



City of St. Petersburg

**City Council
Co-Sponsored Event Committee**

Thursday, September 29, 2016, 2:30 PM

City Hall Room 100

Committee Members

Charlie Gerdes

Steve Kornell

Ed Montanari

Jim Kennedy (Alternate)

Agenda

- I. Call to Order
- II. Approval of nineteen (22) events for FY 17
 - a. waiving the non-profit requirement for six (6) events
 - b. waiving the \$1200 late application fee for one (1) event
 - c. approval of liquor requests for two (2) events
- III. Discuss the addition of Elva Rouse Park and Williams Park to list of parks approved for beer and wine during co-sponsored events.
- IV. Public comment
- III. Adjournment

**City of St Petersburg
Co-Sponsored Events
Profit / Non Profit Report
2016 - 2017**

Event #	Event Name	1st Year	Non Profit	Profit Organization	Event Dates	Times	Event Location	Liquor Letter
33	James Weldon Johnson Literacy Festival	NO	FRIENDS OF JOHNSON BRANCH LIBRARY, INC.		03/18/17	10am - 4pm	Weldon Branch Library	NO
56	St. Pete Beer & Bacon Festival	YES	CHILDREN'S DREAM FUND, INC.	SIDELINE APPARREL, INC	1/21/17	12pm - 8pm	Vinoy Park	NO
57	Pregame in Paradise	YES	HALL OF FAME FOUNDATION, INC.		01/08/17	1pm - 11pm	Albert Whitted Park	YES
58	Southeast Guide Dogs Walk	NO	SOUTHEASTERN GUIDE DOGS, INC.		02/25/17	8am-2pm	Vinoy Park Mole	NO
59	St. Petersburg Jazz Explosion	NO	ST PETERSBURG JAZZ EXPLOSION, INC.		05/13/17 & 05/14/17	1pm-10pm	Vinoy Park	NO
60	24th Annual Corvettes at the Pier Corvette Show	NO	SUNCOAST CORVETTE ASSOCIATION, INC.		05/27/17	10am-4pm	North Straub Park	NO
61	Eckerd College Volleyball Tournament	YES	ECKERD COLLEGE, INC.		3/24/17 & 3/25/17	8am - 7pm	Elva Rouse/Northshore Volleyball Courts	NO
62	Awakening into the Sun	NO	AWAKENING INTO THE SUN, INC.		03/04/16 & 03/05/16	9am - 6pm & 10am - 6pm	South Straub Park	NO
63	Movies in the Park (May)	NO	SAINT PETERSBURG PRESERVATION, INC.		4/27/17-5/25/17	630pm - 10:15pm	North Straub Park	NO
64	The Sunrise Run-Walk	NO	FIRST TO THE CROSS MINISTRIES,INC		09/23/17	6am-2pm	Vinoy Park	NO
65	Historic Kenwood Pinot in the Park	NO	HISTORIC KENWOOD NEIGHBORHOOD ASSOCIATION, INC.		04/01/17	6pm - 10pm	Seminole Park	NO
66	97X BBQ	NO	PARC, INC	COX MEDIA, L.L.C	05/27/17	12pm - 10pm	Vinoy Park	YES
67	United Music Fest	YES	A NEW BEGINNING, INC.	D & M PROMOTIONS INC	6/10/17	2pm - 10pm	Vinoy Park	NO
68	American Stage in the Park	NO	THE AMERICAN STAGE COMPANY, INC.		04/19/17 - 05/14/17	6pm - 10:30pm	Demens's Landing Park	NO
69	The Great Brainwash	NO	BRAIN TUMOR ALLIANCE, INC.		08/04/17 & 08/05/17	5:30a - 4:00pm	North Straub, South Straub, Vinoy, Elva Rouse	YES
70	Relay For Life of St. Petersburg	NO	AMERICAN CANCER SOCIETY, INC.		4/28/17	2pm-10pm	South Straub Park	NO
71	Extreme Mudwars	NO	PIER AQUARIUM, INC.	ACTIVE ENDEAVORS, INC.	7/15/17	8am - 4pm	Spa Beach Park or Albert Whitted	YES
72	Heroes Memorial 5K/10K Run	NO	HEROES OF THE ST. PETE POLICE, INC.		3/24/17	6pm - 10pm	Demens Landing Park	NO

Co-Sponsored Events
Profit / Non Profit Report
2016 - 2017

Event #	Event Name	1st Year	Non Profit	Profit Organization	Event Dates	Times	Event Location	Liquor Letter
73	Tampa Bay Caribbean Carnival	NO	ASSOCIATION OF CENTRAL FLORIDA, INC		6/10/17 & 6/11/17	12pm - 10pm	Albert Whitted Park	NO
75	Purina Pro Plan Incredible Dog Challenge	NO	TBA	Carson International, Inc.	04/07/17 & 04/08/17	7am - 5:30pm	Albert Whitted Park	NO
76	Vans Warped Tour	NO	MY HOPE CHEST CORPORATION	LIVE NATION WORLDWIDE, INC.	06/23/17	10am - 9pm	Vinoy Park	NO
77	Running for All Children 10K, 5K	NO	RUNNING FOR ALL CHILDREN INC		05/13/17	7am - 10am	Poynter Park & 6th Ave S	NO

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



Date Received: 9/2/16
 Check or Cash: CK 30.00
 Application #: 33
 Packet: 13
 Permit #: 18261

Event Title: James Weldon Johnson Literacy Festival Phone No.: 727-342-2335 Fax No.:

Entity Name: Friends of James Weldon Johnson Community Library Federal I.D. Number: 56-3035195

Event Date(s): March 18, 2017 Location: Johnson Community Library & Enoch Davis Center

Day 1 of Event: March 18, 2017 Time Gates Open: 10:00 AM Ending Time: 4:00 PM
9:00 AM 3:30 PM

Day 2 of Event: N/A Time Gates Open: N/A Ending Time: N/A

Day 3 of Event: N/A Time Gates Open: N/A Ending Time: N/A

Application Prepared by: Kevin W. Johnson Phone: 727-342-2335

Title: Vice President of Friends of James Weldon Johnson Community Library Cell Phone: Same As Above

Address: 2861 4th Avenue South City: St. Petersburg State: FL Zip: 33712

Email Address: kevinjohnson5370@yahoo.com

Additional Contact Person: Ernie L. Coney Day Phone: 727-459-9500

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

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.

The James Weldon Johnson Literacy Festival will promote literacy through the use of the James Weldon Johnson Community Library.

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

Expose the community to local vendors and help promote their 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?

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 350 Participants 30 Last Year's Total Attendance 300

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

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

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

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: Vice-President Date: 9-1-16
Co-Sign: [Signature] Title: President Date: 9-1-16

- 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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

Condition

Obligation

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

Marketing: Please check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Invitations | <input type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers | <input type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> 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.

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.

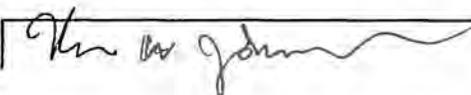
Other Comments: Please describe your fee structure.

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:  Title: VP - Friends of Johnson Comm Date: September 1, 2016

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: Friends of James Weldon Johnson Community Library

Name of Responsible Party (President or CEO ONLY): Ernie L. Coney

Title of Responsible Party: President

Physical Address of Responsible Party: 2526 67th Avenue South - St. Petersburg, FL 33712

Phone Number of Responsible Party: 727-459-9500

Email Address of Responsible Party: allrise7777@hotmail.com

Nonprofit (Employee Identification Number): 59-3035145

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

Kevin Johnson
Vice - President
Friends of Johnson Branch Community Library

On Wednesday, August 24, 2016 11:03 PM, Kevin Johnson <kevinjohnson5370@yahoo.com> wrote:

Hi Polly

The James Weldon Johnson Festival will be held on Saturday, March 18, 2017
from ~~9:00am - 5:00pm~~ 10:00AM - 4:00 PM

This is a list of service the Friends will need for the Festival. We would like to know the cost of these services so that we can assure that the City of St. Petersburg can be compensated for the services they that render that day.

1. 50 chairs
2. 2 inflatables
3. 2 generators
4. 10 Tables
5. sound system
6. small stage/ risers
7. hourly rates for staff

Kevin W. Johnson
Vice - President
Friends of Johnson Branch community Library



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

Name of Event: _____

Date(s) of Event: _____

See next page

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

Amount

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

TOTAL GROSS REVENUE

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

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

TOTAL OPERATING EXPENSES

TOTAL NET INCOME

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

1.		
2.		
3.		
4.		
5.		
6.		

TOTAL ALLOCATION OF NET INCOME

Prepared by: _____

Date: _____

Submit Application by _____

James Weldon Johnson Literacy Festival 2016

Financial Report

INCOME

Vendor Fees	\$ 215.00	
Cotton Candy, Popcorn, Snow cones etc.	\$ 140.15	
Food Sales	\$ 266.50	
Donations	\$1,410.00	
Total		\$2,031.65

EXPENSES

Returned check	\$ 12.00	
Gift Cards (Walmart & Publix)	\$ 470.00	
First book shipping	\$ 147.40	
Master Dezign	\$ 24.99	
Arm Bands	\$ 58.90	
Moston's Business & Sporting Apparel	\$ 189.00	
Children's Craft Section (Mrs. Rogers)	\$ 35.00	
Alma Ingram Florist	\$ 50.00	
Characters	\$ 300.00	
Pinch Penny Press	\$ 259.00	
Party City	\$ 51.33	
Total		\$1,597.62

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Not For Profit Corporation**

FRIENDS OF JOHNSON BRANCH LIBRARY, INC.

Filing Information

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

Principal Address1059 18 AVE SOUTH
SAINT PETERSBURG, FL 33701

Changed: 05/05/2003

Mailing AddressPO BOX 1061
ST. PETERSBURG, FL 33731

Changed: 04/24/2012

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

Name Changed: 05/01/2002

Address Changed: 05/01/2002

Officer/Director Detail**Name & Address**

Title P

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

Title S

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

Title T

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

Title VP

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

Annual Reports

Report Year	Filed Date
2014	01/09/2014
2015	03/17/2015
2016	03/08/2016

Document Images

<u>03/08/2016 -- ANNUAL REPORT</u>	View image in PDF format
<u>03/17/2015 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/09/2014 -- ANNUAL REPORT</u>	View image in PDF format
<u>05/20/2013 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/24/2012 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/23/2011 -- ANNUAL REPORT</u>	View image in PDF format
<u>05/05/2010 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/30/2009 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/28/2008 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/30/2007 -- ANNUAL REPORT</u>	View image in PDF format
<u>05/02/2006 -- ANNUAL REPORT</u>	View image in PDF format
<u>03/28/2005 -- REINSTATEMENT</u>	View image in PDF format
<u>05/05/2003 -- ANNUAL REPORT</u>	View image in PDF format
<u>05/01/2002 -- ANNUAL REPORT</u>	View image in PDF format
<u>07/05/2001 -- ANNUAL REPORT</u>	View image in PDF format
<u>05/30/2000 -- ANNUAL REPORT</u>	View image in PDF format
<u>06/01/1999 -- ANNUAL REPORT</u>	View image in PDF format
<u>05/19/1998 -- ANNUAL REPORT</u>	View image in PDF format



Contract/Permit

Contract #: 18261
Date: 02 Sep 2016

User: DWBurns
Status: Firm

FRIENDS OF JOHNSON BRANCH LIBRARY INC
KEVIN JOHNSON
1059 18TH AVE S
ST PETERSBURG FL 33705 USA

Primary #: (727) 342-2235
Secondary #: ()
Other #: ()

Purpose of Use: JAMES WELDON JOHNSON LITERACY FESTIVAL

Expected: 350

Co-Sponsored Event

Contract Balance \$30.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Sat 18 Mar 17 06:00 am

Ending: Sat 18 Mar 17 05:00 pm

Table with columns: Facility/Equipment, Day, Date, Time, Fee, Extra Fee, Tax, Total. Row: Enoch Davis Park, Sat, 18 Mar 2017, 06:00 AM - 05:00 PM, \$0.00, \$0.00, \$0.00, \$0.00

Additional Fees:

Table with columns: Extra Fee, Quantity, Charge, Tax, Total. Rows: Co-Sponsored Application Fee (1, \$30.00, \$0.00, \$30.00), PKS Application Processing Fee (1, \$30.00, \$0.00, \$30.00), Total (\$60.00)

Charges:

Summary table with columns: Fees, Extra Fees, Tax, Total, Deposit, Total Applied, Contract Balance, Account Balance. Values: Fees \$0.00, Extra Fees \$60.00, Tax \$0.00, Total \$60.00, Deposit \$0.00, Total Applied \$30.00, Contract Balance \$30.00, Account Balance \$30.00

Balance of rental due and payable immediately.

Payments:

Table with columns: Date, Amount, Payment Type, Reference, Receipt Number. Row: 02 Sep 2016, \$30.00, Check, Rental, 2641147

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 JOHNSON

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

Supervisor II / Foreman

Approved or Rejected

Date:

Manager

Approved or Rejected

Date:



Contract/Permit

Contract #: 18261
Date: 02 Sep 2016

User: DWBurns
Status: Firm

Manager

Approved or Rejected

Date: _____

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



City of St. Petersburg

FRIENDS OF JOHNSON BRANCH LIBRARY INC
KEVIN JOHNSON
1059 18TH AVE S
ST PETERSBURG, FL 33705 USA

Receipt #: 2641147
User: DWBurns
Issued: Fri 02 Sep 16 12:49 pm

Description	Amount
Previous Balance	\$60.00
Applied To: 18261 - JAMES WELDON JOHNSON LITERACY FESTIVAL Enoch Davis Park - Park March 18, 2017 6:00 am to March 18, 2017 5:00 pm	\$30.00
Payment: Check	(\$30.00)
Balance	\$30.00

APPROVED REFUNDS ARE BY CHECK ONLY



Contract/Permit Amendment

Printed: 02 Sep 2016, 12:49 PM

User: dwbums

Rental #: 18261

Amendment #: 1

FRIENDS OF JOHNSON BRANCH LIBRARY INC
1059 18TH AVE S
ST PETERSBURG FL 33705 USA

Amended: 02 Sep 2016

JAMES WELDON JOHNSON LITERACY FESTIVAL

Amendment Reason: Fee Due now

i) Purpose of Use:

Function: Not Changed

Description:
Description:

ii) Conditions of Use:

Insurance Required

iii) Dates and Time of Use:

of Bookings: 1 Starting: N/C Ending: N/C Expected: N/C

iv) Additional Fees:

v) Payment Method:

Damage Deposit: N/C	Payable By: N/C
Adjustment: N/C	Adj: N/C
Initial Due: N/C	Initial Pay: N/C
Prior Contract Total: \$ 60.00	Contract Total: N/C
Statementing: Due immediately	

Date	Amount
02 Sep 2016	\$30.00

KEVIN JOHNSON Date _____

Supervisor II / Foreman Approved or Rejected Date _____

Manager Approved or Rejected Date _____

Superintendent Approved or Rejected Date _____

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



Date Received: 6/3/16
 (Check or Cash: 30 01/28 0-2 20)
 Application #: _____
 Packet: 8
 Permit #: 17573

Event Title: St Pete Beer & Bacon Festival Phone No.: 941-812-7400 Fax No.: _____
 Entity Name: Sideline Apparel, Inc. DBA Brewed Life Federal I.D. Number: 20-3018546
 Event Date(s): 1/21/17 Location: Vinoy Park
 Day 1 of Event: 1/21/17 Time Gates Open: 12pm Ending Time: 8pm
 Day 2 of Event: _____ Time Gates Open: _____ Ending Time: _____
 Day 3 of Event: _____ Time Gates Open: _____ Ending Time: _____

Application Prepared by: Patrick Green Phone: 941-812-7400

Title: President Cell Phone: 941-812-7400

Address: 6314 98th St E City: Bradenton State: FL Zip: 34202

Email Address: patrick@brewedlife.com

Additional Contact Person: _____ Day Phone: _____

What month/year were you incorporated as nonprofit? _____

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

Name of the for-profit entity? _____

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

The event will be a fun and fulfilling event that people in St Petersburg and surrounding areas will look forward to year round. It is an attractive event for local and potential locals alike.

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

The St Pete Beer and Bacon Festival will feature local craft beer and food from local restaurant/catering vendors. It will give local merchants the ability to market and promote to a large audience. It will bring in people from surrounding areas to downtown and also raise money for a non-profit organization.

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: 15

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

Please provide a phone number that can be advertised to the public. 941-812-7400

What is the estimated attendance for this event? Spectators 3000 Participants 100 Last Year's Total Attendance N/A

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) No

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

Tables (6 ft) # needed 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: 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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input type="checkbox"/>	Public Invited	General Liability Insurance
<input checked="" type="checkbox"/>	Located in Park	Park Permit
<input checked="" type="checkbox"/>	Vending Product / Merchandise Sales	Occupational License
<input checked="" type="checkbox"/>	Vending Food / Beverage	Health Inspection
<input checked="" type="checkbox"/>	Vendors / Exhibitors	Alcohol Permit Additional insurance Required
<input checked="" type="checkbox"/>	Vending Beer / Wine	
<input checked="" type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	Temporary Structure Permit
<input checked="" type="checkbox"/>	Fence Installation	Temporary Structure Permit
<input type="checkbox"/>	Other Structures	Temporary Structure Permit
<input checked="" type="checkbox"/>	Open Flame Food Preparation	Fire Inspection Permit
<input type="checkbox"/>	Pyrotechnics	Fireworks Permit
<input type="checkbox"/>	Require Street Closure	Parade or Street Closure Permit(s)
<input checked="" type="checkbox"/>	VIP Area	
<input checked="" type="checkbox"/>	Staging	
<input checked="" type="checkbox"/>	Amplified Sound	
<input checked="" type="checkbox"/>	Security	
<input checked="" type="checkbox"/>	Sanitary Facilities - Port-O-Lets	
<input type="checkbox"/>	Off-site Parking / Shuttle	
<input type="checkbox"/>	Semitruck / Tractor Trailer	
	How many? 60	
	How many? 3	
	What type?	
	What structure?	
	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
	<input type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
	<input checked="" type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD	
	Regular Units 30 Disabled Units 2 Hand Washing 9	

Marketing: Please check all that apply.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Invitations | <input checked="" type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers | <input checked="" type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> Remote Broadcast |

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

Electrical Requirements:

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

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

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

We will have various vendors from food/catering trucks, portable food vendors, beer trailers, ice trucks, ice cream vendors, etc.

Will you supply your own generators? YES NO

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

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

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

Name: Brewed Life

Phone: 941-812-7400

Address (including zip): 6314 98th St E, Bradenton, FL 34202

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

2-3 rock/reggae bands. 1 stage

List Vending Products. Name & Provider.

Multiple

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.

Load in on prior day and morning of the event. Surrounding parking will be sufficient.

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: Patrick Green

Title: President

Date: 6/3/16

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: Children's DREAM FUND

Name of Responsible Party (President or CEO ONLY): Cynthia LAKE Farrell - Executive Director

Title of Responsible Party: Executive Director

Physical Address of Responsible Party: ONE PROGRESS PLAZA, SUITE 1030, ST PETERS FL 33701

Phone Number of Responsible Party: 727-896-6390

Email Address of Responsible Party: CLAKE@CHILDRENSDREAMFUND.ORG

Nonprofit (Employee Identification Number): 59-2145821

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

Name of Responsible Party (President or CEO ONLY): Patrick Green

Title of Responsible Party: President

Physical Address of Responsible Party: 6314 98th St E, Bradenton, FL 34202

Phone Number of Responsible Party: 941-812-7400

Email Address of Responsible Party: patrick@brewedlife.com

For-profit (Employee Identification Number)

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



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

Name of Event: St Pete Beer & Bacon
Date(s) of Event: Jan 21, 2017

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

	Amount
1. Ticket Sales - 3,000	\$37,500.00
2. Beer Sales - 2,000	\$12,000.00
3. Vendors - Food & Others	\$5,000.00
4. Sponsors	\$3,000.00
5. Drink Sales	\$1,000.00
6.	
7.	
8.	
TOTAL GROSS REVENUE	\$58,500.00

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

1. Tents	\$5,000.00
2. Bands	\$4,000.00
3. Stage / Sound	\$3,000.00
4. Tables/Chairs	\$500.00
5. Photographer - Still &	\$1,000.00
6. Ice	\$600.00
7. Beer/Softdrinks/Water	\$2,000.00
8. Printing	\$300.00
9. Tshirts	\$500.00
10. Advertising	\$5,000.00
11. Working Expenses	\$1,500.00
12. Kids Area	\$1,000.00
TOTAL OPERATING EXPENSES	\$24,400.00
TOTAL NET INCOME	\$34,100.00

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

1. Charity	
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	

Prepared by: Patrick Green Date: Jun 3, 2016

Print Application

Submit Application by
Email



City of St. Petersburg

Brewed Life
PATRICK GREEN
6314 98TH STREET EAST
BRADENTON, FL 34202 USA

Receipt #: 2572580
User: SCTegard
Issued: Fri 10 Jun 16 01:24 pm

<u>Description</u>	<u>Amount</u>
Previous Balance	\$230.00
Applied To: 17573 - St. Pete Bear & Bacon Fest Vinoy Park - Park January 20, 2017 6:00 am to January 22, 2017 9:00 pm	\$30.00
Payment: Check	(\$30.00)
Balance	\$200.00



Contract/Permit

Contract #: 17573
Date: 10 Jun 2016

User: SCTegard
Status: Firm

Primary #: (941) 812-7400
Secondary #: (727)
Other # ()

Brewed Life
PATRICK GREEN
6314 98TH STREET EAST
BRADENTON FL 34202 USA

Purpose of Use: St. Pete Bear & Bacon Fest

Expected: 0

Co-Sponsored Event

Contract Balance \$200.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Fri 20 Jan 17 06:00 am

Ending: Sun 22 Jan 17 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park Park	Fri	20 Jan 2017	06:00 AM 09:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Vinoy Park Park	Sat	21 Jan 2017	06:00 AM 09:00 PM	\$0.00	\$230.00	\$0.00	\$230.00
Vinoy Park Park	Sun	22 Jan 2017	06:00 AM 09:00 PM	\$0.00	\$0.00	\$0.00	\$0.00

Additional Fees:

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	15:00	1	\$30.00	\$0.00	\$30.00
Co-Sponsored Park Permit Fee	15:00	1	\$200.00	\$0.00	\$200.00
		2	\$230.00	\$0.00	\$230.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
10 Jun 2016	\$30.00	Check	Rental	2572580

Additional Notes:

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

By: (Sign Name) _____
(Print Name) **PATRICK GREEN**
Brewed Life
Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

Contract #: 17573
Date: 10 Jun 2016

User: SCTegard
Status: Firm

_____	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____
Supervisor II / Foreman			
_____	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____
Manager			
_____	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____
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.



