TOTAL</th>
</tr>
</thead>
</table>

1
The Promoter shall pay to the City the estimated costs of City Services at least fifteen (15) days in advance of the Event. If the actual costs of City Services exceeds the estimated amount above, the Promoter will be invoiced by the City for the outstanding balance, and payment will be due pursuant to the terms of the invoice.

OR

The actual costs of City Services will be invoiced to the Promoter by the City, and payment will be due pursuant to the terms of the invoice.

3. TERMINATION. The City may terminate this Agreement for convenience at any time prior to the Event by giving the Promoter thirty (30) days’ written notice. The City may unilaterally terminate this Agreement and cancel the Event if the Promoter fails to pay the amount set out above for City Services or provide the insurance required by the City. If the amount due for City Services exceeds the amount paid prior to the Event, the City will invoice the Promoter for the balance due, which shall be payable pursuant to the terms of the City invoice. Collection for any amount due shall proceed pursuant to regular City collection procedures.

4. COMPLIANCE WITH STATE, FEDERAL, LOCAL LAWS AND PERMITTING REQUIREMENTS. The Promoter and the Non-Profit shall comply with all applicable state, federal, and local laws. The Promoter and the Non-Profit shall also comply with all requirements set forth in the Application as well as all applicable City policies, rules, and procedures. All applicable permits must be obtained and proof of all issued permits must be provided to the City at least ten (10) days in advance of the Event. The Promoter shall bear all permit costs, which must be paid prior to the issuance of any permits.

5. INSURANCE.

A. The Promoter shall obtain liability insurance naming the City as an additional insured with the coverages and policy limits as required by the City for the Event, as set forth in Exhibit A, which is attached to this Agreement and made a part hereof. The Promoter shall provide the City with a certificate of insurance at least fifteen (15) days prior to the Event. At the City’s request, the Promoter shall provide a copy of all insurance policies to the City.

B. Where alcoholic beverages will be served and/or sold at the Event, the Promoter and the Non-Profit shall both be required to obtain Liquor Liability Insurance naming the City as an additional insured with coverages and policy limits as required by the City for the Event. The Non-Profit shall provide the City with a copy of its current license to sell alcoholic beverages issued by the State of Florida Division of Alcoholic Beverages and Tobacco.

6. INDEMNIFICATION. In consideration for the use of City property, the Promoter voluntarily assumes all risks of damage to property and bodily or personal injuries,
including death at any time resulting therefrom, sustained by the Promoter or anyone claiming under or through the Promoter and hereby releases and discharges the City of St. Petersburg and its employees, agents, officers, elected and appointed officials, and volunteers (collectively, “Indemnified Parties”) from every claim, liability, and demand of any kind. Further, the Promoter shall defend at its expense, pay on behalf of, hold harmless and indemnify the Indemnified Parties from and against any and all claims, demands, liens, liabilities, penalties, fines, fees, judgments, losses and damages (collectively, “Claims”), whether or not a lawsuit is filed, including but not limited to costs, expenses and attorneys' and experts' fees at trial and on appeal and Claims for damage to property or bodily or personal injuries, including death at any time resulting therefrom, sustained by any persons or entities, which Claims are alleged to have arisen out of or in connection with, in whole or in part, the Event or the Promoter's use of City property, notwithstanding that such Claims were caused by or alleged to have been caused by, in whole or in part, the negligence of any of the Indemnified Parties.

7. **RIGHT TO SUSPEND.** The City reserves the right to immediately suspend this Agreement, including the Promoter’s right to produce the Event and the City’s commitment to provide City Services, by giving verbal notice (followed by written notice within a reasonable time) if a state of emergency has been declared by the federal, state, or local government, and the Mayor (as defined in St. Petersburg City Code section 2-425) determines that such suspension is necessary to protect the public health, safety, or welfare. If the City exercises this right to suspension, the City and the Promoter may mutually agree in writing to the Event being produced on a different date or at a different location. Should the City exercise this suspension right, Promoter hereby releases any and all Claims for damages against the Indemnified Parties and further agrees to waive any and all rights which might arise by reason of the terms of this Agreement; the Promoter shall have no recourse of any kind against any of the Indemnified Parties.

8. **FUTURE EVENTS.** The City, in its sole discretion, shall have the right to withhold co-sponsorship of future events held by the Promoter or any of the principals of the Promoter if: a) the Promoter fails to comply with any provision of this Agreement, b) any outstanding balance for City Services or for damage/destruction of City property remains after thirty (30) days from the date of the invoice, or c) the City is in litigation with the Promoter or any of the principals of the Promoter.

9. **DAMAGE TO CITY PROPERTY.** In the event any City property is damaged while the park is under the control of the Promoter, the City will invoice the Promoter for the actual costs and labor, if applicable, to repair or replace the damaged property, and the Promoter shall pay that invoice within thirty (30) days after the date of the invoice.

10. **NON-DISCRIMINATION.** The Promoter shall not discriminate against any person on the basis of race, color, religion, gender, national origin, marital status, age, disability, sexual orientation, genetic information or any other protected category during the organizing, planning, or production of the Event.