Contract/Permit

Contract #: 17573
Date: 10 Jun 2016

User: SCTegard
Status: Firm

BREWED LIFE
PATRICK GREEN
6314 98TH STREET EAST
BRADENTON FL 34202 USA

Primary #: (941) 812-7400
Secondary #: (727)
Other #: ()

Purpose of Use: St. Pete Bear & Bacon Fest

Expected: 0

Co-Sponsored Event

Contract Balance \$200.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Fri 20 Jan 17 06:00 am

Ending: Sun 22 Jan 17 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Fri	20 Jan 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			09:00 PM				
Vinoy Park	Sat	21 Jan 2017	06:00 AM	\$0.00	\$230.00	\$0.00	\$230.00
Park			09:00 PM				
Vinoy Park	Sun	22 Jan 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			09:00 PM				

Additional Fees:

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	15:00	1	\$30.00	\$0.00	\$30.00
Co-Sponsored Park Permit Fee	15:00	1	\$200.00	\$0.00	\$200.00
		2	\$230.00	\$0.00	\$230.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
10 Jun 2016	\$30.00	Check	Rental	2572580

Additional Notes:

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

By: (Sign Name) _____
(Print Name) **PATRICK GREEN**
BREWED LIFE
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

Contract #: 17573
Date: 10 Jun 2016

User: SCTegard
Status: Firm

_____	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____
Supervisor II / Foreman			
_____	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____
Manager			
_____	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____
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.

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS****Detail by Entity Name****Florida Profit Corporation**

SIDELINE APPAREL, INC.

Filing Information

Document Number	P05000086188
FEI/EIN Number	20-3018546
Date Filed	06/15/2005
Effective Date	06/15/2005
State	FL
Status	ACTIVE

Principal Address6314 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: 07/03/2006

Officer/Director Detail**Name & Address**

Title PRES

GREEN, PATRICK J
6314 98TH STREET EAST
BRADENTON, FL 34202**Annual Reports**

Report Year	Filed Date
2014	02/26/2014
2015	04/22/2015
2016	01/26/2016

Document Images

01/26/2016 -- ANNUAL REPORT	View image in PDF format
04/22/2015 -- ANNUAL REPORT	View image in PDF format
02/26/2014 -- ANNUAL REPORT	View image in PDF format
02/06/2013 -- ANNUAL REPORT	View image in PDF format
02/15/2012 -- ANNUAL REPORT	View image in PDF format
02/28/2011 -- ANNUAL REPORT	View image in PDF format
02/17/2010 -- ANNUAL REPORT	View image in PDF format
04/16/2009 -- ANNUAL REPORT	View image in PDF format
04/09/2008 -- ANNUAL REPORT	View image in PDF format
01/04/2007 -- ANNUAL REPORT	View image in PDF format
07/03/2006 -- ANNUAL REPORT	View image in PDF format
06/15/2005 -- Domestic Profit	View image in PDF format

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State of Florida, Department of State

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS****Detail by Entity Name****Florida Not For Profit Corporation**

CHILDREN'S DREAM FUND, INC.

Filing Information

Document Number	760999
FEI/EIN Number	59-2145821
Date Filed	12/09/1981
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	08/20/2001
Event Effective Date	NONE

Principal Address

ONE PROGRESS PLAZA
SUITE 1830
ST PETERSBURG, FL 33701

Changed: 03/28/2016

Mailing Address

ONE PROGRESS PLAZA
SUITE 1830
ST PETERSBURG, FL 33701

Changed: 03/28/2016

Registered Agent Name & Address

Farrell, Cynthia L
ONE PROGRESS PLAZA
SUITE 1830
ST PETERSBURG, FL 33701

Name Changed: 02/26/2015

Address Changed: 03/28/2016

Officer/Director Detail**Name & Address**

Title Director

HOBACH, JOHN
2201 4TH STREET N.
SAINT PETERSBURG, FL 33704

Title Officer

DACHEPALLI, BEN
101 E. KENNEDY BLVD. SUITE 3700
TAMPA, FL 33602

Title Chairman

Veillette, TRACY
5350 TECH DATA DRIVE
CLEARWATER, FL 33760

Title D

HADDAD, ROBERT
300 FIRST AVENUE S.
ST. PETERSBURG, FL 33701

Title D

Caraynoff, Greg
18210 CRANE NEST DRIVE
TAMPA, FL 33647

Title D

Christopher, Monica
501 E. Kennedy Blvd.
Suite 900
Tampa, FL 33602

Title D

Allen, David
880 Carillon Parkway
St. Petersburg, FL 33716

Title D

Kucera, Danielle
4868 W. Gandy Blvd.
Tampa, FL 33611

Title Treasurer

Lamson, Nancy
2650 Heron Lane S.
Clearwater, FL 33762

Title D

Marshall, Kevin
341 S. Plant Avenue
Tampa, FL 33606

Title Secretary

Sherman, Laura
4010 W. Boy Scout Blvd.
Suite 200
Tampa, FL 33607

Title Director

Ware, Randy
West Coast Medical Resources
520 Howard Court
Clearwater, FL 33756

Title Director

Khonsari, Rohom
2438 Dr. Martin Luther King Jr. St. N.
St. Petersburg, FL 33704

Title Director

Ferrari, John, Esq.
Ferrari and Gonzalez, PA
2014 Fourth Street
Sarasota, FL 34237

Title Director

Mogul, Mark, Dr.
St. Joseph's Children's Hospital
3001 W. Dr. MLK Jr. St.
Tampa, FL 33607

Title Director

Patel, Saloni
4161 Rolling Springs Drive
Tampa, FL 33624

Annual Reports

Report Year	Filed Date
2014	02/24/2014
2015	02/26/2015
2016	03/28/2016

Document Images

03/28/2016 -- ANNUAL REPORT	View image in PDF format
02/26/2015 -- ANNUAL REPORT	View image in PDF format
02/24/2014 -- ANNUAL REPORT	View image in PDF format
04/11/2013 -- ANNUAL REPORT	View image in PDF format
02/07/2012 -- ANNUAL REPORT	View image in PDF format
03/03/2011 -- ANNUAL REPORT	View image in PDF format
03/05/2010 -- ANNUAL REPORT	View image in PDF format
06/16/2009 -- ANNUAL REPORT	View image in PDF format
03/26/2008 -- ANNUAL REPORT	View image in PDF format
02/07/2007 -- ANNUAL REPORT	View image in PDF format
03/17/2006 -- ANNUAL REPORT	View image in PDF format
03/16/2005 -- ANNUAL REPORT	View image in PDF format
04/28/2004 -- ANNUAL REPORT	View image in PDF format
02/26/2003 -- ANNUAL REPORT	View image in PDF format
04/22/2002 -- ANNUAL REPORT	View image in PDF format
08/20/2001 -- Name Change	View image in PDF format
03/27/2001 -- ANNUAL REPORT	View image in PDF format
05/08/2000 -- ANNUAL REPORT	View image in PDF format
02/19/1999 -- ANNUAL REPORT	View image in PDF format
03/06/1998 -- ANNUAL REPORT	View image in PDF format
05/05/1997 -- ANNUAL REPORT	View image in PDF format
04/25/1996 -- ANNUAL REPORT	View image in PDF format
04/20/1995 -- ANNUAL REPORT	View image in PDF format

SUE



City of St. Petersburg

BREWED LIFE
PATRICK GREEN
6314 98TH STREET EAST
BRADENTON, FL 34202 USA

Receipt #: 2619498
User: CSDougla
Issued: Mon 25 Jul 16 12:42 pm

Description	Amount
Previous Balance	\$200.00
Applied To: 17573 - St. Pete Bear & Bacon Fest Vinoy Park - Park January 20, 2017 6:00 am to January 22, 2017 9:00 pm	\$200.00
Payment: Check	(\$200.00)
Balance	\$0.00

CINCINNATI OH 45999-0038

In reply refer to: 0248222119
Apr. 14, 2016 LTR 4168C 0
59-2145821 000000 00
00029592
BODC: TE

CHILDRENS DREAM FUND INC
% CYNTHIA LAKE FARRELL
1 PROGRESS PLAZA STE 1830
ST PETERSBURG FL 33701

Employer ID Number: 59-2145821
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Apr. 05, 2016, regarding your tax-exempt status.

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

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

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

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

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



Date Received: 6/16/16
 Check or Cash: CK
 Application #: 57
 Packet: 13
 Permit #: 182.55

Event Title: PREGAME IN PARADISE Phone No.: 727-914-3866 Fax No.:
 Entity Name: Hall of Fame Foundation Inc. Federal I.D. Number: 59-2909488
 Event Date(s): January 8, 2017 Location: Albert Whitted Park
 Day 1 of Event: January 8, 2017 Time Gates Open: 1 p.m. Ending Time: 11 p.m.
 Day 2 of Event: N/A Time Gates Open: Ending Time:
 Day 3 of Event: N/A Time Gates Open: Ending Time:

Application Prepared by: Wayne Hogan Phone: 727-914-3866
 Title: Executive Director of Florida Sports Hall of Fame Cell Phone: 404-291-2120
 Address: PO Box 86144 City: St Petersburg State: Florida Zip: 33738
 Email Address: hogan@FLASportsHoF.org
 Additional Contact Person: Bob Corry Day Phone: 727-510-2186

What month/year were you incorporated as nonprofit? 10-01-87
 List all 501(c)3 entities that will benefit from this event. Hall of Fame Foundation Inc. (Florida Sports Hall of Fame)
 Name of the for-profit entity?

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
 The Florida Sports Hall of Fame continues its mission to honor Florida's vast sports heritage by taking the inspiring stories of its 234 current members to the people of Florida through outreach programs such as Fame for Fitness which raises awareness of childhood obesity and children's diabetes. The Florida Sports Hall of Fame, in cooperation with Visit St. Pete/Clearwater will be providing a fun filled afternoon of free music and autograph sessions with some of the greatest legends of Florida sports. The event will sell food and drinks as well. The free event will be from 2 p.m. until 5 p.m. (gates will open at 1:00 p.m.). The Florida Sports Hall of Fame will have a private VIP Experience held aboard the Sir Winston Yacht. The organizer seeks permission to anchor at the seawall adjacent to the Park and have access to the boat until 11p.m. The organizer is also working in concert with a film premiere later that day at the Mahaffey theater to have an outdoors fireworks display immediately following the premiere. The fireworks display will be free to the public.

Describe what economic benefit and impact this event will bring to St. Petersburg.
 This free event will proceed a world premiere film event to be held at the Mahaffey Theater later that day. The film, "The Bowden Dynasty" will draw over 2,000 people to St Petersburg for this event. With the NCAA National Football Championship occurring the very next night in Tampa, most of college football royalty will be in the Tampa Bay area. The film premiere will be broadcast live to over 400 theaters nationwide as a "Live Fathom Event", causing the eyes of the viewers to see our beautiful city. The film producers hope to include a great look of St Petersburg in the "Extras" section of the movies DVD. Restaurants and local hotels are sure to benefit from the amount of interest this event will garner.

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. http://flasporthof.org
 Please provide a phone number that can be advertised to the public. 727-914-3866
 What is the estimated attendance for this event? Spectators 2,000? Participants 40 Last Year's Total Attendance N/A

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location? _____

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

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

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

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

Name: Title: Date:
Co-Sign: Title: Date:

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input checked="" type="checkbox"/> Located in Park		Park Permit
<input checked="" type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input checked="" type="checkbox"/> Vending Food / Beverage		Health Inspection
<input checked="" type="checkbox"/> Vendors / Exhibitors	How many? <u>1 - 10 Vendors / Exhibitors</u>	Alcohol Permit Additional insurance Required
<input checked="" type="checkbox"/> Vending Beer / Wine		
<input type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? _____	Temporary Structure Permit
<input type="checkbox"/> Fence Installation	What type? _____	Temporary Structure Permit
<input checked="" type="checkbox"/> Other Structures	What structure? <u>Mobile Stage 40' X 30' (Permit?)</u>	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input checked="" type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input checked="" type="checkbox"/> VIP Area		
<input checked="" type="checkbox"/> Staging	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Amplified Sound	<input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input type="checkbox"/> Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD	
<input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <u>TBD</u> Disabled Units <u>1+7</u> Hand Washing <u>1?</u>	
<input checked="" type="checkbox"/> Off-site Parking / Shuttle		
<input checked="" type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Invitations | <input checked="" type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers | <input checked="" type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input checked="" type="checkbox"/> 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.

Mobile Stage will need power for sound and lights. More than enough power in park for what we need. Probably a 100 Amp Service.

The Sir Winston has onboard generators, but we will look into tying into the electric as well.

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? Electric Current, Inc

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

Yes. We would like to appeal to the City of St Petersburg to waive the \$1,200 late fee for this application. We put a deposit down on the Mahaffey Theater on May 25, 2016. We were under the impression that the park could not be reserved more than six months in advance.

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

Name: Hall of Fame Foundation Inc.

Phone: 727-914-3866

Address (including zip): PO Box 86144 St Petersburg, FL 33738

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

Country Music (Kenny Chesney cover band- (Pirate Flag Band) one stage, one band (www.pirateflagband.com).

Music will be from 2 p.m. until 5 p.m.

List Vending Products. Name & Provider.

Vendors TBD

Food

Beer, Wine and soft drinks

Sales Table for "The Bowden Dynasty" film and other sports related merchandise.

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

Hall of Fame Foundation Inc.

PO Box 86144 St Petersburg, FL 33738

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

General Information only.

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

Load in starts 8 a.m. 1/8/17. Access to parking adjacent to park needs to be limited to vendors and organizers. Mobile stage has to be brought in by Semi-tractor Unit. We wish to have the entire park including the parking lot for our event.

Other Comments: Please describe your fee structure.

Free Event 2-5 p.m.

VIP Experience aboard the Sir Winston Yacht will not be free. Tickets will be sold in advance for a price to be determined.

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: Wayne Hogan

Title: Executive Director of FSHOF

Date: 7-26-16

Appendix A

Co-Sponsored Event Park Fee Structure

- * Events in Vinoy Park will be assessed \$300.00 per event day (e.g., 1 day event = \$300.00, 2 days = \$600.00, 3 days or more = \$900.00.) This includes the \$30.00 park permit fee.
- * Events in any other park will be assessed \$200.00 per event day (e.g., 1 day event = \$200.00, 2 days = \$400.00, 3 or more days = \$600.00). This includes the \$30.00 park permit fee.
- * The above fees will be due at the time you submit your application plus the \$30.00 co-sponsored application fee.
- * All co-sponsored event applications must be submitted at least 6 month prior to the event.
- * Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable \$1,200.00 late fee.
- * **The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.**
- * **Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.**
- * **All first time entities requesting events will be required to complete a credit application.**



Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation:

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

Nonprofit (Employee Identification Number):

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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



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

Name of Event: Pre Game In Paradise

Date(s) of Event: January 8, 2017 - Jan 8, 2017

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

Amount

1.	I understand this form is not required the first year (as per Denis Burns)	
2.		
3.		
4.		
5.		
6.		
7.		
8.		

TOTAL GROSS REVENUE

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

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

TOTAL OPERATING EXPENSES

TOTAL NET INCOME

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

1.		
2.		
3.		
4.		
5.		
6.		

TOTAL ALLOCATION OF NET INCOME

Prepared by: Wayne Hogan

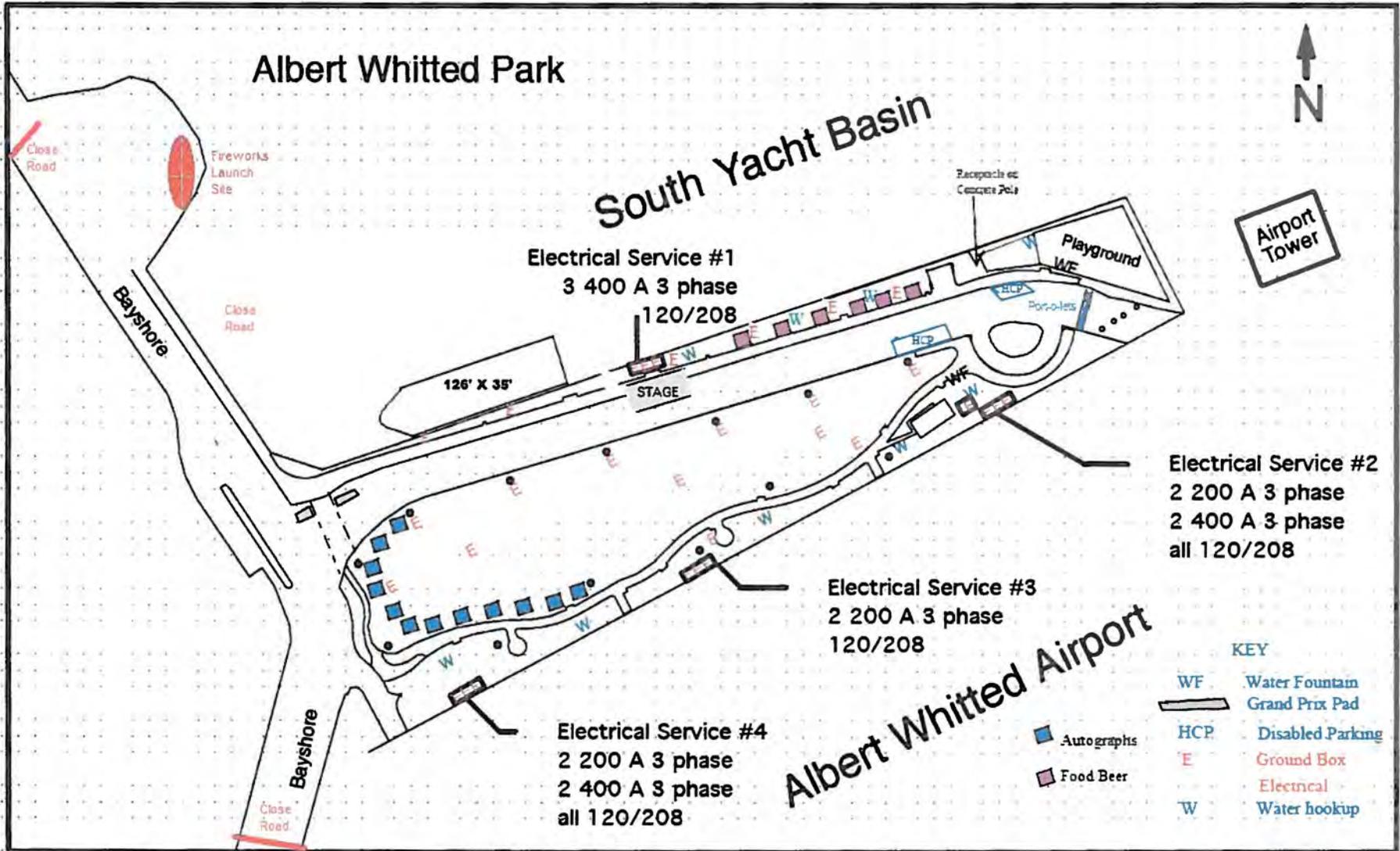
Date: 7-26-16

Print Application

Submit Application by Email

Albert Whitted Park

South Yacht Basin



Electrical Service #2
 2 200 A 3 phase
 2 400 A 3 phase
 all 120/208

Electrical Service #3
 2 200 A 3 phase
 120/208

Electrical Service #4
 2 200 A 3 phase
 2 400 A 3 phase
 all 120/208

- KEY**
- WF Water Fountain
 - Grand Prix Pad
 - HCP Disabled Parking
 - E Ground Box
 - Electrical
 - W Water hookup

- Autographs
- Food Beer

Albert Whitted Airport

Event Schedule for "Pre-Game In Paradise" January 8, 2016

8 a.m. - 1 p.m. Set-up

Block Entrance to Park at 8:00 to all traffic except Vendors, organizers and city representatives.

1:00 p.m. Police to set up road blocks to close Bayshore Dr SE between the Dali entrance and the back parking entrance to the Mahaffey.

1:00 p.m. Park open to public
Food and Drink Sales begin

2:00 p.m. Event Begins
Music from Stage begins

3:00 p.m. Autograph Sessions begin
3:00 p.m. Sir Winston VIP Experience opens (private)

4:30 p.m. Auto Graph Session ends

5:00 p.m. Music Finishes and "Pre-Game In Paradise" concludes

6:00 p.m. Food and Drink vendors shut down

6:00 – 8:00 p.m. Vendors breakdown and clean up.

8:45 p.m. Fireworks from the Fountain Area in front of the Mahaffey

9:15 p.m. Road blocks removed from Bayshore Dr SE

11:00 p.m. VIP Experience concludes aboard the Sir Winston Yacht

11:00 p.m. Park reopened to vehicles

State of Florida

Department of State

I certify from the records of this office that HALL OF FAME FOUNDATION, INC. is a corporation organized under the laws of the State of Florida, filed on October 1, 1987.

The document number of this corporation is N22781.

I further certify that said corporation has paid all fees due this office through December 31, 2016, that its most recent annual report/uniform business report was filed on February 16, 2016, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Sixteenth day of February,
2016*



Ken Detmer
Secretary of State

Tracking Number: CC7527472677

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

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248564843
May 17, 2011 LTR 4168C E0
59-2909488 000000 00
00019488
BODC: TE

HALL OF FAME FOUNDATION INC
600 LAKE OTIS DR SE
WINTER HAVEN FL 33880-3558

16900

Employer Identification Number: 59-2909488
Person to Contact: Ms. Osborne
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your May 06, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May 1989.

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.



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 10/15

85-8012702639C-1	02/17/2016	02/28/2021	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

HALL OF FAME FOUNDATION INC
FLORIDA SPORTS HALL OF FAME
4936 MIRAMAR DR UNIT 4401
MADEIRA BEACH FL 33708-3413

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

DR-14
R. 10/15

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS****Detail by Entity Name****Florida Not For Profit Corporation**

HALL OF FAME FOUNDATION, INC.

Filing Information

Document Number	N22781
FEI/EIN Number	59-2909488
Date Filed	10/01/1987
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	07/11/2008
Event Effective Date	NONE

Principal Address

4936 Miramar Drive
Unit 4401
Madeira Beach, FL 33708

Changed: 02/16/2016

Mailing Address

PO Box 86144
St. Petersburg, FL 33738

Changed: 02/16/2016

Registered Agent Name & Address

Hogan, Wayne
4936 Miramar Drive
Unit 4401
Madeira Beach, FL 33708

Name Changed: 02/16/2016

Address Changed: 02/16/2016

Officer/Director Detail**Name & Address**

Title CEO

Hogan, Wayne

4936 Miramar Drive
Unit 4401
Madeira Beach, FL 33708

Title President

Smith, Barry
16201 Sansoles de Avila
Tampa, FL 33613

Title VP

WAHL, LARRY
1859 NW 124 WAY
CORAL SPRINGS, FL 33071

Title Treasurer

MORRALL, MATTHEW E
2850 N ANDREWS AVE
FORT LAUDERDALE, FL 33311-2514

Title VP

Duncan, Neal
2701 Lake Myrtle Park Drive
Auburndale, FL 33823

Annual Reports

Report Year	Filed Date
2014	02/05/2014
2015	01/14/2015
2016	02/16/2016

Document Images

<u>02/16/2016 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/14/2015 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/05/2014 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/21/2013 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/18/2012 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/13/2011 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/07/2010 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/05/2009 -- ANNUAL REPORT</u>	View image in PDF format
<u>07/11/2008 -- Amendment</u>	View image in PDF format
<u>07/03/2008 -- ANNUAL REPORT</u>	View image in PDF format
<u>08/30/2007 -- ANNUAL REPORT</u>	View image in PDF format
<u>07/24/2006 -- ANNUAL REPORT</u>	View image in PDF format



City of St. Petersburg

HALL OF FAME FOUNDATION, INC.
WAYNE HOGAN
po box 86144
ST PETERSBURG, FL 33738 USA

Receipt #: 2640679
User: DWBurns
Issued: Thu 01 Sep 16 09:49 am

Description	Amount
Previous Balance	\$230.00
Applied To: 18255 - PREGAME IN PARADISE Albert Whitted Park - Park January 8, 2017 6:00 am to January 8, 2017 11:00 pm	\$230.00
Payment: Check	(\$230.00)
Balance	\$0.00

APPROVED REFUNDS ARE BY CHECK ONLY



Contract/Permit

Contract #: 18255
Date: 01 Sep 2016

User: DWBurns
Status: Firm

HALL OF FAME FOUNDATION, INC.
WAYNE HOGAN
po box 86144
ST PETERSBURG FL 33738 USA

Primary #: (727) 914-3866
Secondary #: (727)
Other #: ()

Purpose of Use: PREGAME IN PARADISE

Expected:
2,000

Co-Sponsored Event

Contract Balance
\$0.00

Conditions of Use: Insurance Required

Other Information:

Use of beer and wine Yes
Use of fencing Yes
Use of liquor Yes

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

Starting: Sun 08 Jan 17 06:00 am

Ending: Sun 08 Jan 17 11:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Sun	08 Jan 2017	06:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
Park			11:00 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
Co-Sponsored Park Permit Fee	17:00	1	\$200.00	\$0.00
		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	\$0.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
01 Sep 2016	\$230.00	Check	Rental	2640679

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) WAYNE HOGAN

HALL OF FAME FOUNDATION, INC.

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) _____

Parks and Recreation Superintendent

(Print Name) _____

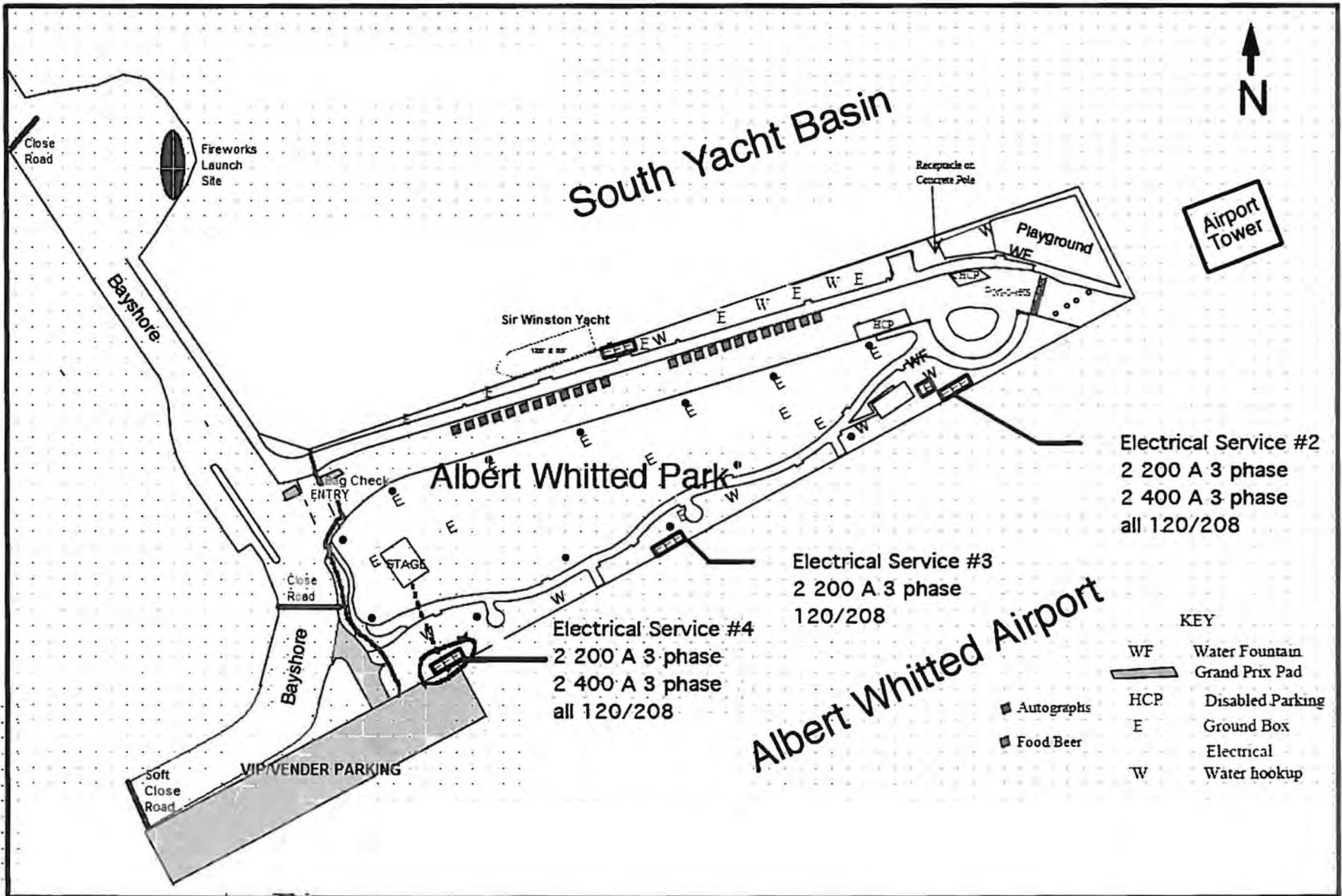
Parks and Recreation Department

Contract #: 18255
Date: 01 Sep 2016

User: DWBurns
Status: Firm

_____ Supervisor II / Foreman	<input type="checkbox"/> Approved or <input type="checkbox"/> Rejected	Date: _____
_____ Manager	<input type="checkbox"/> Approved or <input type="checkbox"/> Rejected	Date: _____
_____ Manager	<input type="checkbox"/> Approved or <input type="checkbox"/> Rejected	Date: _____

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



South Yacht Basin

Airport Tower

Sir Winston Yacht

Albert Whitted Park

Albert Whitted Airport

Electrical Service #2
 2 200 A 3 phase
 2 400 A 3 phase
 all 120/208

Electrical Service #3
 2 200 A 3 phase
 120/208

Electrical Service #4
 2 200 A 3 phase
 2 400 A 3 phase
 all 120/208

KEY

WF	Water Fountain
	Grand Prix Pad
HCP	Disabled Parking
E	Ground Box
W	Electrical Water hookup

- Autographs
- Food Beer

Fireworks Launch Site

Playground

VIP/VENDER PARKING

Receptacle on Concrete Pole

Bag Check ENTRY

E STAGE

Close Road

Bayshore

Bayshore

Soft Close Road

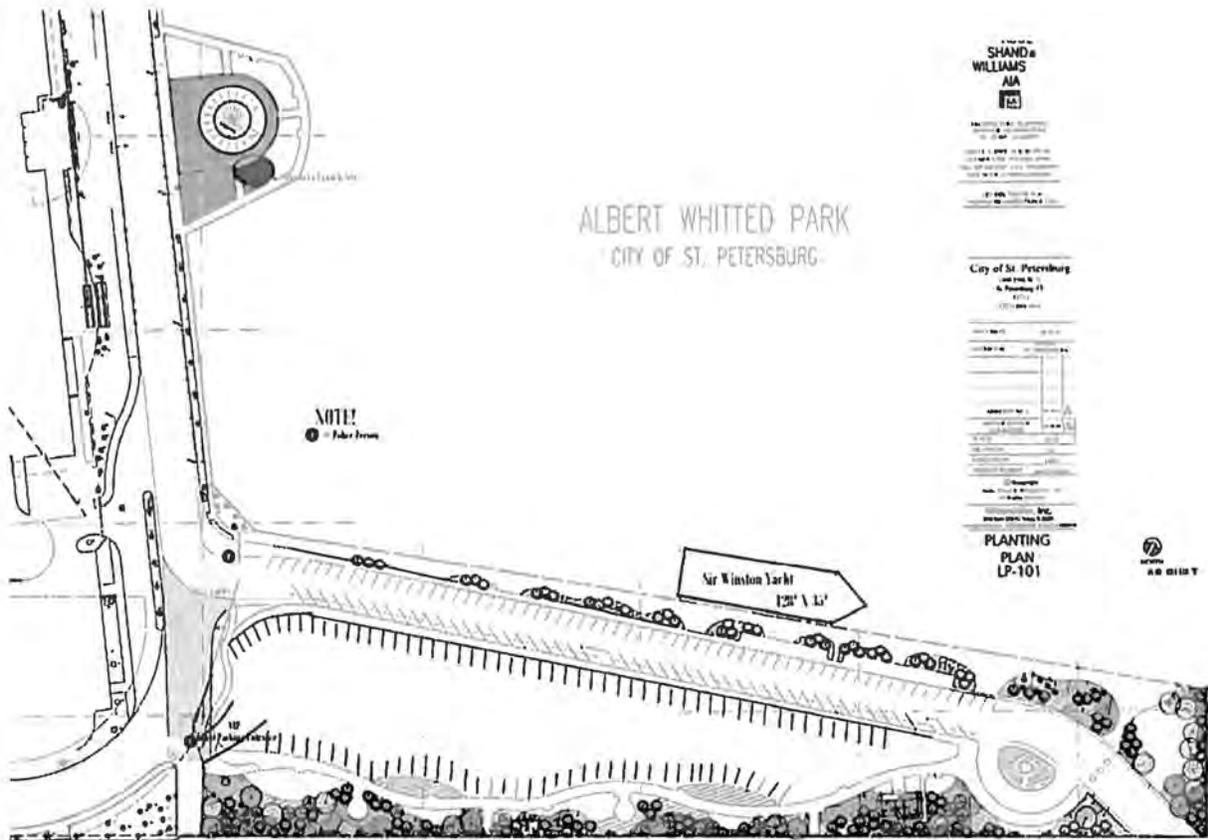
Close Road

To whom it may concern,

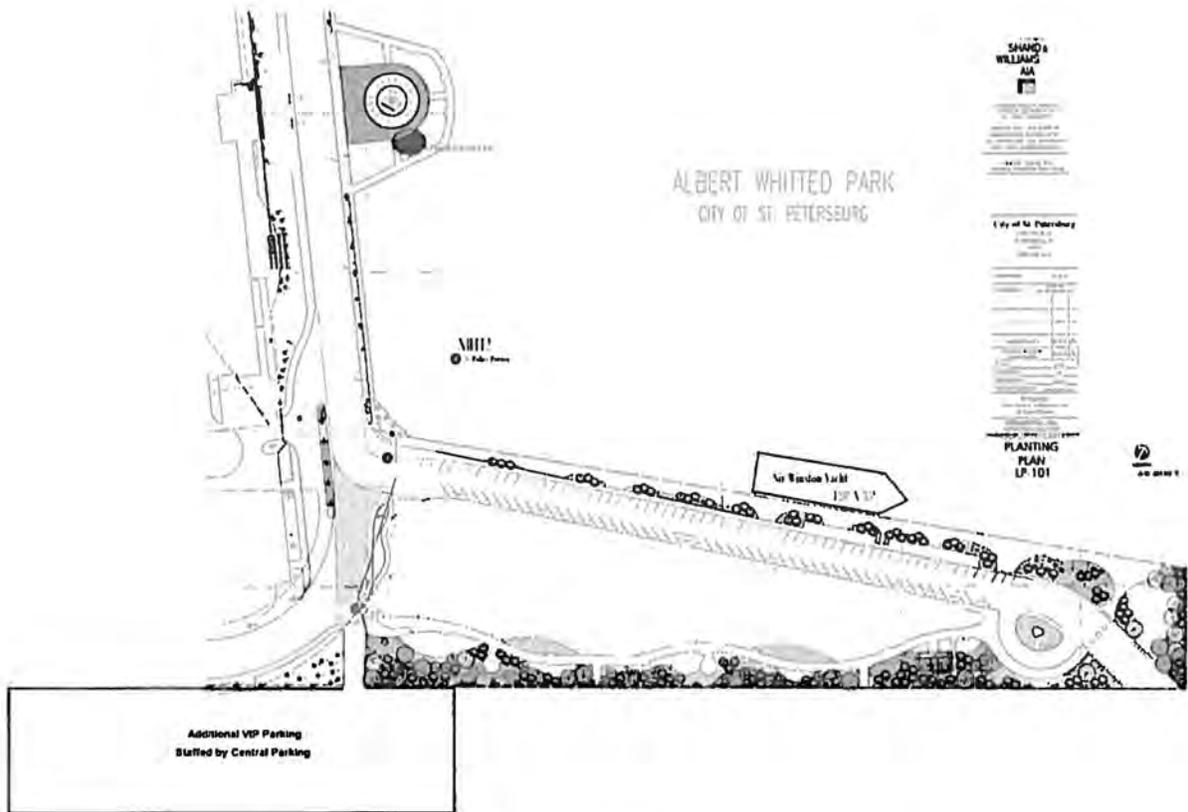
Because of a significant reduction in financial support from a major sponsor, our event will be scaled back to a ticketed fundraiser for The Florida Sports Hall of Fame to assist in their Childhood Obesity Awareness programs as described in original permit request. This event is in conjunction with a national movie premiere at The Mahaffey Theater. Our park use will be for a before and after VIP Experience aboard the Sir Winston Yacht. These two events will still draw a tremendous amount of dollars and foot traffic to our downtown area.

We are requesting that we be able to park cars on the perimeter of the park (75-100 cars). According to a member of our logistics team (Kevin Dunn) this park is unlike any other park in the city when it comes to handling car traffic. We also expect car traffic to be a once in and once out as opposed to a standard parking lot situation that has auto traffic all day. We will employ Central Parking to operate the parking as they do for the other city assets.

Bob Corry



Plan "A" Allows for on grass parking. (preferred)



Plan "B" does not allow for on grass parking. We rent lot from airport. (not preferred)

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



Date Received: 8/8/16
 Check or Cash: #5489 R#7620159
 Application #: 58
 Packet: B
 Permit #: 18033

Event Title: Southeastern Guide Dogs St. Petersburg Walkathon Phone No.: 941.803.7540 Fax No.: 941.729.6646

Entity Name: Southeastern Guide Dogs Federal I.D. Number: 59-2252352

Event Date(s): 2/25/17 Location: Vinoy Park (Mole)

Day 1 of Event: _____ Time Gates Open: 8:30 AM Ending Time: 12:00 PM

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

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

Application Prepared by: Caellan Curtis Phone: 941.803.7540

Title: Associate Director, Philanthropy Cell Phone: 813.500.0086

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

Email Address: caellan.curtis@guidedogs.org

Additional Contact Person: Jennifer Bryan Day Phone: 941.479.6610

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 Dog's mission is to create and nurture a partnership between a visually impaired individual and a guide dog, initiating life's journey with mobility, independence and dignity. And we do this all free of charge to the recipient. By supporting our event, you support the local recipients and the families who benefit from our mission.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Out-of-town volunteers, puppy raisers and guide dog recipients fly in for our event and occupy local hotels, patronize restaurants and stores, and in turn are exposed to St. Petersburg as a destination.

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

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

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

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

Estimated attendance for this event? Spectators N/A Participants 2,000 Last Year's Total Attendance 2,000

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) no

Bleacher(s) needed. Each bleacher approx. 180 people) n/a

Tables (6 ft) # needed n/a Chairs # needed n/a

Public Address System

of portable risers needed (4 in. x 8 in. x 16 in. sections) n/a

Special Events Facilities

Mahaffey Theater

Coliseum

Sunken Gardens

Boyd Hill

Non-City Locations

Which Location?

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 JOHN ARMBRUSTER, PARKS & RECREATION MANAGER,
727-893-7766 or EMAIL: StPeteEvents@stpete.org



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/>	Public Invited	General Liability Insurance
<input checked="" type="checkbox"/>	Located in Park	Park Permit
<input checked="" type="checkbox"/>	Vending Product / Merchandise Sales	Occupational License
<input checked="" type="checkbox"/>	Vending Food / Beverage	Health Inspection
<input checked="" type="checkbox"/>	Vendors / Exhibitors	How many? <u>1 - 10 Vendors / Exhibitors</u>
<input type="checkbox"/>	Vending Beer / Wine	Alcohol Permit Additional insurance Required
<input checked="" type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	How many? <u>6</u>
<input type="checkbox"/>	Fence Installation	What type? _____
<input checked="" type="checkbox"/>	Other Structures	What structure? <u>stage (12' x 16')</u>
<input type="checkbox"/>	Open Flame Food Preparation	Temporary Structure Permit
<input type="checkbox"/>	Pyrotechnics	Temporary Structure Permit
<input checked="" type="checkbox"/>	Require Street Closure	Temporary Structure Permit
<input type="checkbox"/>	VIP Area	Fire Inspection Permit
<input checked="" type="checkbox"/>	Staging	Fireworks Permit
<input checked="" type="checkbox"/>	Amplified Sound	Parade or Street Closure Permit(s)
<input checked="" type="checkbox"/>	Security	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input checked="" type="checkbox"/> Other
<input checked="" type="checkbox"/>	Sanitary Facilities - Port-O-Lets	<input type="checkbox"/> Performers <input checked="" type="checkbox"/> Announcement Only
<input type="checkbox"/>	Off-site Parking / Shuttle	<input type="checkbox"/> Daytime - Private <input checked="" type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD
<input type="checkbox"/>	Semitruck / Tractor Trailer	Regular Units <u>per</u> Disabled Units <u>req.</u> Hand Washing <u>_____</u>

Marketing: Please check all that apply.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Invitations | <input checked="" type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers | <input checked="" type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> 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.

All mentioned above will run off ample energy supplied in park electrical boxes.

*other: sound equipment/bounce house

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: Southeastern Guide Dogs

Phone: 941.729.5665

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

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

Deejayed music, and live music, performed on one stage with potential of more bands to be determined.

List Vending Products. Name & Provider.

Handy- Can, US Tents, Gator Guards, Hide-away Storage, and more yet to be determined.

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.

Walkathon is our largest annual fundraiser. At the event, school graduates, donors, volunteers, fundraisers, participants, walkers and general public will come together to walk a 3K to further support the programs and services of Southeastern Guide Dogs. The event is filled with guide dogs, food, music, raffles, fun and of course, we encourage the walkers to bring their household pets to accompany them along the 3K walking route.

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

We will begin set-up the day before our event, from approximately 9:00 AM - 3:00 PM. A security guard will stand watch overnight, and then event set-up will commence at 7:00 AM on the day of the event. Parking will be public, and we will reserve the parking lot near the North Shore Aquatic Center (as done in previous years), for our volunteers and vendors.



Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Southeastern Guide Dogs

Name of Responsible Party (President or CEO ONLY): Titus Herman

Title of Responsible Party: CEO

Physical Address of Responsible Party: 4210 77th Street East, Palmetto, FL 34221

Phone Number of Responsible Party: 941-803-7543

Email Address of Responsible Party: titus.herman@guideodgs.org

Nonprofit (Employee Identification Number): 59-2252352

Name of the **For-profit** Corporation: n/a

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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



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

Name of Event: Southeastern Guide Dogs
Date(s) of Event: February 25, 2017

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

	Amount
1. Event Sponsorship	\$32,000
2. Individual/Team Fundraising Revenue	\$177,000
3.	
4.	
5.	
6.	
7.	
8.	\$209,000
TOTAL GROSS REVENUE	

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

1. Marketing and Fundraising Incentives	\$8,048
2. Advertising	\$1,500
3. Travel and Onsite Logistics	\$9,402
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11. Total operating expenses	\$18,950
12. Total net income	\$190,050
TOTAL OPERATING EXPENSES	
TOTAL NET INCOME	

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

1. Programs and Services (84%)	\$159,642
2. Fundraising - General (7%)	\$13,303
3. Management and Administration (9%)	\$17,104
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	

Prepared by: Caellan Curtis Date: 7/11/16

Other Comments: Please describe your fee structure.

Participants who donate or fundraise a minimum of \$100 will receive a Walkathon event t-shirt and a complimentary dog bandana for the participating dog. Otherwise, the event and the walk is open to the public.

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: Caellan Curtis

Title: Associate Director, Philanthro

Date: 7/11/16

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.**

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**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 Address4210 77TH STREET EAST
PALMETTO, FL 34221

Changed: 04/03/2015

Mailing Address4210 77TH STREET, EAST
PALMETTO, FL 34221

Changed: 04/22/1988

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

Name Changed: 05/13/2002

Address Changed: 05/13/2002

Officer/Director Detail**Name & Address**

Title CEO

HERMAN, TITUS

2806 89TH AVE E
PARRISH, FL 34219

Title Chairman

GRIFFY, TIM
209 Long Canyon Ct
Richardson, TX 75080

Title VC

Whitcomb, John
308 South Fielding Ave
Tampa, FL 33606

Title Treasurer

Clune, Rich
2558 Chimney Springs Dr
Marietta, GA 30062

Title Secretary

McNamee, Chris
16107 Clearlake Ave
Lakewood Ranch, FL 34202

Title VP, Finance & Risk Management

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

Annual Reports

Report Year	Filed Date
2014	04/04/2014
2015	04/03/2015
2016	02/09/2016

Document Images

- [02/09/2016 -- ANNUAL REPORT](#)
- [04/03/2015 -- ANNUAL REPORT](#)
- [04/04/2014 -- ANNUAL REPORT](#)
- [04/10/2013 -- ANNUAL REPORT](#)
- [04/06/2012 -- ANNUAL REPORT](#)
- [03/14/2011 -- ANNUAL REPORT](#)
- [04/26/2010 -- ANNUAL REPORT](#)
- [03/11/2009 -- ANNUAL REPORT](#)

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04/14/2008 -- ANNUAL REPORT	View image in PDF format
01/09/2008 -- ANNUAL REPORT	View image in PDF format
01/09/2008 -- Amended and Restated Articles	View image in PDF format
03/09/2007 -- ANNUAL REPORT	View image in PDF format
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04/27/1995 -- ANNUAL REPORT	View image in PDF format

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State of Florida, Department of State



Contract/Permit

Contract #: 18033
Date: 09 Aug 2016

User: SCTegard
Status: Firm

SOUTHEASTERN GUIDE DOGS INC
CAELLAN CURTIS
4210 77TH ST E
PALMETTO FL 34221 USA

Primary #: (941) 729-5665
Secondary #: (813) 500-0086
Other #: ()

Purpose of Use: Southeastern Guide Dogs Walkathon Expected: 0 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 25 Feb 17 06:00 am Ending: Sat 25 Feb 17 02:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Sat	25 Feb 2017	06:00 AM	\$0.00	\$230.00	\$0.00	\$230.00
Mole			02:00 PM				

Additional Fees:

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	8:00	1	\$30.00	\$0.00	\$30.00
Co-Sponsored Park Permit Fee	8:00	1	\$200.00	\$0.00	\$200.00
		2	\$230.00	\$0.00	\$230.00

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)

Rental charges are due according to the following schedule:

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
09 Aug 2016	\$230.00	Check	Rental	2630138

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) CAELLAN CURTIS

SOUTHEASTERN GUIDE DOGS INC

Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

Supervisor II / Foreman

Manager

Approved or Rejected Date: _____

Approved or Rejected Date: _____



Contract/Permit

Contract #: 18033
Date: 09 Aug 2016

User: SCTegard
Status: Firm

Manager Approved or Rejected Date: _____

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



City of St. Petersburg

SOUTHEASTERN GUIDE DOGS INC
CAELLAN CURTIS
4210 77TH ST E
PALMETTO, FL 34221 USA

Receipt #: 2630138
User: SCTegard
Issued: Tue 09 Aug 16 04:49 pm

Description	Amount
Previous Balance	\$0.00
Applied To: 18033 - Southeastern Guide Dogs Walkathon Vinoy Park - Mole February 25, 2017 6:00 am to February 25, 2017 2:00 pm	\$230.00
Payment: Check	(\$330.00)
Balance	(\$100.00)



Southeastern Guide Dogs

SOUTHEASTERN GUIDE DOGS, INC

OPERATING ACCOUNT
4210 77TH STREET EAST
PALMETTO, FL 34221-9270
(941) 729 5665

INSIGNIA BANK
333 N. ORANGE AVE.
SARASOTA, FL 34236
63-1614/631



5488

5488

***Three Hundred Thirty and 00/100 Dollars

DATE

AMOUNT

8/4/2016

\$330.00

PAY
TO THE
ORDER
OF

City of St. Petersburg
Attn: Denis Burns
1400 19th Street N
St. Petersburg, FL 33713

SOUTHEASTERN GUIDE DOGS, INC.