11. **BOOKS, RECORDS, FINANCIAL STATEMENTS.**
A. The Promoter shall provide an itemized financial statement of expenditures and revenue from the Event to the designee at the City of St. Petersburg Parks and Recreation Department within thirty (30) days after the conclusion of the Event. The financial statement shall evidence that the Non-Profit received a donation (and the amount of the donation) from the Promoter’s proceeds from the Event.

B. The Promoter shall maintain books and financial records of the Event for a period of five (5) years from the date of the Event, and at the City’s sole option, permit the City to audit the Promoter’s books and financial records of the Event at a mutually agreeable time and location.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]
IN WITNESS WHEREOF, the Parties have executed this Agreement as of the date first written above.

CITY OF ST. PETERSBURG, FLORIDA

By: __________________________
    Michael Jefferis
    Leisure Services Administrator

Attest: _________________________
        Chan Srinivasa, City Clerk

PROMOTER

By: __________________________
    Print: _______________________
    Its: _________________________

WITNESSES

Sign: _________________________
    Print: _______________________
    Sign: _______________________
    Print: _______________________

NON-PROFIT

By: __________________________
    Print: _______________________
    Its: _________________________

WITNESSES

Sign: _________________________
    Print: _______________________
    Sign: _______________________
    Print: _______________________

Approved as to Form and Content

______________________________
City Attorney (Designee)

00513996 updated June 2020
CITY OF ST PETERSBURG
CO-SPONSORSHIP AGREEMENT

THIS AGREEMENT ("Agreement") entered into this 10th day of October 2018, by and between the City of St. Petersburg, Florida, a municipal corporation ("City") and «Non Profit Organization», a «Non Profit State» non-profit corporation authorized to do business in the state of Florida ("Non-Profit Promoter") (collectively, "Parties").

WITNESSETH

WHEREAS, the City wishes to promote recreation and leisure activities within the City; and

WHEREAS, the Non-Profit Promoter desires to produce the event described in the Co-Sponsored Event Application completed by the Non-Profit Promoter (hereinafter, “Application”); and

WHEREAS, the City Council has designated the following described event as a Co-Sponsored Event.

NOW THEREFORE, in consideration of the foregoing recitals (which are incorporated into this Agreement by reference), and the promises and covenants contained herein, the Parties agree as follows:

1. SPONSORSHIP. The Non-Profit Promoter shall produce «Event Name» ("Event") to be held at «Event Location», St. Petersburg, Florida on «Event Date», between the hours of «Times». The Event must be produced in accordance with the Application. The Non-Profit Promoter shall use the name and logo of the City of St. Petersburg as a named co-sponsor of the Event. The City’s co-sponsorship of the Event is in name only. No funds will be expended by the City for the Event. The Non-Profit Promoter is responsible for the payment for all City Services (as hereinafter defined) and all other costs and expenses of the Event.

2. SERVICES. The City will provide the following services (“City Services”) for the Event.

<table>
<thead>
<tr>
<th>Police</th>
<th>Fire</th>
<th>Fire Plan Review</th>
<th>Recreation</th>
<th>Parks includes Sanitation</th>
<th>Permits</th>
<th>Traffic</th>
<th>Other</th>
<th>Stormwater (includes Sanitation)</th>
<th>TOTAL</th>
</tr>
</thead>
</table>

«PrePay» The Non-Profit Promoter shall pay to the City the estimated costs of City Services at least fifteen (15) days in advance of the Event. If the actual costs of City Services exceeds the estimated amount above, the Non-Profit Promoter will be invoiced
by the City for the outstanding balance, and payment will be due pursuant to the terms of the invoice.

OR

«Non_PrePay» The actual costs of City Services will be invoiced to the Non-Profit Promoter by the City, and payment will be due pursuant to the terms of the invoice.

3. TERMINATION. The City may terminate this Agreement for convenience at any time prior to the Event by giving the Non-Profit Promoter thirty (30) days’ written notice. The City may unilaterally terminate this Agreement and cancel the Event if the Non-Profit Promoter fails to pay the amount set out above for City Services or provide the insurance required by the City. If the amount due for City Services exceeds the amount paid prior to the Event, the City will invoice the Non-Profit Promoter for the balance due, which shall be payable pursuant to the terms of the City invoice. Collection for any amount due may proceed pursuant to regular City collection procedures.

4. COMPLIANCE WITH STATE, FEDERAL, LOCAL LAWS AND PERMITTING REQUIREMENTS. The Non-Profit Promoter shall comply with all applicable state, federal, and local laws. The Non-Profit Promoter shall also comply with all requirements set forth in the Application as well as all applicable City policies, rules, and procedures. All applicable permits must be obtained and proof of all issued permits must be provided to the City at least ten (10) days in advance of the Event. The Non-Profit Promoter shall bear all permit costs, which must be paid prior to the issuance of any permits.