Denis Burns
AUTHORIZED SIGNATURE

Security features. Details on back.

⑈005488⑈ ⑆063126148⑆ 1053958⑈

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



Date Received: 7/6/16
 Check or Cash: 50
 Application #: _____
 Packet: C
 Permit #: 17737

Event Title: St. Petersburg Jazz Explosion Phone No.: 727-481-9280 Fax No.: _____
 Entity Name: ST. PETERSBURG JAZZ EXPLOSION Federal I.D. Number: 47-2526429
 Event Date(s): _____ Location: North Strand Park
 Day 1 of Event: MAY 13 Time Gates Open: 12:00 Ending Time: 9:30
 Day 2 of Event: MAY 14 Time Gates Open: 1:00 Ending Time: 9:00
 Day 3 of Event: _____ Time Gates Open: _____ Ending Time: _____

Application Prepared by: BUNNY ARTHUR Phone: 727-481-9280
 Title: CHAIRMAN Cell Phone: _____
 Address: 5208 CH ST SO City: ST. PETE State: FL Zip: 33705
 Email Address: BUNNYARTHUR@HOTMAIL.COM
 Additional Contact Person: _____ Day Phone: 727-481-9280

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.

Describe what economic benefit and impact this event will bring to St. Petersburg.
THIS EVENT BENEFITS ART + CRAFT COMMUNITIES
 IN POSITIVELY EMPHASIS MUSIC + DANCE PROGRAMS
 CREATING A PLATFORM FOR OUR YOUTH TO EXCEL,
 WHILE PROVIDING DONATIONS TO SIMILAR PROGRAMS

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

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

Please provide a phone number that can be advertised to the public. 727-481-9280
 What is the estimated attendance for this event? Spectators 1500 Participants 10 Last Year's Total Attendance 600

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 8 Chairs # needed 150
Public Address System _____
of portable risers needed (4 in. x 8 in. x 16 in. sections) 10

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?
BSD SA / SHORE DR NE
NORTH STRAYB

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: BUNNY ARTHUR Title: CHAIRMAN Date: 6/29/2016
Co-Sign: _____ Title: _____ Date: _____

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

PLEASE ATTACH THE FOLLOWING

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

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

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

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

Marketing: Please check all that apply.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Invitations | <input checked="" type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers | <input checked="" type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input checked="" type="checkbox"/> 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: BONNY ARTHUR Phone: 727-481-9280

Address (including zip): _____

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

(JAZZ) SOUL, BLUES

List Vending Products. Name & Provider.

NOT KNOWN

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

NOT KNOWN

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:

 BUNNY ARTHUR

Title:

CHAIRMAN

Date:

6/29/2016

Appendix A

Co-Sponsored Event Park Fee Structure

- * Events in Vinoy Park will be assessed \$300.00 per event day (e.g., 1 day event = \$300.00, 2 days = \$600.00, 3 days or more = \$900.00.) This includes the \$30.00 park permit fee.
- * Events in any other park will be assessed \$200.00 per event day (e.g., 1 day event = \$200.00, 2 days = \$400.00, 3 or more days = \$600.00). This includes the \$30.00 park permit fee.
- * The above fees will be due at the time you submit your application plus the \$30.00 co-sponsored application fee.
- * All co-sponsored event applications must be submitted at least 6 month prior to the event.
- * Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable \$1,200.00 late fee.
- * **The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.**
- * **Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.**
- * **All first time entities requesting events will be required to complete a credit application.**



Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: ST. PETERSBURG JAZZ EXPLOSION INC

Name of Responsible Party (President or CEO ONLY): CHAIRMAN

Title of Responsible Party: BONNY ARTHUR

Physical Address of Responsible Party: 5208 STE ST. SO. ST. PETE FL 33705

Phone Number of Responsible Party: 727-461-9280

Email Address of Responsible Party: BONNYARTHUR@HOTMAIL.COM

Nonprofit (Employee Identification Number): 472526429

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

Name of Responsible Party (President or CEO ONLY): _____

Title of Responsible Party: _____

Physical Address of Responsible Party: _____

Phone Number of Responsible Party: _____

Email Address of Responsible Party: _____

For-profit (Employee Identification Number) _____

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



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

Name of Event: _____

Date(s) of Event: _____

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

Amount

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
TOTAL GROSS REVENUE		

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

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
TOTAL OPERATING EXPENSES		
TOTAL NET INCOME		

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

1.		
2.		
3.		
4.		
5.		
6.		
TOTAL ALLOCATION OF NET INCOME		

Prepared by:

Benjamin Arthur

Date:

6/29/2016

MISC.		MUSICIANS		PARKS & REC		INSURANCE
Prints / Adds	\$1,900	J. White	\$700	City of St.pet	\$2,178.51	Tapco underw
		D. Carter	\$700		\$230	
		J. Milton	\$600			
		J. Suggs	\$400			
		E. Anan	\$300			
		M. Boone	\$600			
		Specialist	\$600			
		Sound	\$1,000			
		Host	\$450			
		Host	\$400			
		Rembrandt	\$500			
TOTAL	\$1,900		\$6,350		\$2,409	

PORTO POTTY
\$378.54 Willi

FENCING
\$350 Smith fence

TENTS
\$989.75 GCEPC

\$259.70

\$378.54

\$350

\$989.75

\$259

Catering

So sweets

Sea fd run

\$175

\$350

TOTAL

\$525

\$14,211.54

REVENUE INCOMING

FD VENDORS	CRF VENDOR	CORPERATE	VENDORS	SPONSORS
SEA FD TRK	\$250 STAIN GLASS	\$50 J. Smith	\$800	Crown cars
BBQ FD TRK	\$150 D.JACKSON	\$50 Realty		Dr. E.kilgore
KICKN CHICK	\$150 K.BELL	\$50 Well care	\$175	Dr. N. J. Frot
FRANCIS HS	\$150 DD DESIGNS	\$50 VACATION		
COFFEE&CRP	\$150 MARLEY	\$50 SHOPPS	\$175	
SONNY THAI	\$175 L. GARDENER	\$75		
ITALIAN ICE	\$150 E. Shaefer	\$75		
	ISLAND VIBES	\$100		
	CECILIA	\$50		
Total	\$1,175	\$1,725	\$1,150	

	TICKETS	TOTAL
\$1,000		
\$300		
\$175	Event	\$430
	Online	
	Square market	\$2,817.30
\$1,475		\$3,247.30
		\$11,678.30

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAY 17 2016**

ST PETERSBURG JAZZ EXPLOSION INC
C/O BUNNY ARTHUR
5208 8TH ST S
ST PETERSBURG, FL 33705

Employer Identification Number:
47-2526429
DLN:
17053027362036
Contact Person:
SHAWNTEL R SANDERS ID# 31456
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
February 23, 2015
Contribution Deductibility:
Yes
Addendum Applies:
No

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.

Letter 947

ST PETERSBURG JAZZ EXPLOSION INC

Sincerely,

A handwritten signature in cursive script, appearing to read "Jeffrey I. Cooper".

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements



Contract/Permit

Contract #: 17737
 Date: 06 Jul 2016

User: SCTegard
 Status: Firm

BUNNY ARTHUR
 5208 8TH STREET SOUTH
 ST PETERSBURG FL 33705 USA

Primary #: (727) 481-9280
 Secondary #: ()
 Other #: ()

Purpose of Use: St. Petersburg Jazz Explosion **Expected:** 0 **Co-Sponsored Event** **Contract Balance**
\$600.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Sat 13 May 17 12:00 pm **Ending:** Sun 14 May 17 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Sat	13 May 2017	12:00 PM	\$0.00	\$330.00	\$0.00	\$330.00
Mole			09:00 PM				
Vinoy Park	Sat	13 May 2017	12:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Park			09:00 PM				
Vinoy Park	Sun	14 May 2017	07:00 AM	\$0.00	\$300.00	\$0.00	\$300.00
Vinoy Park			09:00 PM				

Additional Fees:

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	9:00	1	\$30.00	\$0.00	\$30.00
Co-Sponsored Park Permit Fee (Vinoy)	23:00	2	\$600.00	\$0.00	\$600.00
		3	\$630.00	\$0.00	\$630.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$630.00	\$0.00	\$630.00	\$0.00	\$30.00	\$600.00	\$0.00

Rental charges are due according to the following schedule:

Date	Amount
Saturday, Apr 29, 2017	\$300.00
Sunday, Apr 30, 2017	\$300.00

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
06 Jul 2016	\$30.00	Cash	Rental	2601274

Additional Notes:

Contract #: 17737
Date: 06 Jul 2016

User: SCTegard
Status: Firm

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) BUNNY ARTHUR

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By (Sign Name): _____

Parks and Recreation Superintendent

(Print Name) _____

Parks and Recreation Department

Supervisor II / Foreman

Approved or Rejected

Date: _____

Manager

Approved or Rejected

Date: _____

Manager

Approved or Rejected

Date: _____

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



City of St. Petersburg

ARTHUR, BUNNY
5208 8TH STREET SOUTH
ST PETERSBURG, FL 33705 USA

Receipt #: 2601273
User: SCTegard
Issued: Wed 06 Jul 16 04:06 pm

Description	Amount
Previous Balance	(\$630.00)
Payment Cancellation: Cash - entered wrong amount	\$630.00
Balance	\$0.00



City of St. Petersburg

ARTHUR, BUNNY
5208 8TH STREET SOUTH
ST PETERSBURG, FL 33705 USA

Receipt #: 2601270
User: SCTegard
Issued: Wed 06 Jul 16 04:05 pm

Description	Amount
Previous Balance	\$0.00
Payment: Cash	(\$630.00)
Balance	(\$630.00)

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



Date Received: 7/8/16
Check or Cash: #1307 \$230⁰⁰
Application #: _____
Packet: C
Permit #: 17763

Event Title: 24th Annual Corvettes at the Pier Corvette Show Phone No.: 727-686-2131 Fax No.: _____

Entity Name: Suncoast Corvette Association Federal I.D. Number: _____

Event Date(s): May 27, 2017 Location: North Straub Park

Day 1 of Event: May 27, 2017 Time Gates Open: 10:00 AM Ending Time: 4:00 PM

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

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

Application Prepared by: Robert Bryce Phone: 727-686-2131

Title: Vice President, Suncoast Corvette Association, Show Director Cell Phone: 727-686-2131

Address: 4201 69th Avenue North City: Pinellas Park State: FL Zip: 33781

Email Address: rbryce2@tampabay.rr.com

Additional Contact Person: Georgia Greene Day Phone: 727-399-2437

What month/year were you incorporated as nonprofit? 12/19/1986

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

Provide a destination for the residents of the City of St. Petersburg to view over 200 of America's only true sports car in full show fashion, the Chevrolet Corvette, from Corvette Clubs and Corvette owners all over the State of Florida. Attract business for the downtown district during the holiday weekend.

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

Provide an influx of business to the shops, stores and restaurants along Beach Drive and the St. Petersburg waterfront from not only the several hundred participants of the show, but the hundreds of spectators coming to view the show.

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: \$30.00 Day of: \$35.00

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

Please provide a phone number that can be advertised to the public. 727-686-2131

What is the estimated attendance for this event? Spectators 1000 Participants 400 Last Year's Total Attendance apx 1000

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No)

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

Tables (6 ft) # needed 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)

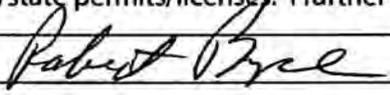
FIRE: Paramedics, Inspectors

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

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

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: Robert Bryce  Title: Vice President, Show Director Date: 6/30/2016

Co-Sign: Georgia Greene Title: President, SCA Date: 6/30/2016

- 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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/>	Public Invited	General Liability Insurance
<input checked="" type="checkbox"/>	Located in Park	Park Permit
<input checked="" type="checkbox"/>	Vending Product / Merchandise Sales	Occupational License
<input checked="" type="checkbox"/>	Vending Food / Beverage	Health Inspection
<input checked="" type="checkbox"/>	Vendors / Exhibitors	
	How many? <u>20 - 30 typical</u>	
<input type="checkbox"/>	Vending Beer / Wine	Alcohol Permit Additional insurance Required
<input type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	Temporary Structure Permit
	How many? _____	
<input type="checkbox"/>	Fence Installation	Temporary Structure Permit
	What type? _____	
<input type="checkbox"/>	Other Structures	Temporary Structure Permit
	What structure? _____	
<input type="checkbox"/>	Open Flame Food Preparation	Fire Inspection Permit
<input type="checkbox"/>	Pyrotechnics	Fireworks Permit
<input checked="" type="checkbox"/>	Require Street Closure	Parade or Street Closure Permit(s)
<input type="checkbox"/>	VIP Area	
<input type="checkbox"/>	Staging	
	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input checked="" type="checkbox"/>	Amplified Sound	
	<input type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input type="checkbox"/>	Security	
	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD	
<input checked="" type="checkbox"/>	Sanitary Facilities - Port-O-Lets	
	Regular Units <u>2</u> Disabled Units <u>1</u> Hand Washing <u>1</u>	
<input type="checkbox"/>	Off-site Parking / Shuttle	
<input type="checkbox"/>	Semitruck / Tractor Trailer	

Marketing: Please check all that apply.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Invitations | <input checked="" type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers | <input checked="" type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> 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: Suncoast Corvette Association Phone: 727-686-2131

Address (including zip): PO Box 836, Largo, FL 33779

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

Pre-recorded music broadcast via the Club's sound system and 1 band for live entertainment 9:00 AM - 3:00 PM. Request city stage platform for band and band equipment, four 4' x 8' stage sections.

List Vending Products. Name & Provider.

Auto finishing and car care products, specialty auto parts, custom auto body and interior products, small food vendors, automobile related memorabilia, jewelry, leather goods, statues and wood carvings.

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

None

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

No speeches or demonstrations will be scheduled or occur other than opening ceremonies and, if approved, a military fly-over by aircraft from either the U.S. Air Force or U.S. Navy.

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

Load-in: 6:00 AM - 10:00 AM day of show
Load-out: 4:00 PM - 5:00 PM day of show

Other Comments: Please describe your fee structure.

Fees are collected from show participants only. There is no admission charges to any spectators for the show.

Fee structure is to cover the cost of the Park, permits, park maintenance and cleaning expenses, ADA portable toilets, ADA sink basin, show expenses including door prizes, trophies, advertising, dash plaques, event shirts, event coffee mugs, registration, classification, judging materials and charity donations.

Other comments:

The Suncoast Corvette Association, a Florida non-profit Corporation (N06738, State of Florida), has held this event for the past 19 years ON the Pier, and since the Pier's closure for demolition, 3 years in South Straub Park and this will be the second year in North Straub park. We strongly desire to continue this annual event with the St. Petersburg waterfront and the Tampa Bay skyline as it's beautiful venue. Although we are a small car club without any formal sponsorship, we have successfully held this show every year for the past 23 years, attracting Corvettes from cities all across the State of Florida, and as many as 4 states including Georgia, South Carolina, Kentucky and New Jersey, as well as participation by the National Corvette Museum, Bowling Green, KY, and Sebring Raceway, Sebring, Fl.

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: Robert Bryce



Title:

Vice President, SCA, Show Dir.

Date:

06/30/2016

Appendix A

Co-Sponsored Event Park Fee Structure

- * Events in Vinoy Park will be assessed \$300.00 per event day (e.g., 1 day event = \$300.00, 2 days = \$600.00, 3 days or more = \$900.00.) This includes the \$30.00 park permit fee.
- * Events in any other park will be assessed \$200.00 per event day (e.g., 1 day event = \$200.00, 2 days = \$400.00, 3 or more days = \$600.00). This includes the \$30.00 park permit fee.
- * The above fees will be due at the time you submit your application plus the \$30.00 co-sponsored application fee.
- * All co-sponsored event applications must be submitted at least 6 month prior to the event.
- * Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable \$1,200.00 late fee.
- * **The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.**
- * **Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.**
- * **All first time entities requesting events will be required to complete a credit application.**



Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation:

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

Nonprofit (Employee Identification Number):

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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



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

Name of Event: 23rd Annual Corvettes at the Pier

Date(s) of Event: May 28, 2016

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

	Amount
1. Show Entry Fees	\$7,023.00
2. Vendor Fees	\$800.00
3. Sponsor Donations	\$1,000.00
4.	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	\$8,823.00

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

1. Park Use / City Co-Sponsored Event Application Fee	\$230.00
2. Vendor Permit Fee	\$25.00
3. Park Cleaning Fees	\$450.00
4. Police Officer / Street Closing Fees	\$465.00
5. Stage Platform Rental (4 sections), Cone Rental (30 cones)	\$140.00
6. Show Operating Expenses (Show expendables, printing services, etc)	\$625.00
7. Event Shirts (free to each pre-registered participant)**	\$978.00
8. Event Coffee mugs (free to each pre-registered participant)**	\$282.00
9. Trophies	\$870.00
10. Port - O - Let Rental	\$695.00
11. Charity Donation to Selected St. Petersburg Non-Profit Charity - Children's Dream Fund	\$1,500.00
12. ** choice of one shirt or one mug per entry	\$0.00
TOTAL OPERATING EXPENSES	\$6,260.00
TOTAL NET INCOME	\$2,563.00

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

1. Club annual operating expenses (Meeting Room rental, PO Box rental).	\$900.00
2. Charity Donations to additional charities during the year.*	\$1,000.00
3. Insurance Policy	\$305.00
4. Emergent Expenses during the year	\$300.00
5.	
6. * Hospice, Boy Scouts, Girl Scouts, VA Hospital, several as needed charity events during the year	
TOTAL ALLOCATION OF NET INCOME	\$2,505.00

Prepared by: Robert Bryce

Date: 6/30/2016

Print Application

Submit Application by
Email





Contract/Permit

Contract #: 17763
Date: 08 Jul 2016

User: SCTegard
Status: Firm

SUNCOAST CORVETTE ASSOCIATION INC
ROBERT BRYCE
4201 69TH AVE N
ST PETERSBURG FL 33781 USA

Primary #: (727) 686-2131
Secondary #: ()
Other #: ()

Purpose of Use: Corvette Car Show

Expected: 0

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 27 May 17 06:00 am

Ending: Sat 27 May 17 06:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
North Straub Park	Sat	27 May 2017	06:00 AM	\$0.00	\$230.00	\$0.00	\$230.00
Park			06:00 PM				

Additional Fees:

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	12:00	1	\$30.00	\$0.00	\$30.00
Co-Sponsored Park Permit Fee	12:00	1	\$200.00	\$0.00	\$200.00
		2	\$230.00	\$0.00	\$230.00

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	\$0.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
08 Jul 2016	\$230.00	Check	Rental	2604573

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) ROBERT BRYCE
SUNCOAST CORVETTE ASSOCIATION INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

Supervisor II / Foreman

Manager

Approved or Rejected

Approved or Rejected

Date: _____

Date: _____



Contract/Permit

Contract #: 17763
Date: 08 Jul 2016

User: SCTegard
Status: Firm

Manager

Approved or Rejected Date: _____

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



Contract/Permit

Contract #: 17763
Date: 08 Jul 2016

User: SCTegard
Status: Firm

SUNCOAST CORVETTE ASSOCIATION INC
ROBERT BRYCE
4201 69TH AVE N
ST PETERSBURG FL 33781 USA

Primary #: (727) 686-2131
Secondary #: ()
Other #: ()

Purpose of Use: Corvette Car Show Expected: 0 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 27 May 17 06:00 am Ending: Sat 27 May 17 06:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
North Straub Park	Sat	27 May 2017	06:00 AM	\$0.00	\$230.00	\$0.00	\$230.00
Park			06:00 PM				

Additional Fees:

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	12:00	1	\$30.00	\$0.00	\$30.00
Co-Sponsored Park Permit Fee	12:00	1	\$200.00	\$0.00	\$200.00
		2	\$230.00	\$0.00	\$230.00

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	\$0.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
08 Jul 2016	\$230.00	Check	Rental	2604573

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) ROBERT BRYCE
SUNCOAST CORVETTE ASSOCIATION INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

Supervisor II / Foreman

Manager

Approved or Rejected Date: _____
 Approved or Rejected Date: _____



Contract/Permit

Contract #: 17763
Date: 08 Jul 2016

User: SCTegard
Status: Firm

Manager

Approved or Rejected

Date: _____

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



City of St. Petersburg

SUNCOAST CORVETTE ASSOCIATION INC
ROBERT BRYCE
4201 69TH AVE N
ST PETERSBURG, FL 33781 USA

Receipt #: 2604573
User: SCTegard
Issued: Fri 08 Jul 16 04:19 pm

<u>Description</u>	<u>Amount</u>
Previous Balance	\$230.00
Applied To: 17763 - Corvette Car Show North Straub Park - Park May 27, 2017 6:00 am to May 27, 2017 6:00 pm	\$230.00
Payment: Check	(\$230.00)
Balance	\$0.00

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



Date Received: 8/12/16
 Check or Cash: _____
 Application #: 61
 Packet: B
 Permit #: 18199

Event Title: Eckerd College Volleyball Tournament Phone No.: 561-703-1728 Fax No.: 727-864-8968

Entity Name: Eckerd College Federal I.D. Number: 59-0859121

Event Date(s): March 24 and 25, 2017 Location: Northshore Beach Volleyball Courts/Elva Rouse Park

Day 1 of Event: 3/24/2017 Time Gates Open: 8 am Ending Time: 7 pm

Day 2 of Event: 3/25/2017 Time Gates Open: 8 am Ending Time: 7 pm

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

Application Prepared by: Michelle Piantadosi Phone: 727-864-7875

Title: Head Women's Beach Volleyball Coach Cell Phone: 561-703-1728

Address: 4200 54 Ave South City: St. Petersburg State: FL Zip: 33711

Email Address: piantama@eckerd.edu

Additional Contact Person: Bob Fortosis Day Phone: 727-864-8252

What month/year were you incorporated as nonprofit? 01/1958

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.

Beach volleyball is the fastest growing sport in NCAA history. It is a wonderful spectator sport for families and people of all ages. Our Northshore location is the perfect place to spotlight this rapidly growing sport. This is a great opportunity to showcase Eckerd College Athletics department and beach volleyball program while hosting an NCAA sanctioned event in our beautiful downtown area.

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

We will have 6 teams traveling to Saint Pete from all over the country. Each team traveling up to 20 people. This could bring over 150+ heads in beds to downtown including family and friends of the participants.

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.eckerdtritons.com

Please provide a phone number that can be advertised to the public. 727-864-7875

What is the estimated attendance for this event? Spectators 100 Participants 100 Last Year's Total Attendance NA

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) _____
Bleacher(s) needed. Each bleacher approx. 180 people) | 1
Tables (6 ft) # needed | 3 Chairs # needed | 30
Public Address System | no
of portable risers needed (4 in. x 8 in. x 16 in. sections) | 0

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location? _____

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

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

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: | Michelle Piantadosi | Title: | Head Volleyball Coach | Date: | 8/1/2016 |
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

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.

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.

none

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: Michelle Piantadosi

Title: Head Volleyball Coach

Date: 8/1/16

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:	Eckerd College
Name of Responsible Party (President or CEO ONLY):	Donald Eastman
Title of Responsible Party:	President
Physical Address of Responsible Party:	4200 54th Ave South
Phone Number of Responsible Party:	727-867-1166
Email Address of Responsible Party:	
Nonprofit (Employee Identification Number):	59-0859121

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

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



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

Name of Event: _____
Date(s) of Event: _____

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

Amount

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
TOTAL GROSS REVENUE		

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

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
TOTAL OPERATING EXPENSES		
TOTAL NET INCOME		

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

1.		
2.		
3.		
4.		
5.		
6.		
TOTAL ALLOCATION OF NET INCOME		

Prepared by: _____ Date: _____

Print Application

Submit Application by
Email

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Not For Profit Corporation**

ECKERD COLLEGE, INC.

Filing Information

Document Number	704449
FEI/EIN Number	59-0859121
Date Filed	08/23/1962
State	FL
Status	ACTIVE
Last Event	AMENDED AND RESTATED ARTICLES
Event Date Filed	12/24/2002
Event Effective Date	NONE

Principal Address4200 54TH AVENUE SOUTH
ST PETERSBURG, FL 33711

Changed: 04/12/2007

Mailing Address4200 54TH AVENUE SOUTH
ST PETERSBURG, FL 33711

Changed: 01/28/2013

Registered Agent Name & AddressRIDGE, GEORGE E
COOPER RIDGE P.A.
140 East Bay Street
JACKSONVILLE, FL 32202

Name Changed: 04/26/2002

Address Changed: 01/24/2016

Officer/Director Detail**Name & Address**

Title T

BRENNAN, CHRISTOPHER P

4200 54TH AVENUE S
 SAINT PETERSBURG, FL 33711

Title S

METS, LISA M
 4200 54TH AVE S
 SAINT PETERSBURG, FL 33711

Title P

EASTMAN, DONALD P
 4200 54TH AVENUE S
 SAINT PETERSBURG, FL 33711

Title Chairman

Finneran, John G
 4200 54TH AVENUE SOUTH
 ST PETERSBURG, FL 33711

Annual Reports

Report Year	Filed Date
2014	02/28/2014
2015	01/27/2015
2016	01/24/2016

Document Images

01/24/2016 -- ANNUAL REPORT	View image in PDF format
01/27/2015 -- ANNUAL REPORT	View image in PDF format
02/28/2014 -- ANNUAL REPORT	View image in PDF format
01/28/2013 -- ANNUAL REPORT	View image in PDF format
01/04/2012 -- ANNUAL REPORT	View image in PDF format
01/05/2011 -- ANNUAL REPORT	View image in PDF format
01/04/2010 -- ANNUAL REPORT	View image in PDF format
02/05/2009 -- ANNUAL REPORT	View image in PDF format
01/16/2008 -- ANNUAL REPORT	View image in PDF format
04/12/2007 -- ANNUAL REPORT	View image in PDF format
04/05/2007 -- Reg. Agent Change	View image in PDF format
05/01/2006 -- ANNUAL REPORT	View image in PDF format
07/14/2005 -- ANNUAL REPORT	View image in PDF format
04/05/2004 -- ANNUAL REPORT	View image in PDF format
05/29/2003 -- ANNUAL REPORT	View image in PDF format
12/24/2002 -- Amended and Restated Articles	View image in PDF format
04/26/2002 -- ANNUAL REPORT	View image in PDF format

02/01/2002 -- Reg. Agent Change	View image in PDF format
04/03/2001 -- ANNUAL REPORT	View image in PDF format
05/10/2000 -- ANNUAL REPORT	View image in PDF format
07/28/1999 -- ANNUAL REPORT	View image in PDF format
03/26/1998 -- ANNUAL REPORT	View image in PDF format
10/29/1997 -- Reg. Agent Change	View image in PDF format
03/03/1997 -- ANNUAL REPORT	View image in PDF format
03/01/1996 -- ANNUAL REPORT	View image in PDF format
01/30/1995 -- ANNUAL REPORT	View image in PDF format



Contract/Permit

Contract #: 18199
Date: 26 Aug 2016

User: SCTegard
Status: Firm

Eckerd College
MICHELLE PIANTADOSI
4200 54TH AVENUE SOUTH
ST PETERSBURG FL 33711 USA

Primary #: (727) 864-7875
Secondary #: (727)
Other #: ()

Purpose of Use: Eckerd Volleyball Tourn Expected: 0 Co-Sponsored Event **Contract Balance \$30.00**

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: Fri 24 Mar 17 06:00 am Ending: Fri 24 Mar 17 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Elva Rouse Park	Fri	24 Mar 2017	06:00 AM	\$0.00	\$30.00	\$0.00	\$30.00
Park			12:00 PM				
Elva Rouse Park	Fri	24 Mar 2017	06:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Park			09:00 PM				

Additional Fees:

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	6:00	1	\$30.00	\$0.00	\$30.00
		1	\$30.00	\$0.00	\$30.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By: (Sign Name) _____
(Print Name) MICHELLE PIANTADOSI
Eckerd College
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

Supervisor II / Foreman Approved or Rejected Date: _____

Manager Approved or Rejected Date: _____



Contract/Permit

Contract #: 18199
Date: 26 Aug 2016

User: SCTegard
Status: Firm

Manager

Approved or Rejected

Date: _____

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

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



Date Received: 8/19/16
 Check or Cash: 1995
 Application #: 62
 Packet: 3
 Permit #: 19192

Event Title: Awakening into the Sun health & arts Phone No.: 727 565-2214 Fax No.:
 Entity Name: Awakening into THE SUN, INC. Spring Festival Federal I.D. Number: 45-4064670
 Event Date(s): MARCH 4 and MARCH 5 2017 Location: South Strawn Park
 Day 1 of Event: MARCH 4 Time Gates Open: 9:00 AM Ending Time: 6:00 PM
 Day 2 of Event: MARCH 5 Time Gates Open: 10:00 AM Ending Time: 6:00 PM
 Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared by: MARIA T. CARRANZA Phone: 727-688-1921
 Title: President Cell Phone:
 Address: 2915 7th NORTH City: ST. PETERSBURG State: FL Zip: 33704
 Email Address: CARRANZAMAITE @ HOTMAIL . COM
 Additional Contact Person: JOHN DE RUGERIS Day Phone: 508-801-6394

What month/year were you incorporated as nonprofit? October 2013
 List all 501(c)3 entities that will benefit from this event. Awakening into the Sun wellness center and Unity Pet ministry
 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.

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

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

Does your group presently have liability insurance? YES NO How much? _____
 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 AWAKENINGINTO THE SUN . 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 2,000 Participants 50-80 (75) Last Year's Total Attendance 2,000

Please check the equipment and/or facilities you are requesting.

Recreation Equipment		Special Events Facilities	<input type="checkbox"/> Non-City Locations
Showmobile (Yes/No)	<u>NO</u>	<input type="checkbox"/> Mahaffey Theater	Which Location?
# Bleacher(s) needed. Each bleacher approx. 180 people)		<input type="checkbox"/> Colliseum	
Tables (6 ft) # needed	<u>20</u>	<input type="checkbox"/> Sunken Gardens	
Chairs # needed	<u>100</u>	<input type="checkbox"/> Boyd Hill	
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: MANA T-CARRANZA Title: PRESIDENT Date: AUGUST 19, 2016
Co-Sign: John A. DERUGERIS Title: Ass. President Date: AUGUST 19, 2016

- 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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

Condition	Obligation
<input checked="" type="checkbox"/> Public Invited	General Liability Insurance
<input checked="" type="checkbox"/> Located in Park	Park Permit
<input checked="" type="checkbox"/> Vending Product / Merchandise Sales	Occupational License
<input checked="" type="checkbox"/> Vending Food / Beverage	Health Inspection
<input checked="" type="checkbox"/> Vendors / Exhibitors	
<input type="checkbox"/> Vending Beer / Wine	Alcohol Permit Additional Insurance Required
<input checked="" type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	Temporary Structure Permit
<input type="checkbox"/> Fence Installation	Temporary Structure Permit
<input type="checkbox"/> Other Structures	Temporary Structure Permit
<input checked="" type="checkbox"/> Open Flame Food Preparation	Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics	Fireworks Permit
<input type="checkbox"/> Require Street Closure	Parade or Street Closure Permit(s)
<input checked="" type="checkbox"/> VIP Area	
<input checked="" type="checkbox"/> Staging	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other
<input checked="" type="checkbox"/> Amplified Sound	<input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only
<input checked="" type="checkbox"/> Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD
<input checked="" type="checkbox"/> Sanitary Facilities - Port O Lets	Regular Units <input type="checkbox"/> 2 Disabled Units <input type="checkbox"/> 2 Hand Washing <input type="checkbox"/> 1
<input type="checkbox"/> Off-site Parking / Shuttle	
<input type="checkbox"/> Semitruck / Tractor Trailer	
<i>* Portable Radios</i>	

Marketing: Please check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Invitations | <input checked="" type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers | <input checked="" type="checkbox"/> Television <i>maybe</i> |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> 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 Blns Freezers Ice Cream Vendors Catering Trucks
 Other: (possibly) MAYBE 1000-2

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 IF needed

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: MARIA T. CARRANZA Phone: 727-688-1921 Personal

Address (including zip): 2915 7th NORTH ST. PETERSBURG, FL 33704 565-2214 office

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

Mostly singers, songwriters, folk music with possibly belly dancing from local school. Fitness performers (exercise)
Possibly 2 stages one for music -
Second for exercise demos /and, or speakers

List Vending Products. Name & Provider.

Vendors and products will be health, arts and crafts locally made; Holistic services and work shops like yoga, medical Qi Gong, Zumba...

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

N/A

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

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

Other Comments: Please describe your fee structure.

Other comments:

We would like this event to benefit the city of ST. Petersburg "Our Community" We will be giving away a musical instrument and (possibly) a scholarship for one year on instrument type.

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: AUGUST 19, 2016

Appendix A

Co-Sponsored Event Park Fee Structure

- * Events in Vinov 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: Awakening Into the Sun, Inc.
Name of Responsible Party (President or CEO ONLY): MARIA T. CARRANZA
Title of Responsible Party: PRESIDENT
Physical Address of Responsible Party: 2915 7th North St. Petersburg, FL 33704
Phone Number of Responsible Party: 727-688-1921 Personal 727-565-2214 Off
Email Address of Responsible Party: CARRANZAMAITE@HOTMAIL.COM
Nonprofit (Employee Identification Number): 45-4064670

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

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



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

Name of Event: Awakening into the Sun, Jr.
Date(s) of Event: MARCH 4, 2017 - MARCH 5, 2017

I. REVENUE SOURCES (attach sheet if more space is needed)	Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	

II. EXPENSES (attach sheet if more space is needed)	
1. Stages (2)	\$ 2,000.00
2. Security (1)	\$ 250.00
3. Park & Staff	\$ 1,600.00
4. Advertising	\$ 2,000.00
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	\$ 5,850.00
TOTAL NET INCOME	\$ 500.00

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)	
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	:

Prepared by: Maria P. Gonzalez Date: 8-19-2016

Print Application

Submit Application by Email

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Not For Profit Corporation**

AWAKENING INTO THE SUN, INC.

Filing Information

Document Number	N13000009904
FEI/EIN Number	46-4064670
Date Filed	10/31/2013
State	FL
Status	ACTIVE

Principal Address2915 7TH STREET NORTH
SAINT PETERSBURG, FL 33704**Mailing Address**2915 7TH STREET NORTH
SAINT PETERSBURG, FL 33704**Registered Agent Name & Address**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**Officer/Director Detail****Name & Address**

Title PSD

CARRANZA, MARIA T
2915 7TH STREET NORTH
SAINT PETERSBURG, FL 33704

Title D

DERUGERIS, JOHN
2915 7TH STREET NORTH
SAINT PETERSBURG, FL 33704

Title Director

Carranza, Norma

2915 7TH STREET NORTH
SAINT PETERSBURG, FL 33704

Annual Reports

Report Year	Filed Date
2014	04/30/2014
2015	07/31/2015
2016	04/14/2016

Document Images

04/14/2016 -- ANNUAL REPORT	View image in PDF format
07/31/2015 -- ANNUAL REPORT	View image in PDF format
04/30/2014 -- ANNUAL REPORT	View image in PDF format
10/31/2013 -- Domestic Non-Profit	View image in PDF format



Contract/Permit

Contract #: 18192
Date: 25 Aug 2016

User: SCTegard
Status: Firm

AWAKENING INTO THE SUN, INC.
MARIA CARRANZA
2915 7TH ST N
ST PETERSBURG FL 33704 USA

Primary #: (727) 565-2214
Secondary #: ()
Other #: ()

Purpose of Use: Awakening Into the Sun

Expected: 0

Co-Sponsored Event

Contract Balance \$400.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Sat 04 Mar 17 06:00 am

Ending: Sun 05 Mar 17 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
South Straub Park	Sat	04 Mar 2017	06:00 AM	\$0.00	\$230.00	\$0.00	\$230.00
Park			09:00 PM				
South Straub Park	Sun	05 Mar 2017	06:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
Park			09:00 PM				

Additional Fees:

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	15:00	1	\$30.00	\$0.00	\$30.00
Co-Sponsored Park Permit Fee	30:00	2	\$400.00	\$0.00	\$400.00
		3	\$430.00	\$0.00	\$430.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$430.00	\$0.00	\$430.00	\$0.00	\$30.00	\$400.00	\$0.00

Rental charges are due according to the following schedule:

Date	Amount
Saturday, Feb 18,2017	\$200.00
Sunday, Feb 19,2017	\$200.00

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
25 Aug 2016	\$30.00	Check	Rental	2637410

Additional Notes:

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

By: (Sign Name) _____
(Print Name) MARIA CARRANZA
AWAKENING INTO THE SUN, INC.
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

Contract #: 18192
Date: 25 Aug 2016

User: SCTegard
Status: Firm

_____ Supervisor II / Foreman	<input type="checkbox"/> Approved or <input type="checkbox"/> Rejected	Date: _____
_____ Manager	<input type="checkbox"/> Approved or <input type="checkbox"/> Rejected	Date: _____
_____ Manager	<input type="checkbox"/> Approved or <input type="checkbox"/> Rejected	Date: _____

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



City of St. Petersburg

AWAKENING INTO THE SUN, INC.
MARIA CARRANZA
2915 7TH ST N
ST PETERSBURG, FL 33704 USA

Receipt #: 2637410
User: SCTegard
Issued: Thu 25 Aug 16 04:22 pm

Description	Amount
Previous Balance	\$0.00
Applied To: 18192 - Awakening into the Sun South Straub Park - Park March 4, 2017 6:00 am to March 5, 2017 9:00 pm	\$30.00
Payment: Check	(\$30.00)
Balance	\$0.00

MARIA TERESA CARRANZA
PH. 727-888-1921
2915 7TH STREET NORTH
ST PETERSBURG, FL 33704

1899
63-8291/2631-07

August 19, 2016

CITY OF ST. PETERSBURG

Pay to the Order of _____ \$ 30.00
Thirty 00/100 _____ Dollars

grow financial
TAMPA, FLORIDA

FOR MARCH EVENT

Maria T. Carranza

⑆ 263182914⑆0001509674774⑆01899

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



Date Received: 8/22/14
 Check or Cash: _____
 Application #: 63
 Packet: C
 Permit #: 18196

Event Title: May Movies in the Park Phone No.: 727 824-7802 Fax No.: _____
 Entity Name: St. Petersburg Preservation Federal I.D. Number: 59-1898534
 Event Date(s): April 27, May 4, 11, 18, 25, 2017 Location: April 27 at Adm. Farragut; May dates at N. Straub Park
 Day 1 of Event: same each date Time Gates Open: 6:30 pm Ending Time: 10:15 pm
 Day 2 of Event: _____ Time Gates Open: _____ Ending Time: _____
 Day 3 of Event: _____ Time Gates Open: _____ Ending Time: _____

Application Prepared by: Peter Belmont Phone: 717 463-4612
 Title: Vice President Cell Phone: same
 Address: 102 Fareham Pl. N. City: St. Petersburg State: FL Zip: 33701
 Email Address: info@stpetepreservation.org
 Additional Contact Person: donna miller Day Phone: 717 525-0770

What month/year were you incorporated as nonprofit? 1977
 List all 501(c)3 entities that will benefit from this event. St. Petersburg Preservation & Jump For Kids (beer/wine sales)
 Name of the for-profit entity? none

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

May 2017 will be the 8th year for the event and we believe it has become one of the favorite downtown waterfront park events. It is the type of event that people point to for why living in St Pete is special. Our event space is typically full each movie night and people consistently ask us to offer Movies in the Park more often. As reflected in questionnaire answers, people love the atmosphere of the event and its waterfront location. Attendees to the event spend money downtown and money to purchase picnic supplies from local stores or from event vendors. In short, Movies in the Park is an event loved and enjoyed by many and one of the small economic generators for downtown that cumulatively, with other events, adds up to a successful downtown.

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

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

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

Does your group presently have liability insurance? YES NO How much? 1 million
 Are there plans to sell or distribute beer/wine at your event? YES NO
 Will there be an admission / registration fee? YES NO Advanced Fee: _____ Day of: _____
 Please provide the website address for your event. info@stpetepreservation.org
 Please provide a phone number that can be advertised to the public. 727 463-4612
 What is the estimated attendance for this event? Spectators 700 Participants _____ Last Year's Total Attendance 3200

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

Admiral Farragut (4/27)

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

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

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

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

Name: Peter Belmont Title: Vice President Date: 8/21/16
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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/>	Public Invited	General Liability Insurance
<input checked="" type="checkbox"/>	Located in Park	Park Permit
<input checked="" type="checkbox"/>	Vending Product / Merchandise Sales	Occupational License
<input checked="" type="checkbox"/>	Vending Food / Beverage	Health Inspection
<input checked="" type="checkbox"/>	Vendors / Exhibitors	How many? <u>1 - 10 Vendors / Exhibitors</u>
<input checked="" type="checkbox"/>	Vending Beer / Wine	Alcohol Permit
<input type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	How many? _____ Additional insurance Required
<input type="checkbox"/>	Fence Installation	What type? _____ Temporary Structure Permit
<input type="checkbox"/>	Other Structures	What structure? _____ Temporary Structure Permit
<input type="checkbox"/>	Open Flame Food Preparation	Fire Inspection Permit
<input type="checkbox"/>	Pyrotechnics	Fireworks Permit
<input type="checkbox"/>	Require Street Closure	Parade or Street Closure Permit(s)
<input type="checkbox"/>	VIP Area	
<input checked="" type="checkbox"/>	Staging	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other
<input checked="" type="checkbox"/>	Amplified Sound	<input type="checkbox"/> Performers <input type="checkbox"/> Announcement Only
<input checked="" type="checkbox"/>	Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD
<input checked="" type="checkbox"/>	Sanitary Facilities - Port-O-Lets	Regular Units <u>3</u> Disabled Units <u>1</u> Hand Washing <u>2</u>
<input type="checkbox"/>	Off-site Parking / Shuttle	
<input type="checkbox"/>	Semitruck / Tractor Trailer	

Marketing: Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Invitations | <input type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers | <input type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> 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.

generator use required for Admiral Farragut as standard power availability is limited

Will you supply your own generators? YES NO

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

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

no

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

Name: St. Petersburg Preservation

Phone: 727 824-7802

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

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

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

List Vending Products. Name & Provider.

Several food vendors will be on-site. Vendors in the past have included kettle korn, popsicles, cookies/desert food, veggie burgers & smoothies, turkey legs. St. Petersburg Preservation will have a booth with information and books, tee-shirts and posters for sale.

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

Jump For Kids, Inc.

850 21st Ave. N.

St. Petersburg, FL 33704 727 504-3422

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

n/a

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

Set-up occurs approximately 1-2 hours before start of event and take down occurs immediately after event and is usually complete within 45 minutes of the end of the movie. Vendors primarily park immediately behind the vending area on the southside of the site. We use parking spaces along Bayshore Dr. for a number musicians, staff and some vendors.

Other Comments: Please describe your fee structure.

Event is free. A request for donations is made each movie evening.

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: Peter Belmont

Title: Vice-President

Date: 8-21-16



Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Saint Petersburg Preservation, Inc.