5. INSURANCE.

A. The Non-Profit Promoter shall obtain liability insurance naming the City as an additional insured with the coverages and policy limits as required by the City for the Event, as set forth in Exhibit “A” which is attached to this Agreement and made a part hereof. The Non-Profit Promoter shall provide the City with a certificate of insurance at least fifteen (15) days prior to the Event. At the City’s request, the Non-Profit Promoter shall provide a copy of all insurance policies to the City.

B. Where alcoholic beverages will be served and/or sold at the Event, the Non-Profit Promoter shall be required to obtain Liquor Liability Insurance naming the City as an additional insured with coverages and policy limits as required by the City for the Event. The Non-Profit Promoter shall provide the City with a copy of its current license to sell alcoholic beverages issued by the State of Florida Division of Alcoholic Beverages and Tobacco.

6. INDEMNIFICATION. In consideration for the use of City property, the Non-Profit Promoter voluntarily assumes all risks of damage to property and bodily or personal
injuries, including death at any time resulting therefrom, sustained by the Non-Profit Promoter or anyone claiming under or through the Non-Profit Promoter and hereby releases and discharges the City of St. Petersburg and its employees, agents, officers, elected and appointed officials, and volunteers (collectively, “Indemnified Parties”) from every claim, liability, and demand of any kind. Further, the Non-Profit Promoter shall defend at its expense, pay on behalf of, hold harmless and indemnify the Indemnified Parties from and against any and all claims, demands, liens, liabilities, penalties, fines, fees, judgments, losses and damages (collectively, “Claims”), whether or not a lawsuit is filed, including but not limited to costs, expenses and attorneys' and experts' fees at trial and on appeal and Claims for damage to property or bodily or personal injuries, including death at any time resulting therefrom, sustained by any persons or entities, which Claims are alleged to have arisen out of or in connection with, in whole or in part, the Event or the Non-Profit Promoter's use of City property, notwithstanding that such Claims were caused by or alleged to have been caused by, in whole or in part, the negligence of any of the Indemnified Parties.

7. RIGHT TO SUSPEND. The City reserves the right to immediately suspend this Agreement, including the Non-Profit Promoter’s right to produce the Event and the City’s commitment to provide City Services, by giving verbal notice (followed by written notice within a reasonable time) if a state of emergency has been declared by the federal, state, or local government, and the Mayor (as defined in St. Petersburg City Code section 2-425) determines that such suspension is necessary to protect the public health, safety, or welfare. If the City exercises this right to suspension, the City and the Non-Profit Promoter may mutually agree in writing to the Event being produced on a different date or at a different location. Should the City exercise this suspension right, the Non-Profit Promoter hereby releases any and all Claims for damages against the Indemnified Parties and further agrees to waive any and all rights which might arise by reason of the terms of this Agreement; the Non-Profit Promoter shall have no recourse of any kind against any of the Indemnified Parties.

8. FUTURE EVENTS. The City, in its sole discretion shall have the right to withhold co-sponsorship of future events held by the Non-Profit Promoter or any of the principals of the Non-Profit Promoter if: a) the Non-Profit Promoter fails to comply with any provision of this Agreement, b) any outstanding balance for City Services or for damage/destruction of City property remains after thirty (30) days from the date of the invoice, or c) the City is in litigation with the Non-Profit Promoter or any of the principals of the Non-Profit Promoter.

9. DAMAGE TO CITY PROPERTY. In the event any City property is damaged while the park is under the control of the Non-Profit Promoter, the City will invoice the Non-Profit Promoter for the actual costs and labor, if applicable, to repair or replace the damaged property, and the Non-Profit Promoter shall pay that invoice within thirty (30) days after the date of the invoice.
10. NON-DISCRIMINATION. The Non-Profit Promoter shall not discriminate against any person on the basis of race, color, religion, gender, national origin, marital status, age, disability, sexual orientation, genetic information or any other protected category during the organizing, planning, or production of the Event.

11. BOOKS AND RECORDS, FINANCIAL STATEMENTS.

A. The Non-Profit Promoter shall provide an itemized financial statement of expenditures and revenue from the Event to the designee at the City of St. Petersburg Parks and Recreation Department within thirty (30) days after the conclusion of the Event.

B. The Non-Profit Promoter shall maintain books and financial records of the Event for a period of five (5) years from the date of the Event, and at the City’s sole option, permit the City to audit the Non-Profit Promoter’s books and financial records of the Event at a mutually agreeable time and location.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]
IN WITNESS WHEREOF, the Parties have executed this Agreement as of the date first written above.

CITY OF ST. PETERSBURG, FLORIDA

By: __________________________________________________________
    Michael Jefferis
    Leisure Services Administrator

Attest: _______________________________________________________
    Chan Srinivasa, City Clerk

NON-PROFIT PROMOTER

By: __________________________________________________________

Print: _______________________________________________________

Its: _________________________________________________________
    President / CEO / CHAIR

WITNESSES

Sign: _______________________________________________________  
Print: _______________________________________________________ 

Sign: _______________________________________________________  
Print: _______________________________________________________ 

Approved as to Form and Content

___________________________________________________________
    City Attorney (Designee)

00513997 updated June 2020