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

Title of Responsible Party: President

Physical Address of Responsible Party: 836 16th Ave. NE, St. Petersburg, FL 33701

Phone Number of Responsible Party: 727 515-4509

Email Address of Responsible Party: eelwyn@me.com

Nonprofit (Employee Identification Number): 59-1898534

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

Please include a copy of the 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: May Movies in the Park 2016
 Date(s) of Event: Apr. 28, May 5, 12, - 19, 26

I. REVENUE SOURCES (attach sheet if more space is needed)	Amount
1. Sponsorships	31,250.00
2. Donations	1,626.00
3. Vendor Donations	490.00
4. Sales	714.00
5. Jump 4 Kids (staffing payment) (estimated)	500.00
6.	
7.	
8.	
TOTAL GROSS REVENUE	34,590

II. EXPENSES (attach sheet if more space is needed)	
1. Insurance	550.00
2. Port-a-Let	1,380.00
3. Music	1,375.00
4. Movie Licensing	2,709.00
5. Permit Fees	230.00
6. Promotion	2,388.00
7. Cost of Sale Items	380.00
8. SPP Staff	800.00
9. Equipment Costs	1,750.00
10. Misc. Supplies	109.00
11. City Parks, Recreation & Police (estimated)	3,800.00
12.	
TOTAL OPERATING EXPENSES	15,471.00
TOTAL NET INCOME	19,119.00

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)	
1. St. Petersburg Preservation	19,119.00
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	19,119.00

Prepared by: Peter Belmont Date: 8/21/16

Print Application

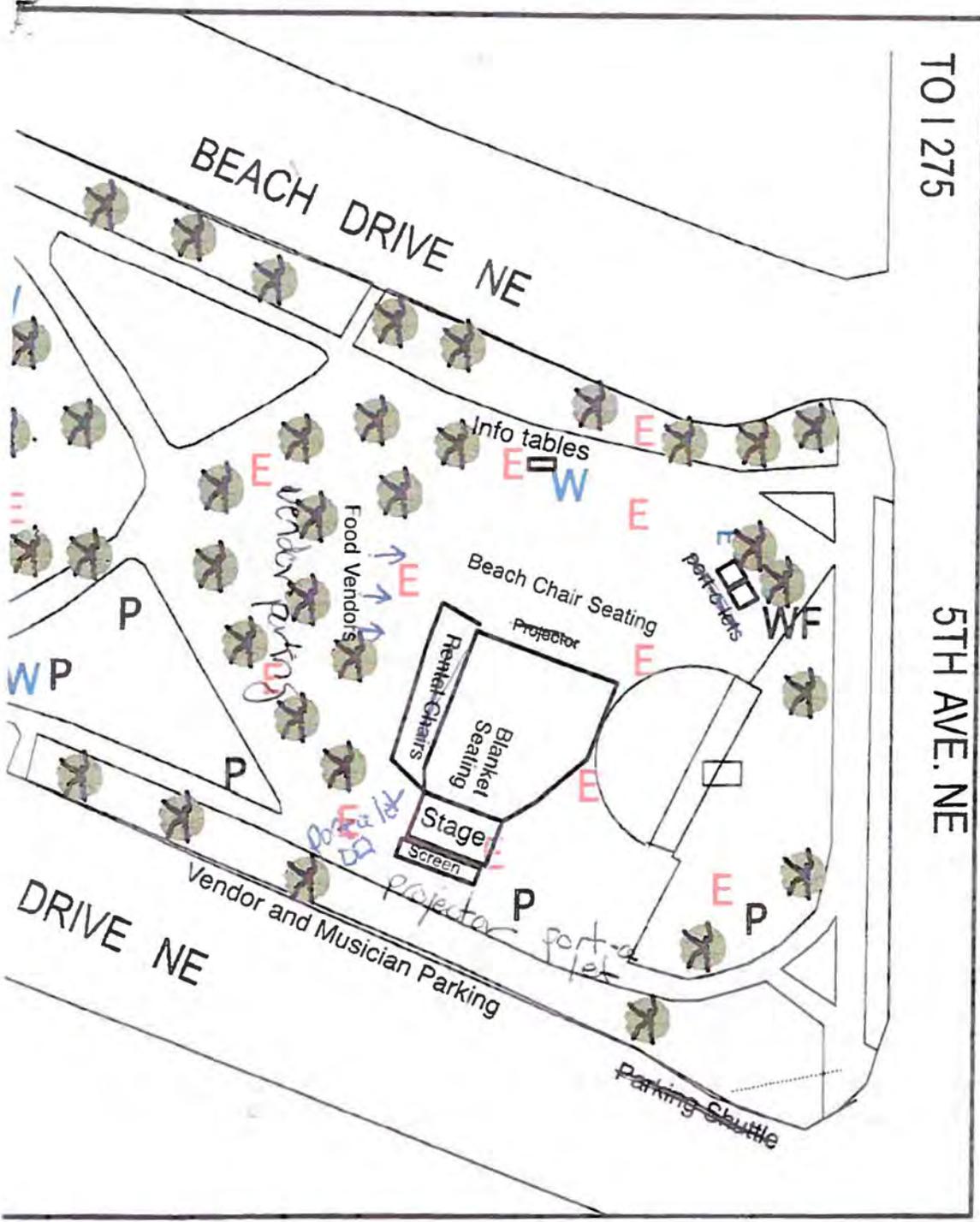
Submit Application by
Email

TO 1275

5TH AVE. NE

BEACH DRIVE NE

DRIVE NE



INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JAN 14 2012

SAINT PETERSBURG PRESERVATION INC
PO BOX 838
ST PETERSBURG, FL 33731-0838

Employer Identification Number:
59-1898534
DLN:
17053285317001
Contact Person:
PAUL F CAPPEL II ID# 31665
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
May 15, 2010
Contribution Deductibility:
Yes
Addendum Applies:
Yes

Dear Applicant:

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

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

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

Sincerely,



Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Detail by FEI/EIN Number****Florida Not For Profit Corporation**

SAINT PETERSBURG PRESERVATION, INC.

Filing Information

Document Number	741785
FEI/EIN Number	59-1898534
Date Filed	02/23/1978
State	FL
Status	ACTIVE
Last Event	RESTATED ARTICLES
Event Date Filed	11/29/2011
Event Effective Date	NONE

Principal Address102 FAREHAM PLACE N
ST. PETERSBURG, FL 33701

Changed: 01/22/2014

Mailing AddressP.O. BOX 838
ST. PETERSBURG, FL 33731

Changed: 08/14/1996

Registered Agent Name & AddressBELMONT, PETER
102 FAREHAM PLACE NORTH
SAINT PETERSBURG, FL 33704

Name Changed: 01/26/2011

Address Changed: 01/26/2011

Officer/Director Detail**Name & Address**

Title P

ELWYN, EMILY
436 14 AVE N
SAINT PETERSBURG, FL 33701

Title T

Morningstar, Julie
 9300 Oak Street NE
 SAINT PETERSBURG, FL 33702

Title VP

BELMONT, PETER
 102 FAREHAM PLACE N
 SAINT PETERSBURG, FL 33701

Title S

MALLOY, RYAN
 6901 10 AVE N
 SAINT PETERSBURG, FL 33710

Title Executive Director

Kile, Monica R
 365 17th Ave NE
 Saint Petersburg, FL 33704

Annual Reports

Report Year	Filed Date
2014	01/22/2014
2015	02/11/2015
2016	03/25/2016

Document Images

03/25/2016 -- ANNUAL REPORT	View image in PDF format
02/11/2015 -- ANNUAL REPORT	View image in PDF format
01/22/2014 -- ANNUAL REPORT	View image in PDF format
03/07/2013 -- ANNUAL REPORT	View image in PDF format
03/09/2012 -- ANNUAL REPORT	View image in PDF format
11/29/2011 -- Restated Articles	View image in PDF format
01/26/2011 -- ANNUAL REPORT	View image in PDF format
03/29/2010 -- ANNUAL REPORT	View image in PDF format
04/29/2009 -- ANNUAL REPORT	View image in PDF format
05/05/2008 -- ANNUAL REPORT	View image in PDF format
04/09/2007 -- ANNUAL REPORT	View image in PDF format
04/13/2006 -- ANNUAL REPORT	View image in PDF format
05/04/2005 -- ANNUAL REPORT	View image in PDF format
05/03/2004 -- ANNUAL REPORT	View image in PDF format

04/14/2003 -- ANNUAL REPORT	View image in PDF format
05/06/2002 -- ANNUAL REPORT	View image in PDF format
05/17/2001 -- ANNUAL REPORT	View image in PDF format
05/16/2000 -- ANNUAL REPORT	View image in PDF format
03/11/1999 -- ANNUAL REPORT	View image in PDF format
04/28/1998 -- REINSTATEMENT	View image in PDF format
08/14/1996 -- ANNUAL REPORT	View image in PDF format
05/01/1995 -- ANNUAL REPORT	View image in PDF format



Contract/Permit

Contract #: 18196
Date: 25 Aug 2016

User: SCTegard
Status: Firm

SAINT PETERSBURG PRESERVATION INC
PETER BELMONT
102 FAREHAM PLACE N
ST PETERSBURG FL 33701 USA

Primary #: (727) 463-4612
Secondary #: ()
Other #: ()

Purpose of Use: May Movies

Expected: 0

Co-Sponsored Event

Contract Balance \$230.00

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 04 May 17 02:00 pm

Ending: Thu 25 May 17 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
North Straub Park	Thu	04 May 2017	02:00 PM 09:00 PM	\$0.00	\$230.00	\$0.00	\$230.00
North Straub Park	Thu	11 May 2017	02:00 PM 09:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
North Straub Park	Thu	18 May 2017	02:00 PM 09:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
North Straub Park	Thu	25 May 2017	02:00 PM 09:00 PM	\$0.00	\$0.00	\$0.00	\$0.00

Additional Fees:

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	7:00	1	\$30.00	\$0.00	\$30.00
Co-Sponsored Park Permit Fee	7:00	1	\$200.00	\$0.00	\$200.00
		2	\$230.00	\$0.00	\$230.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$230.00	\$0.00	\$230.00	\$0.00	\$0.00	\$230.00	(\$170.00)

Rental charges are due according to the following schedule:

Date	Amount
Thursday, Apr 20, 2017	\$230.00

Payments:

Additional Notes:

Contract #: 18196
Date: 25 Aug 2016

User: SCTegard
Status: Firm

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

By: (Sign Name) _____

(Print Name) PETER BELMONT

SAINT PETERSBURG PRESERVATION INC

Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) _____

Parks and Recreation Superintendent

(Print Name) _____

Parks and Recreation Department

Supervisor II / Foreman

Approved or Rejected

Date: _____

Manager

Approved or Rejected

Date: _____

Manager

Approved or Rejected

Date: _____

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

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



Date Received: 8/22/16
 Check or Cash: 1126
 Application #: 64
 Packet: 0
 Permit #: 18200

Event Title: The Sunrise Run - Walk Phone No.: 727-642-0740 Fax No.: _____

City Name: First To The Cross Ministries Federal I.D. Number: 20-8942778

Event Date(s): September 24, 2016 9/23/17 Location: Vinoy Park

Day 1 of Event: Saturday Time Gates Open: 6:00 AM Ending Time: 2:00 PM

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

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

Application Prepared by: Karen Vander Ploeg Phone: 727-642-0740

Title: Director Cell Phone: 727-642-0740

Address: 204 37th Avenue North #151 City: St Petersburg State: FL Zip: 33704

Email Address: Karen.Vanderploeg@gmail.com

Additional Contact Person: Bonnie Strickland Day Phone: 727-432-6982

What month/year were you incorporated as nonprofit? May 2007

List all 501(c)3 entities that will benefit from this event. K-Life of St Petersburg, Fellowship of Christian Athletes, 4 KIDS

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.

Postive event for fun and fellowship that provides and opportunity for all ages to participate in fun activites, and provides an opportunity to support and fgive donations to charities and benefit families,students,and children.

By encouraging family participation, and providing an event for local churches to participate in together, the image of St Petersburg will be greatly enhanced! A fun and fitness event too!

This will be our 7th year, every year has been wonderful!

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

It will provide income to downtown restraunts,shops, and museams. It will also provide income to hotels for out of town guests attending. Charities that assist in our community will be supported too- improving 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? 1,000.000/3,000,000

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: \$30.00

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

Please provide a phone number that can be advertised to the public. 727-822-7475

What is the estimated attendance for this event? Spectators 200 Participants 600 Last Year's Total Attendance 600

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) Yes
Bleacher(s) needed. Each bleacher approx. 180 people) 1
Tables (6 ft) # needed 50 Chairs # needed 150-200
Public Address System No
of portable risers needed (4 in. x 8 in. x 16 in. sections) 2

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location? _____

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

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

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

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

Signature: Title: Date:
Co-Sign: Title: Date:

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

PLEASE ATTACH THE FOLLOWING

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

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

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

Condition

Obligation

- | | | |
|---|---|------------------------------------|
| <input checked="" type="checkbox"/> Public Invited | | General Liability Insurance |
| <input type="checkbox"/> Located in Park | | Park Permit |
| <input checked="" type="checkbox"/> Vending Product / Merchandise Sales | | Occupational License |
| <input checked="" type="checkbox"/> Vending Food / Beverage | | Health Inspection |
| <input checked="" type="checkbox"/> Vendors / Exhibitors | How many? <input type="text" value=""/> | Alcohol Permit |
| <input type="checkbox"/> Vending Beer / Wine | | Additional insurance Required |
| <input type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft | How many? <input type="text" value=""/> | Temporary Structure Permit |
| <input type="checkbox"/> Fence Installation | What type? <input type="text" value=""/> | Temporary Structure Permit |
| <input type="checkbox"/> Other Structures | What structure? <input type="text" value=""/> | Temporary Structure Permit |
| <input type="checkbox"/> Open Flame Food Preparation | | Fire Inspection Permit |
| <input type="checkbox"/> Pyrotechnics | | Fireworks Permit |
| <input checked="" type="checkbox"/> Require Street Closure | | Parade or Street Closure Permit(s) |
| <input checked="" type="checkbox"/> VIP Area | | |
| <input checked="" type="checkbox"/> Staging | <input type="checkbox"/> Professional <input checked="" type="checkbox"/> Showmobile <input type="checkbox"/> Other | |
| <input type="checkbox"/> Amplified Sound | <input type="checkbox"/> Performers <input checked="" type="checkbox"/> Announcement Only | |
| <input type="checkbox"/> Security | <input checked="" type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD | |
| <input type="checkbox"/> Sanitary Facilities - Port-O-Lets | Regular Units <input type="text" value="4-5"/> Disabled Units <input type="text" value="1"/> Hand Washing <input type="text" value="1"/> | |
| <input type="checkbox"/> Off-site Parking / Shuttle | | |
| <input type="checkbox"/> Semitruck / Tractor Trailer | | |

Marketing: Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Invitations | <input type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers | <input type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> 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.

The power provided by the city has been sufficient in the North Straub Park and Vinoy Park in all previous years.

Will you supply your own generators? YES NO

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

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

A sound variance- has been granted all 5 years.

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

Name: Karen Vander Ploeg

Phone: 727-642-0740

Address (including zip): 204 37th Avenue North #151 St Petersburg Fl 37704

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

Christian Music, sound system to be provided by private company/one stage, 3-4 bands

List Vending Products. Name & Provider.

Bottled water, gatorade, breakfast bars, fruit, extra t-shirts, mainly given away for free.

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

None

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

Awards for placing in the races

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

Parking needs minimal, as there is a lot of parking available. Early Morning will have set up and will park alongside the park.

Other Comments: Please describe your fee structure.

Registration fee for participating in races is \$30.00 for adults and \$10.00-\$12.00 for children under the age of 12 years old.

Other comments:

We are always very thankful to the City Park and Recreations Department and all of the other City Departments.

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: Karen Vander Ploeg

Title: Director

Date: October 28, 2015

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: First to the Cross, INC

Name of Responsible Party (President or CEO ONLY): Karen Vander Ploeg

Title of Responsible Party: Director

Physical Address of Responsible Party: 334 Rafael Blvd NE St.Pete, FL 33704

Phone Number of Responsible Party: 727-642-0740

Email Address of Responsible Party: karen.vanderploeg@gmail.com

Nonprofit (Employee Identification Number): 20-8942778

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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



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

Name of Event: _____

Date(s) of Event: _____

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

Amount

1.		
2.	attaching sheets with revenue and expenses	
3.		
4.		
5.		
6.		
7.		
8.		\$24,222.58
TOTAL GROSS REVENUE		

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

1.	Total Expenses (estimated amount, pending city bill)	\$16,878.51
2.	See attached list	
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		\$16,878.51
TOTAL OPERATING EXPENSES		
TOTAL NET INCOME		

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

1.	Donations	\$4,500
2.	See Attached list	
3.		
4.		
5.		
6.		\$4,500
TOTAL ALLOCATION OF NET INCOME		

Prepared by: Karen Vander Ploeg

Date: October 28, 2015

Print Application

Submit Application by Email



Contract/Permit

Contract #: 18200
Date: 26 Aug 2016

User: SCTegard
Status: Firm

FIRST TO THE CROSS MINISTRIES
KAREN VANDER PLOEG
204 37TH AVENUE NORTH #151
ST PETERSBURG FL 33704 USA

Primary #: (727) 642-0740
Secondary #: (727)
Other #: ()

Purpose of Use: Sunrise Run

Expected: 0

Co-Sponsored Event

Contract Balance
\$200.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Sat 23 Sep 17 06:00 am

Ending: Sat 23 Sep 17 05:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Sat	23 Sep 2017	06:00 AM	\$0.00	\$230.00	\$0.00	\$230.00
Park			05:00 PM				

Additional Fees:

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	11:00	1	\$30.00	\$0.00	\$30.00
Co-Sponsored Park Permit Fee	11:00	1	\$200.00	\$0.00	\$200.00
		2	\$230.00	\$0.00	\$230.00

Charges:

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

Rental charges are due according to the following schedule:

Date	Amount
Saturday, Sep 9, 2017	\$200.00

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
26 Aug 2016	\$30.00	Check	Rental	2637833

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) KAREN VANDER PLOEG

FIRST TO THE CROSS MINISTRIES

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name):

Parks and Recreation Superintendent

(Print Name)

Parks and Recreation Department

Contract #: 18200
Date: 26 Aug 2016

User: SCTegard
Status: Firm

_____	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____
Supervisor II / Foreman			
_____	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____
Manager			
_____	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____
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.



City of St. Petersburg

FIRST TO THE CROSS MINISTRIES
KAREN VANDER PLOEG
204 37TH AVENUE NORTH #151
ST PETERSBURG, FL 33704 USA

Receipt #: 2637833
User: SCTegard
Issued: Fri 26 Aug 16 12:15 pm

Description	Amount
Previous Balance	\$0.00
Applied To: 18200 - Sunrise Run Vinoy Park - Park September 23, 2017 6:00 am to September 23, 2017 5:00 pm	\$30.00
Payment: Check	(\$30.00)
Balance	\$0.00



Detail by Entity Name

Florida Not For Profit Corporation

FIRST TO THE CROSS MINISTRIES, INC.

Filing Information

Document Number	N07000004683
FEI/EIN Number	20-8942778
Date Filed	05/09/2007
State	FL
Status	ACTIVE

Principal Address

334 RAFAEL BLVD, N.E.
ST PETERSBURG, FL 33704

Mailing Address

334 RAFAEL BLVD, N.E.
ST PETERSBURG, FL 33704

Registered Agent Name & Address

JANSSEN, DUANE
1626 38TH AVE. N.
ST PETERSBURG, FL 33713

Name Changed: 02/13/2008

Address Changed: 02/13/2008

Officer/Director Detail

Name & Address

Title D

VANDERPLOEG, KAREN
334 RAFAEL BLVD., N.E.
ST PEERSBURG, FL 33704

Title O

VANDER PLOEG, THOMAS M
334 RAFAEL BLVD NE
ST. PETERSBURG, FL 33704

Annual Reports

Report Year	Filed Date
2014	02/13/2014
2015	03/14/2015
2016	03/05/2016

Document Images

03/05/2016 -- ANNUAL REPORT	View image in PDF format
03/14/2015 -- ANNUAL REPORT	View image in PDF format
02/13/2014 -- ANNUAL REPORT	View image in PDF format
04/25/2013 -- ANNUAL REPORT	View image in PDF format
04/16/2012 -- ANNUAL REPORT	View image in PDF format
04/26/2011 -- ANNUAL REPORT	View image in PDF format
04/29/2010 -- ANNUAL REPORT	View image in PDF format
04/16/2009 -- ANNUAL REPORT	View image in PDF format
02/13/2008 -- ANNUAL REPORT	View image in PDF format
05/09/2007 -- Domestic Non-Profit	View image in PDF format

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State of Florida, Department of State

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



Date Received: 9/1/16
 Check or Cash: _____
 Application #: 65
 Packet: C
 Permit #: 18254

Event Title: Pinot in the Park Phone No.: 727-543-0195 Fax No.: _____

Entity Name: Historic Kenwood Neighborhood Association Federal I.D. Number: 57-0953652

Event Date(s): Saturday, April 1, 2017 Location: Seminole Park, 2900 3rd Ave N, St Pete, FL

Day 1 of Event: April 1, 2017 Time Gates Open: 6 pm Ending Time: 10 pm

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

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

Application Prepared by: Carolyn Gambuti Phone: 727-543-0195

Title: HKNA Board Member and Event Co-Chair Cell Phone: 727-543-0195

Address: 2425 4th Ave N City: St Pete State: FL Zip: 33713

Email Address: carolyngambuti@gmail.com

Additional Contact Person: Kathy Young Day Phone: 727-542-5333

What month/year were you incorporated as nonprofit? May 18, 2011 (effective 9/10/2010)

List all 501(c)3 entities that will benefit from this event. Historic Kenwood Neighborhood Association

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.

Pinot in the Park is an upscale event that brings Historic Kenwood residents together with other locals and tourists to celebrate the wonderful quality of life in Historic Kenwood and St Petersburg. In addition to enjoying great food and wine, attendees are able to place silent auction bids on items donated by local businesses to help raise funds that HKNA will use to benefit those less fortunate in our community. In 2016, a portion of the proceeds benefited the HK Partnership, that works with the city's N-Team to provide exterior renovations to resident's homes when they are unable, either monetarily or physically, to do it themselves.

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

Gross proceeds from our 2016 event totaled \$13,000.

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? \$1MM

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

Will there be an admission / registration fee? YES NO Advanced Fee: \$75 Day of: n/a

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

Please provide a phone number that can be advertised to the public. 727-543-0195

What is the estimated attendance for this event? Spectators 30 Participants 120 Last Year's Total Attendance 150

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

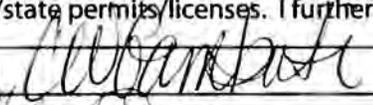
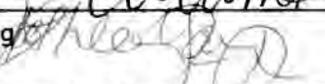
Which Location? _____

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

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

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

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

Name: Carolyn Gambuti  Title: Co-Chair Date: 8/20/16
Co-Sign: Kathy Young  Title: Co-Chair Date: 8/20/16

- 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. *N/A*
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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/>	Public Invited	General Liability Insurance
<input checked="" type="checkbox"/>	Located in Park	Park Permit
<input checked="" type="checkbox"/>	Vending Product / Merchandise Sales	Occupational License
<input checked="" type="checkbox"/>	Vending Food / Beverage	Health Inspection
<input type="checkbox"/>	Vendors / Exhibitors	
	How many? _____	
<input checked="" type="checkbox"/>	Vending Beer / Wine	Alcohol Permit Additional insurance Required
<input checked="" type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	Temporary Structure Permit
	How many? _____	
	1 Large	
<input checked="" type="checkbox"/>	Fence Installation	Temporary Structure Permit
	What type? _____	
	PVC/Rope - HKNA will provide	
<input checked="" type="checkbox"/>	Other Structures	Temporary Structure Permit
	What structure? _____	
	Bike racks around fire pit	
<input checked="" type="checkbox"/>	Open Flame Food Preparation	Fire Inspection Permit
<input type="checkbox"/>	Pyrotechnics	Fireworks Permit
<input type="checkbox"/>	Require Street Closure	Parade or Street Closure Permit(s)
<input type="checkbox"/>	VIP Area	
<input type="checkbox"/>	Staging	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other
<input checked="" type="checkbox"/>	Amplified Sound	<input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only
<input type="checkbox"/>	Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD
<input checked="" type="checkbox"/>	Sanitary Facilities - Port-O-Lets	Regular Units 1 Disabled Units 1 Hand Washing 1
<input type="checkbox"/>	Off-site Parking / Shuttle	
<input type="checkbox"/>	Semitruck / Tractor Trailer	

Marketing: Please check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Invitations | <input type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers | <input type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> 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 Blns 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 the 2-3 whisper generators, electrical cords and "The Turtle"

Will you supply your own generators? YES NO

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

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

No

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

Name:

Phone:

Address (including zip):

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

Acoustic guitarist

List Vending Products. Name & Provider.

We will recruit local restaurants to provide side dishes to accompany the salmon that we will be grilling in the park, and we will acquire wine from local wine merchants/distributors.

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

Historic Kenwood Neighborhood Association
PO Box 15134, St Petersburg, FL 33733
727-543-0195

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

No speeches or demonstrations - just using PA system to welcome guest, announce dinner is served and silent auction winners

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

Throughout the day, we will be loading/unloading our cars/trucks from the street. No special requirements

Other Comments: Please describe your fee structure.

\$75/person in advance only. No tickets sold at the door day of the event, which basically just covers costs of holding the event

Other comments:

As always, we appreciate the wonderful support from the City in this and all our events!

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: Carolyn Gambuti



Title: Co-Chair

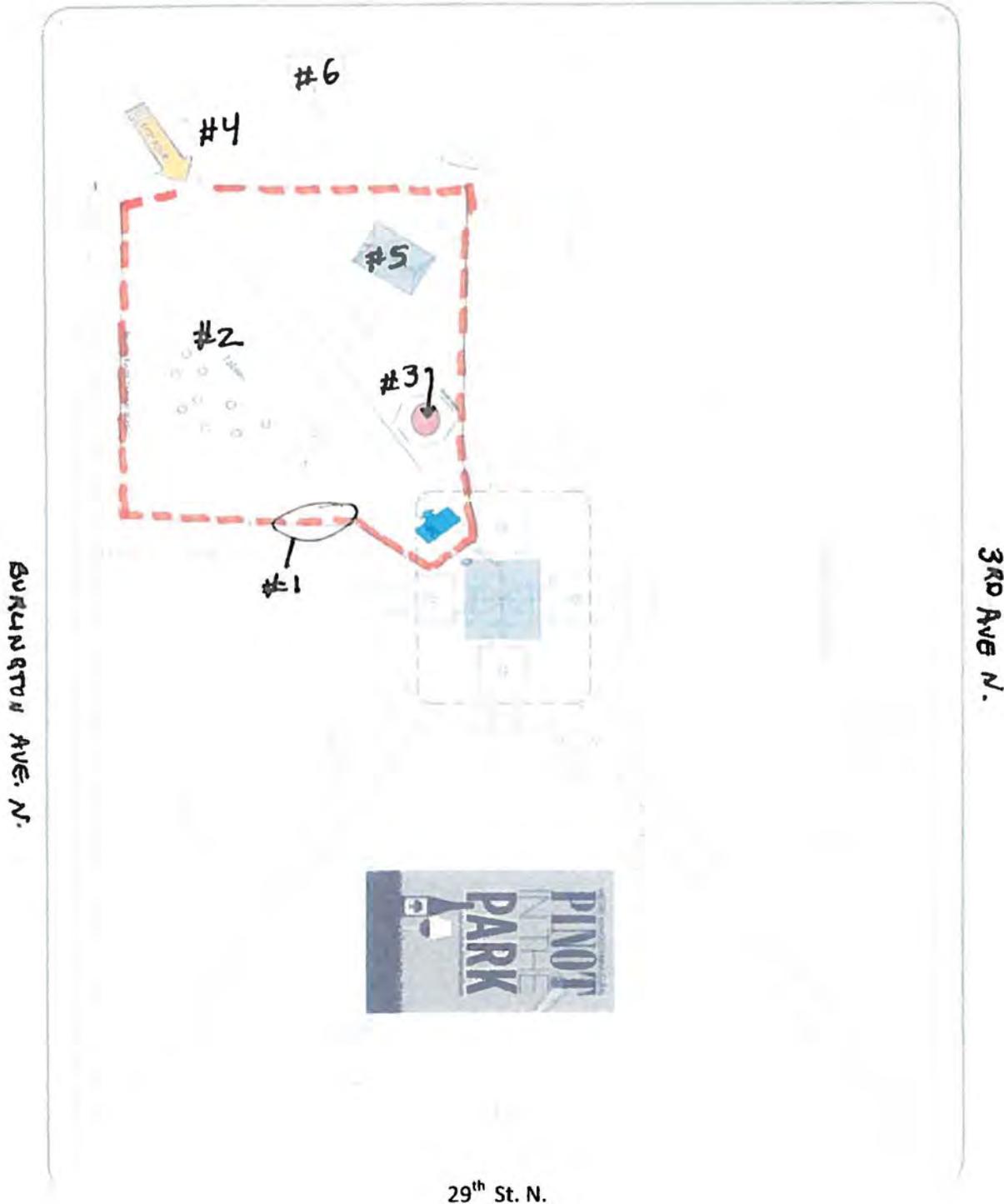
Date: 8/20/16

Seminole Park, St. Petersburg, FL

- # 1 - Barricade (—)
- # 2 - Guest Seating
- # 3 - Salmon Grilling Pit

- #4 - Entrance/Exit
- #5 - Food Service Area
- #6 - Port-A-Lets

30th Street N.



29th St. N.

ATTACHMENT "A"

Saturday, April 1st 2017, 6am-10 pm

Appendix A

Co-Sponsored Event Park Fee Structure

- * Events in Vinoy Park will be assessed \$300.00 per event day (e.g., 1 day event = \$300.00, 2 days = \$600.00, 3 days or more = \$900.00.) This includes the \$30.00 park permit fee.
- * Events in any other park will be assessed \$200.00 per event day (e.g., 1 day event = \$200.00, 2 days = \$400.00, 3 or more days = \$600.00). This includes the \$30.00 park permit fee.
- * The above fees will be due at the time you submit your application plus the \$30.00 co-sponsored application fee.
- * All co-sponsored event applications must be submitted at least 6 month prior to the event.
- * Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable \$1,200.00 late fee.
- * **The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.**
- * **Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.**
- * **All first time entities requesting events will be required to complete a credit application.**



Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation:

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

Nonprofit (Employee Identification Number):

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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



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

Name of Event: Pinot in the Park
 Date(s) of Event: Apr 1, 2017 Apr 1, 2017

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

	Amount
1. Ticket Sales	\$9,000.00
2. Silent Auction	\$4,000.00
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	\$13,000.00

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

1. Tent and Other Rental Supplies	\$3,500.00
2. City Services	\$600.00
3. Entertainment	\$400.00
4. Advertising and Marketing	\$750.00
5. Port O Lets	\$300.00
6. Other Supplies/Decorations	\$3,500.00
7.	
8.	
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	\$9,050.00
TOTAL NET INCOME	\$3,950.00

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

1. HKNA	\$2,450.00
2. HK Partnership (a group within HKNA-this is 2016 allotment)	\$1,500.00
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	\$3,950.00

Prepared by: Carolyn Gambuti Date: Aug 20, 2016

Print Application

Submit Application by Email



Consumer's Certificate of Exemption

**DR-14
R. 10/15**

Issued Pursuant to Chapter 212, Florida Statutes

85-8015666784C-4	06/09/2016	06/30/2021	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

HISTORIC KENWOOD NEIGHBORHOOD
ASSOCIATION INC
2410 9TH AVE N
SAINT PETERSBURG FL 33713-6835

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



Important Information for Exempt Organizations

**DR-14
R. 10/15**

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS****Detail by Entity Name****Florida Not For Profit Corporation**

HISTORIC KENWOOD NEIGHBORHOOD ASSOCIATION, INC.

Filing Information

Document Number	N38463
FEI/EIN Number	57-0953652
Date Filed	06/01/1990
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	01/18/2011
Event Effective Date	NONE

Principal Address2410 9TH AVE. N.
ST. PETERSBURG, FL 33713

Changed: 01/06/2016

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

Changed: 04/08/2005

Registered Agent Name & AddressNichols, Cynthia
2410 9TH AVE. N.
ST. PETERSBURG, FL 33713

Name Changed: 01/06/2016

Address Changed: 01/06/2016

Officer/Director Detail**Name & Address**

Title PRES

Gordon, Brenda
POST OFFICE BOX 15134
ST. PETERSBURG, FL 33733-5134

Title VP

Harrill-Smith, Carrie
 POST OFFICE BOX 15134
 ST. PETERSBURG, FL 33733-5134

Title SEC

Seibert, John
 POST OFFICE BOX 15134
 ST. PETERSBURG, FL 33733-5134

Title TRES

Nichols, Cynthia
 POST OFFICE BOX 15134
 ST. PETERSBURG, FL 33733-5134

Annual Reports

Report Year	Filed Date
2014	01/04/2014
2015	01/10/2015
2016	01/06/2016

Document Images

01/06/2016 -- ANNUAL REPORT	View image in PDF format
01/10/2015 -- ANNUAL REPORT	View image in PDF format
01/04/2014 -- ANNUAL REPORT	View image in PDF format
01/19/2013 -- ANNUAL REPORT	View image in PDF format
01/11/2012 -- ANNUAL REPORT	View image in PDF format
01/18/2011 -- Amendment	View image in PDF format
01/17/2011 -- ANNUAL REPORT	View image in PDF format
01/04/2010 -- ANNUAL REPORT	View image in PDF format
02/05/2009 -- ANNUAL REPORT	View image in PDF format
01/18/2008 -- ANNUAL REPORT	View image in PDF format
10/19/2007 -- Amendment	View image in PDF format
04/15/2007 -- ANNUAL REPORT	View image in PDF format
04/28/2006 -- ANNUAL REPORT	View image in PDF format
04/08/2005 -- ANNUAL REPORT	View image in PDF format
08/13/2004 -- ANNUAL REPORT	View image in PDF format
04/21/2003 -- ANNUAL REPORT	View image in PDF format
03/24/2002 -- ANNUAL REPORT	View image in PDF format
04/30/2001 -- Name Change	View image in PDF format



Contract/Permit

Contract #: 18254
Date: 01 Sep 2016

User: DWBurns
Status: Firm

HISTORIC KENWOOD NEIGHBORHOOD ASSOC
CAROLYN GAMBUTI
P.O. BOX 15134
ST PETERSBURG FL 33733 USA

Primary #: (615) 943-5166
Secondary #: ()
Other #: ()

Purpose of Use: PINOT IN THE PARK **Expected:** 150 **Co-Sponsored Event** **Contract Balance**
\$60.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Fri 31 Mar 17 06:00 am **Ending:** Sat 01 Apr 17 11:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Seminole Park	Fri	31 Mar 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park		01 Apr 2017	11:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00
PKS Application Processing Fee	1	\$30.00	\$0.00	\$30.00
				<u>\$60.00</u>

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$60.00	\$0.00	\$60.00	\$0.00	\$0.00	\$60.00	\$60.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By: (Sign Name) _____
(Print Name) CAROLYN GAMBUTI
HISTORIC KENWOOD NEIGHBORHOOD ASSOC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

Supervisor II / Foreman

Approved or Rejected

Date: _____

Manager

Approved or Rejected

Date: _____



Contract/Permit

Contract #: 18254
Date: 01 Sep 2016

User: DWBurns
Status: Firm

Manager

Approved or Rejected

Date: _____

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

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION



Date Received: 5/19/16
Check or Cash: CK
Application #: 26
Packet: C
Permit #: 17672

Event Title: 97X BBQ Phone No.: 7275792053 Fax No.:

Entity Name: COX MEDIA GROUP Federal I.D. Number: 58-1620022

Event Date(s): 5/20/17 OR 5/27/17 OR 5/28/17 OR 6/3/17 Location: VINOY PARK, SAINT PETERSBURG

Day 1 of Event: DATES ABOVE Time Gates Open: 12N Ending Time: 10P

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

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

Application Prepared by: JENNA KESNECK Phone: 5792053

Title: DIRECTOR OF MARKETING AND PROMOTIONS Cell Phone: 7275604856

Address: 11300 4TH STREET NORTH, SUITE 300 City: ST PETERSBUR State: FL Zip: 33716

Email Address: JENNA.KESNECK@COXINC.COM

Additional Contact Person: DAN CONNELLY Day Phone: 7275792032

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

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

Name of the for-profit entity? COX MEDIA GROUP

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

PEOPLE WILL BE ABLE TO ENJOY THE BEAUTIFUL WATERFRONT VINOY PARK WHILE ENJOYING LIVE MUSIC.

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

GUESTS FROM SURROUNDING AREAS, BOTH LOCALLY AND REGIONALLY, WILL COME TO THIS SHOW SO THEY WILL LIKELY EAT AT RESTAURANTS, STAY AT HOTELS, USE PARKING GARAGES, 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 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: \$20 Day of: \$40

Please provide the website address for your event. WWW.97XONLINE.COM

Please provide a phone number that can be advertised to the public. 7275792000

What is the estimated attendance for this event? Spectators 15,000 Participants 300 Last Year's Total Attendance 15,000

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?

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 Ddepartments

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

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

Name: JENNA KESNECK Title: DIRECTOR OF MARKETING AND Date: 7/21/16

Co-Sign: DAN CONNELLY Title: DIRECTOR OF BRANDING AND Date: 7/21/16

- 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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

Condition

Obligation

- | | | | |
|--|---|--|------------------------------------|
| <input checked="" type="checkbox"/> Public Invited | | | General Liability Insurance |
| <input checked="" type="checkbox"/> Located in Park | | | Park Permit |
| <input checked="" type="checkbox"/> Vending Product / Merchandise Sales | | | Occupational License |
| <input checked="" type="checkbox"/> Vending Food / Beverage | | | Health Inspection |
| <input checked="" type="checkbox"/> Vendors / Exhibitors | How many? <u>Over 30 Vendors / Exhibitors</u> | | Alcohol Permit |
| <input checked="" type="checkbox"/> Vending Beer / Wine | | | Additional insurance Required |
| <input checked="" type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft | How many? <u>12</u> | | Temporary Structure Permit |
| <input checked="" type="checkbox"/> Fence Installation | What type? <u>CHAIN LINK</u> | | Temporary Structure Permit |
| <input checked="" type="checkbox"/> Other Structures | What structure? <u>STAGE</u> | | Temporary Structure Permit |
| <input type="checkbox"/> Open Flame Food Preparation | | | Fire Inspection Permit |
| <input type="checkbox"/> Pyrotechnics | | | Fireworks Permit |
| <input type="checkbox"/> Require Street Closure | | | Parade or Street Closure Permit(s) |
| <input checked="" type="checkbox"/> VIP Area | | | |
| <input checked="" type="checkbox"/> Staging | <input checked="" type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other | | |
| <input checked="" type="checkbox"/> Amplified Sound | <input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only | | |
| <input checked="" type="checkbox"/> Security | <input checked="" type="checkbox"/> Daytime - Private <input checked="" type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD | | |
| <input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets | Regular Units <u>110</u> Disabled Units <u>12</u> Hand Washing <u>12</u> | | |
| <input checked="" type="checkbox"/> Off-site Parking / Shuttle | | | |
| <input checked="" type="checkbox"/> Semitruck / Tractor Trailer | | | |

Marketing: Please check all that apply.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Invitations | <input checked="" type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers | <input checked="" type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input checked="" type="checkbox"/> 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.

TO BE DETERMINED BUT WE WILL RENT GENERATORS IF NEEDED. CITY POWER HAS BEEN SUFFICIENT IN THE PAST WITH PEDASTALS AROUND THE PARK AND WE PROVIDE A GENERATOR FOR STAGE 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.

WE WILL BE REQUESTING A LIQUOR PERMIT AS WELL AS ALCOHOL (BEER/WINE) PERMIT.

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

Name: COX MEDIA GROUP

Phone: 7275792000

Address (including zip): 11300 4TH STREET NORTH, SUITE 300, ST. PETERSBURG, FL 33716

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

ALTERNATIVE ROCK/POP MUSIC. 1 STAGE APPROX 6-8 BANDS.

List Vending Products. Name & Provider.

VARIOUS VENDORS WILL BE SELLING FOOD, BEVERAGE, T SHIRTS, MERCHANDISE, ETC.

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 N, ST. PETERSBURG, FL 33710; 727-345-9111

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

STAGE ANNOUNCEMENTS BETWEEN BANDS WILL ANNOUNCE SPONSORS, PROMOTIONS AND DISCUSS STATION COPY POINTS

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

WE WILL BEGIN SETTING UP APPROXIMATELY 5-6 DAYS PRIOR TO SHOW DATE. WE WILL LOAD INTO PARK AND SHOULDN'T NEED MANY PARKING ACCOMMODATIONS. SAME FOR LOAD OUT BEGINNING THE DAY FOLLOWING SHOW DATE.

Other Comments: Please describe your fee structure.

ADVANCE TICKETS WILL BE AVAILABLE FOR FREE AT SPONSOR LOCATIONS DURING SELECT DATES AND TIMES. TICKETS WILL ALSO BE AVAILABLE ONLINE FOR \$20 BEFORE THE SHOW AND \$40 DAY OF SHOW.

Other comments:

CMG ABSOLUTELY LOVES WORKING WITH THE CITY OF ST PETE! :)

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

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

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

Name: JENNA KESNECK

Title: DIRECTOR OF MARKETING AND

Date: 7/21/16

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.
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- * **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: PARC

Name of Responsible Party (President or CEO ONLY): KAREN HIGGINS

Title of Responsible Party: PRESIDENT AND CEO

Physical Address of Responsible Party: 3190 TYRONE BLVD N, ST. PETERSBURG, FL 33710

Phone Number of Responsible Party: 727 345 9111

Email Address of Responsible Party: KHIGGINS@PARC-FL.ORG

Nonprofit (Employee Identification Number): 59-0791038

Name of the **For-profit** Corporation: COX MEDIA GROUP

Name of Responsible Party (President or CEO ONLY): KEITH LAWLESS

Title of Responsible Party: VICE PRESIDENT AND MARKET MANAGER

Physical Address of Responsible Party: 11300 4THS TREET N, SUITE 300, ST. PETERSBURG, FL 33716

Phone Number of Responsible Party: 7275792000

Email Address of Responsible Party: KEITH.LAWLESS@COXINC.COM

For-profit (Employee Identification Number) 58-1620022

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: _____
Date(s) of Event: _____

I. REVENUE SOURCES (attach sheet if more space is needed)	Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	

II. EXPENSES (attach sheet if more space is needed)	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	
TOTAL NET INCOME	

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)	
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	

Prepared by: _____ Date: _____

Print Application

Submit Application by
Email

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



Date Received: _____
 Check or Cash: _____
 Application #: _____
 Packet: _____
 Permit #: _____

Event Title: 97X BBQ Phone No.: 7275792053 Fax No.: _____
 Entity Name: COX MEDIA GROUP Federal I.D. Number: 58-1620022
 Event Date(s): 5/20/17 OR 5/27/17 OR 5/28/17 OR 6/3/17 Location: VINOY PARK, SAINT PETERSBURG
 Day 1 of Event: DATES ABOVE Time Gates Open: 12N Ending Time: 10P
 Day 2 of Event: _____ Time Gates Open: _____ Ending Time: _____
 Day 3 of Event: _____ Time Gates Open: _____ Ending Time: _____

Application Prepared by: JENNA KESNECK Phone: 5792053
 Title: DIRECTOR OF MARKETING AND PROMOTIONS Cell Phone: 7275604856
 Address: 11300 4TH STREET NORTH, SUITE 300 City: ST PETERSBUR State: FL Zip: 33716
 Email Address: JENNA.KESNECK@COXINC.COM
 Additional Contact Person: DAN CONNELLY Day Phone: 7275792032

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

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
PEOPLE WILL BE ABLE TO ENJOY THE BEAUTIFUL WATERFRONT VINOY PARK WHILE ENJOYING LIVE MUSIC.

Describe what economic benefit and impact this event will bring to St. Petersburg.
GUESTS FROM SURROUNDING AREAS, BOTH LOCALLY AND REGIONALLY, WILL COME TO THIS SHOW SO THEY WILL LIKELY EAT AT RESTAURANTS, STAY AT HOTELS, USE PARKING GARAGES, 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 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: \$20 Day of: \$40

Please provide the website address for your event. WWW.97XONLINE.COM
 Please provide a phone number that can be advertised to the public. 7275792000
 What is the estimated attendance for this event? Spectators 15,000 Participants 300 Last Year's Total Attendance 15,000

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?

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

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

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

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

Name: JENNA KESNECK Title: DIRECTOR OF MARKETING AND Date: 7/21/16
Co-Sign: DAN CONNELLY Title: DIRECTOR OF BRANDING AND Date: 7/21/16

- 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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>	<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited	General Liability Insurance
<input checked="" type="checkbox"/> Located in Park	Park Permit
<input checked="" type="checkbox"/> Vending Product / Merchandise Sales	Occupational License
<input checked="" type="checkbox"/> Vending Food / Beverage	Health Inspection
<input checked="" type="checkbox"/> Vendors / Exhibitors	Alcohol Permit
How many? <u>Over 30 Vendors / Exhibitors</u>	Additional insurance Required
<input checked="" type="checkbox"/> Vending Beer / Wine	Temporary Structure Permit
<input checked="" type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	Temporary Structure Permit
How many? <u>12</u>	Temporary Structure Permit
<input checked="" type="checkbox"/> Fence Installation	Temporary Structure Permit
What type? <u>CHAIN LINK</u>	Temporary Structure Permit
<input checked="" type="checkbox"/> Other Structures	Temporary Structure Permit
What structure? <u>STAGE</u>	Fire Inspection Permit
<input type="checkbox"/> Open Flame Food Preparation	Fireworks Permit
<input type="checkbox"/> Pyrotechnics	Parade or Street Closure Permit(s)
<input type="checkbox"/> Require Street Closure	
<input checked="" type="checkbox"/> VIP Area	
<input checked="" type="checkbox"/> Staging	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other
<input checked="" type="checkbox"/> Amplified Sound	<input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only
<input checked="" type="checkbox"/> Security	<input checked="" type="checkbox"/> Daytime - Private <input checked="" type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD
<input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <u>110</u> Disabled Units <u>12</u> Hand Washing <u>12</u>
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Marketing: Please check all that apply.

- | | |
|--|--|
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PARC- 3190 TYRONE BLVD N, ST. PETERSBURG, FL 33710; 727-345-9111

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Title: DIRECTOR OF MARKETING AND

Date: 7/21/16

Appendix A

Co-Sponsored Event Park Fee Structure

- * Events in Vinoy Park will be assessed \$300.00 per event day (e.g., 1 day event = \$300.00, 2 days = \$600.00, 3 days or more = \$900.00.) This includes the \$30.00 park permit fee.
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Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: PARC

Name of Responsible Party (President or CEO ONLY): KAREN HIGGINS

Title of Responsible Party: PRESIDENT AND CEO

Physical Address of Responsible Party: 3190 TYRONE BLVD N, ST. PETERSBURG, FL 33710

Phone Number of Responsible Party: 727 345 9111

Email Address of Responsible Party: KHIGGINS@PARC-FL.ORG

Nonprofit (Employee Identification Number): 59-0791038

Name of the **For-profit** Corporation: COX MEDIA GROUP

Name of Responsible Party (President or CEO ONLY): KEITH LAWLESS

Title of Responsible Party: VICE PRESIDENT AND MARKET MANAGER

Physical Address of Responsible Party: 11300 4THS TREET N, SUITE 300, ST. PETERSBURG, FL 33716

Phone Number of Responsible Party: 7275792000

Email Address of Responsible Party: KEITH.LAWLESS@COXINC.COM

For-profit (Employee Identification Number) 58-1620022

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: _____

Date(s) of Event: _____

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

Amount

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
TOTAL GROSS REVENUE		

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

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8.		
9.		
10.		
11.		
12.		
TOTAL OPERATING EXPENSES		
TOTAL NET INCOME		

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

1.		
2.		
3.		
4.		
5.		
6.		
TOTAL ALLOCATION OF NET INCOME		

Prepared by: _____

Date: _____

Print Application

Submit Application by
Email

Denis W. Burns

From: Kesneck, Jenna CMG-Tampa) <Jenna.Kesneck@coxinc.com>
Sent: Thursday, July 21, 2016 1:49 PM
To: StPeteEvents
Subject: 97X BBQ 2017 Event Application
Attachments: Co-Sponsored Application 2016 - 2017.pdf

Hi there-- attached is the 2017 event application for the 97X BBQ. We have holds on a few select dates next May and are really looking forward to continuing this event in the beautiful Vinoy Park!

Thank you so much and please let me know if there is anything else you may need.

Best,
JK

Jenna Kesneck | Director of Marketing & Promotions Cox Media Group Tampa | 11300 4th St. N Suite 300 | St. Petersburg, FL 33716
o: (727) 579-2053 | m: (727) 560-4856 | Email: Jenna.Kesneck@coxinc.com



Contract/Permit

Contract #: 17672
Date: 28 Jun 2016

User: DWBurns
Status: Firm

COX MEDIA GROUP INC
JENNA KESNECK
11300 4TH ST N STE 300
ST PETERSBURG FL 33716 USA

Primary #: (727) 579-2032
Secondary #: (727)
Other #: ()

Purpose of Use: 97X BBQ **Expected:** 11,000 **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 19 May 17 06:00 am Ending: Mon 05 Jun 17 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Fri	19 May 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
		22 May 2017	09:00 PM				
Vinoy Park	Fri	26 May 2017	06:00 AM	\$0.00	\$330.00	\$0.00	\$330.00
		30 May 2017	09:00 PM				
Vinoy Park	Thu	01 Jun 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
		05 Jun 2017	09:00 PM				

Additional Fees:

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	111:00	1	\$30.00	\$0.00	\$30.00
Co-Sponsored Park Permit Fee (Vinoy)	111:00	1	\$300.00	\$0.00	\$300.00
		2	\$330.00	\$0.00	\$330.00

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	\$0.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
17 Aug 2016	\$330.00	Check	Rental	2633965

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) JENNA KESNECK
COX MEDIA GROUP INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

Contract #: 17672
Date: 28 Jun 2016

User: DWBurns
Status: Firm

_____	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____
Supervisor II / Foreman			
_____	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____
Manager			
_____	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____
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.

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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 P

HIGGINS, KAREN PRESIDE
3190 TYRONE BLVD NORTH
ST. PETERSBURG, FL 33710

Title D

AYOUB, LENA M, Esq.
3190 TYRONE BLVD NORTH
SAINT PETERSBURG, FL 33710

Title Chairman

HASBUN, MARCOS EESQ
101 E KENNEDY BLVD SUITE 1200
TAMPA, FL 33602

Title CHAIR ELECT

HILL, APRIL
3190 TYRONE BLVD NORTH
ST PETERSBURG, FL 33710

Title VC

Perera, Raul, Mr
Superior Mechanical Systems
6482 Park Blvd
Pinellas Park, FL 33781

Annual Reports

Report Year	Filed Date
2014	02/17/2014
2015	02/23/2015
2016	02/08/2016

Document Images

<u>02/08/2016 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/23/2015 -- ANNUAL REPORT</u>	View image in PDF format
<u>10/28/2014 -- AMENDED ANNUAL REPORT</u>	View image in PDF format
<u>02/17/2014 -- ANNUAL REPORT</u>	View image in PDF format
<u>03/19/2013 -- AMENDED ANNUAL REPORT</u>	View image in PDF format
<u>01/29/2013 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/17/2012 -- ANNUAL REPORT</u>	View image in PDF format
<u>10/19/2011 -- Amendment and Name Change</u>	View image in PDF format
<u>04/06/2011 -- ANNUAL REPORT</u>	View image in PDF format
<u>03/01/2010 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/18/2009 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/10/2008 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/05/2007 -- ANNUAL REPORT</u>	View image in PDF format

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

6205-B PEACHTREE DUNWOODY ROAD
ATLANTA, GA 30328

Changed: 06/15/2015

Mailing Address

6205-B PEACHTREE DUNWOODY ROAD
ATLANTA, GA 30328

Changed: 04/19/2016

Registered Agent Name & Address

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

Authorized Person(s) Detail

Name & Address

Title President, Director

ESSER, PATRICK J
6205-B PEACHTREE DUNWOODY ROAD
ATLANTA, GA 30328

Title VP

VICKERS, MARY
6205-B PEACHTREE DUNWOODY ROAD
ATLANTA, GA 30328

Title Secretary

MUHL, SHAUNA S
6205-B PEACHTREE DUNWOODY ROAD
ATLANTA, GA 30328

Title Treasurer, VP

Friedman, Maria
6205-B PEACHTREE DUNWOODY ROAD
ATLANTA, GA 30328

Title Director, VP

BOWSER, MARK F
6205-B PEACHTREE DUNWOODY ROAD
ATLANTA, GA 30328

Title Director

HIGHTOWER, JENNIFER
6205-B PEACHTREE DUNWOODY ROAD
ATLANTA, GA 30328

Annual Reports

Report Year	Filed Date
2014	04/16/2014
2015	04/28/2015
2016	04/19/2016

Document Images

<u>04/19/2016 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/28/2015 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/16/2014 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/24/2013 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/20/2012 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/14/2011 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/17/2010 -- ANNUAL REPORT</u>	View image in PDF format
<u>03/12/2009 -- ANNUAL REPORT</u>	View image in PDF format
<u>03/31/2008 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/13/2007 -- ANNUAL REPORT</u>	View image in PDF format
<u>03/31/2006 -- ANNUAL REPORT</u>	View image in PDF format
<u>03/18/2005 -- Foreign Limited</u>	View image in PDF format

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



Date Received: _____
 Check or Cash: _____
 Application #: 67
 Packet: C
 Permit #: 18253

Event Title: United Music Fest Phone No.: 727-272-5067 Fax No.: 727-914-3494

Entity Name: D & M Productions, Inc. D & M Promotions Inc Federal I.D. Number: 81-3313167

Event Date(s): June 10, 2017 Location: Vinoy Park

Day 1 of Event: June 10, 2017 Time Gates Open: 2:00 PM 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: Mike Mikkola Phone: 727-641-0090

Title: Vice President Cell Phone: 727-641-0090

Address: 2305 N Ridgewood Ave City: Tampa State: FL Zip: 33602

Email Address: mikemikkola@gmail.com

Additional Contact Person: David Larry Day Phone: 727-272-5067

What month/year were you incorporated as nonprofit? 81-3313167

List all 501(c)3 entities that will benefit from this event. A New Beginning, Inc. and the City of St. Petersburg

Name of the for-profit entity? D & M Promotions, Inc.

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

This is a program of music from diverse sources to foster inclusion and harmony for all. This is an event designed to bring all elements of our community united together without regard to race, ethnicity, religion, or sexual preference/identification. We plan this event to showcase a universal theme through music. We want to reach out to all members of our community to show brotherhood and fellowship for all.

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

The city will benefit from additional exposure to people both inside and outside of the Bay Area. In addition, D & M Promotions, Inc. intends to give the City of St. Petersburg some of the proceeds to be used at their discretion to help all citizens of our community. City merchants should benefit as well from the increased number of people in the downtown area.

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

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

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

Will there be an admission / registration fee? YES NO Advanced Fee: \$40 Day of: \$50

Please provide the website address for your event, www.unitedmusicfest.com

Please provide a phone number that can be advertised to the public, 727-300-9388

What is the estimated attendance for this event? Spectators 15,000 Participants 100 Last Year's Total Attendance NA

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Special Events Facilities

Non-City Locations

Showmobile (Yes/No)

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

Tables (6 ft) # needed Chairs # needed

Public Address System Yes

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

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: 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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/>	Public Invited	General Liability Insurance
<input checked="" type="checkbox"/>	Located in Park	Park Permit
<input checked="" type="checkbox"/>	Vending Product / Merchandise Sales	Occupational License
<input checked="" type="checkbox"/>	Vending Food / Beverage	Health Inspection
<input checked="" type="checkbox"/>	Vendors / Exhibitors	How many? <u>11 - 20 Vendors / Exhibitors</u>
<input checked="" type="checkbox"/>	Vending Beer / Wine	Alcohol Permit Additional insurance Required
<input type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	How many? _____ Temporary Structure Permit
<input checked="" type="checkbox"/>	Fence Installation	What type? <u>Chain Link</u> Temporary Structure Permit
<input type="checkbox"/>	Other Structures	What structure? _____ Temporary Structure Permit
<input checked="" type="checkbox"/>	Open Flame Food Preparation	Fire Inspection Permit
<input type="checkbox"/>	Pyrotechnics	Fireworks Permit
<input type="checkbox"/>	Require Street Closure	Parade or Street Closure Permit(s)
<input type="checkbox"/>	VIP Area	
<input checked="" type="checkbox"/>	Staging	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other
<input checked="" type="checkbox"/>	Amplified Sound	<input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only
<input type="checkbox"/>	Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD
<input checked="" type="checkbox"/>	Sanitary Facilities - Port-O-Lets	Regular Units <u>94</u> Disabled Units <u>6</u> Hand Washing <u>8</u>
<input type="checkbox"/>	Off-site Parking / Shuttle	
<input type="checkbox"/>	Semitruck / Tractor Trailer	

Marketing: Please check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Invitations | <input checked="" type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers | <input type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> Remote Broadcast |

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

Electrical Requirements:

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

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

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

TBD

Will you supply your own generators? YES NO

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

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: D & M Promotions Inc

Phone: 727-641-0090

Address (including zip): 2305 N Ridgewood Ave., Tampa, FL 33602

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

There will a unifying mixture of music to include rock, salsa, jazz, hip hop, and reggae. There will be five bands performing. We would need one stage.

List Vending Products. Name & Provider.

Master vendor.

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

A New Beginning Inc, 1200 37th Street North, Unit 105, St. Petersburg, FL 33713NA

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

NA

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

Afternoon before the event for load in. Day after the event for load out.

Other Comments: Please describe your fee structure.

We will charge \$40 per person prior to the day of the event and \$50 the day of the event for general admission. Reserved will be \$60 per person prior to the day of the event and \$75 the day of the event.

Other comments:

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

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

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

Name: Mike Mikkola

Title: Vice President

Date: August 1, 2016

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: A New Beginning, Inc.

Name of Responsible Party (President or CEO ONLY): Michel K. Mikkola

Title of Responsible Party: President

Physical Address of Responsible Party: 2350 N Ridgewood Avenue, Tampa, FL 33602

Phone Number of Responsible Party: 727-641-0090

Email Address of Responsible Party: mikemikkola@gmail.com

Nonprofit (Employee Identification Number): 36-4805962

Name of the **For-profit** Corporation: D & M Promotions, Inc.

Name of Responsible Party (President or CEO ONLY): David Larry

Title of Responsible Party: President

Physical Address of Responsible Party: 1200 37th Street North, Unit 105, St. Petersburg, FL 33713

Phone Number of Responsible Party: 727-272-5067

Email Address of Responsible Party: dlarry790@gmail.com

For-profit (Employee Identification Number) 81-3313167

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:
Date(s) of Event: -

I. REVENUE SOURCES (attach sheet if more space is needed)	Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	

II. EXPENSES (attach sheet if more space is needed)	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	
TOTAL NET INCOME	

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)	
1. Most net proceeds will go to A New Beginning Inc., with the balance to the Cith of St. Petersburg	
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	

Prepared by: Date:

Print Application

Submit Application by
Email

United Music Fest

STAGE

RESERVED

**General
Admission**



Department of the Treasury
Internal Revenue Service

P.O. BOX 2508
CINCINNATI OH 45201

In reply refer to: 9999999999
Aug. 04, 2016 LTR 3367C S0
36-4805962 000000 00

00024038
BODC: TE

A NEW BEGINNING INC
1200 37TH ST N STE 105
ST PETERSBURG FL 33713-6055

Employer identification number: 36-4805962
Tax form: 1023
Document locator number: 17053-204-35702-6
For assistance, call: 1-877-829-5500

Dear Applicant,

We received your application for exemption from federal income tax and your user fee payment.

During the initial review process, applications for exemption are separated into two groups:

1. Those that can be processed based on information submitted
2. Those that require additional information to be processed

If your application falls in the first group you'll receive a determination letter within approximately 90 days from the date of this notice stating that you re exempt from federal income tax.

If your application falls in the second group, you'll be contacted when your application has been assigned to an Exempt Organizations specialist for review. You can expect to be contacted within approximately 180 days from the date of this notice. After 180 days, if you haven't been notified your application was assigned to a specialist, you can contact Customer Account Services Monday through Friday at the toll-free number shown above to check on its status. The individual calling on your behalf will need the following information:

- * Your name
- * Your employer identification number (EIN)
- * The document locator number listed above and assigned to your request
- * A proper power of attorney submitted with your exemption application, unless the individual calling is an officer or director and legally authorized to represent you

The IRS doesn't issue "tax-exempt numbers" or "tax-exempt certificates" for state or local sales or income taxes. If you need exemption from these taxes, contact your state or local tax offices.

Most organizations are required to file an annual information return

9999999999
Aug. 04, 2016 LTR 3367C S0
36-4805962 000000 00
00024039

A NEW BEGINNING INC
1200 37TH ST N STE 105
ST PETERSBURG FL 33713-6055

(Form 990, Form 990-EZ, or Form 990-PF) or electronic notice (Form 990-N, the e-Postcard) while their applications for exemption or miscellaneous determination requests are pending. If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked. Visit www.irs.gov and type "annual exempt organization return: who must file" in the search box for information on the types of organizations that are required to file annual returns or notices.

To receive the Exempt Organizations' EO Update, an electronic newsletter with information for tax-exempt organizations and tax practitioners, go to www.irs.gov/charities and click on "Free e-Newsletter."

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

Sincerely yours,



Jeffrey I. Cooper
Director, EO Rulings & Agreement



City of St. Petersburg

D & M PROMOTIONS INC
MIKE MIKKOLA
2305 N RIDGEWOOD AVE
TAMPA, FL 33602 USA

Receipt #: 2640627
User: DWBurns
Issued: Thu 01 Sep 16 09:03 am

Description	Amount
Previous Balance	\$330.00
Applied To: 18253 - UNITED MUSIC FEST Vinoy Park - Vinoy Park June 7, 2017 6:00 am to June 12, 2017 12:00 pm	\$300.00
Payment: Check	(\$300.00)
Balance	\$30.00



Contract/Permit

Contract #: 18253
Date: 01 Sep 2016

User: DWBurns
Status: Firm

D & M PROMOTIONS INC
MIKE MIKKOLA
2305 N RIDGEWOOD AVE
TAMPA FL 33602 USA

Primary #: (727) 272-5067
Secondary #: (727)
Other #: ()

Purpose of Use: UNITED MUSIC FEST

Expected:
15,000

Co-Sponsored Event

Contract Balance \$30.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Wed 07 Jun 17 06:00 am

Ending: Mon 12 Jun 17 12:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Wed	07 Jun 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Vinoy Park		12 Jun 2017	12:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00
Co-Sponsored Park Permit Fee (Vinoy)	1	\$300.00	\$0.00	\$300.00
				<u>\$330.00</u>

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$330.00	\$0.00	\$330.00	\$0.00	\$300.00	\$30.00	\$30.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
01 Sep 2016	\$300.00	Check	Rental	2640627

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) MIKE MIKKOLA
D & M PROMOTIONS INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

Supervisor II / Foreman _____ Approved or Rejected Date: _____

Manager _____ Approved or Rejected Date: _____



Contract/Permit

Contract #: 18253
Date: 01 Sep 2016

User: DWBurns
Status: Firm

Manager

Approved or Rejected

Date: _____

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



Contract/Permit Amendment

Printed: 01 Sep 2016, 09:04 AM

User: dwburns

Rental #: 18253

Amendment #: 1

D & M PROMOTIONS INC
2305 N RIDGEWOOD AVE
TAMPA FL 33602 USA

Amended: 01 Sep 2016

UNITED MUSIC FEST

Amendment Reason: INPUT ERROR

i) Purpose of Use:

Function: Not Changed

Description:
Description:

ii) Conditions of Use:

Insurance Required

iii) Dates and Time of Use:

of Bookings: 1 Starting: N/C Ending: N/C Expected: N/C

iv) Additional Fees:

Mode	Extra Fee	Old Qty.	Old Amount	New Quantity	New Amount
Deleted	Co-Sponsored Application Late Fee	1	\$1,200.00		
Added	Co-Sponsored Application Fee			1	\$30.00

v) Payment Method:

Damage Deposit: N/C
Adjustment: N/C
Initial Due: N/C
Prior Contract Total: \$1,500.00
Statementing: N/C

Payable By: N/C
Adj: N/C
Initial Pay: N/C
Contract Total: \$ 330.00

Date	Amount
01 Sep 2016	\$30.00

MIKE MIKKOLA Date _____

Supervisor II / Foreman Approved or Rejected Date _____

Manager Approved or Rejected Date _____

Superintendent Approved or Rejected Date _____

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Profit Corporation**

D & M PROMOTIONS INC

Filing Information

Document Number	P16000060361
FEI/EIN Number	NONE
Date Filed	07/19/2016
State	FL
Status	ACTIVE

Principal Address

1200 37TH STREET NORTH
SUITE 105
ST. PETERSBURG, FL 33713

Mailing Address

1200 37TH STREET NORTH
SUITE 105
ST. PETERSBURG, FL 33713

Registered Agent Name & Address

MIKKOLA, MICHEL K
401 W 20TH STREET
SANFORD, FL 32771

Officer/Director Detail**Name & Address**

Title VP

MIKKOLA, MICHEL
401 W 20TH STREET
SANFORD, FL 32771

Title P

LARRY, DAVID
1200 37TH STREET NORTH
ST. PETERSBURG, FL 33713

Annual Reports

No Annual Reports Filed

Document Images

07/19/2016 -- Domestic Profit

View image in PDF format

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State of Florida, Department of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Not For Profit Corporation

A NEW BEGINNING INC

Filing Information

Document Number	N14000004579
FEI/EIN Number	36-4805962
Date Filed	05/09/2014
Effective Date	05/09/2014
State	FL
Status	ACTIVE

Principal Address

1651 29th Avenue North
St. Petersburg, FL 33713

Changed: 04/15/2015

Mailing Address

1200 37th Street North
SUITE 105
St. Petersburg, FL 33713

Changed: 04/15/2015

Registered Agent Name & Address

MIKKOLA, MICHEL K
401 W 20th Street
SANFORD, FL 32771

Address Changed: 04/15/2015

Officer/Director Detail

Name & Address

Title P

MIKKOLA, MICHEL K
401 W 20th Street
SANFORD, FL 32771

Title VP

Larry, David
1200 37th Street North
SUITE 105
St. Petersburg, FL 33713

Annual Reports

Report Year	Filed Date
2015	04/15/2015
2016	04/21/2016

Document Images

[04/21/2016 -- ANNUAL REPORT](#) [View image in PDF format](#)

[04/15/2015 -- ANNUAL REPORT](#) [View image in PDF format](#)

[05/09/2014 -- Domestic Non-Profit](#) [View image in PDF format](#)

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



Date Received: 8/31/16
 (Check or Cash: 5991 \$630⁰⁰)
 Application #: 68
 Packet: C
 Permit #: 18256

Event Title: American Stage in the Park Phone No.: 727-823-1600 Fax No.: 727-821-2444

Entity Name: The America Stage Company, Inc Federal I.D. Number: 59-1777189

Event Date(s): April 19-May14,2017 Location: Demen's Landing

Day 1 of Event: Wed-Sunday 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 Phone: 823-1600 208

Title: General Manager Cell Phone: 727-403-9100

Address: P.O. Box 1560 City: St. Petersburg 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 how this event will contribute to the quality of life in and enhance the image of St. Petersburg.

It will contribute to the quality of life in the region. Bringing professional theatre to the downtown waterfront. 14,000 plus will enjoy a live professional 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, musicians, designers and technicians. Revenue for various vendors used for the production. Parking revenue. Business for local eating and drinking establishments. Out of town patrons stay at 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. 823-7529

What is the estimated attendance for this event? Spectators 14,000 Participants 50 Last Year's Total Attendance 15,000

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?

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)

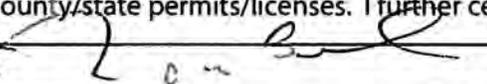
FIRE: Paramedics, Inspectors

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

Condition

Obligation

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> Public Invited | | | General Liability Insurance |
| <input checked="" type="checkbox"/> Located in Park | | | Park Permit |
| <input checked="" type="checkbox"/> Vending Product / Merchandise Sales | | | Occupational License |
| <input checked="" type="checkbox"/> Vending Food / Beverage | | | Health Inspection |
| <input type="checkbox"/> Vendors / Exhibitors | How many? | _____ | |
| <input checked="" type="checkbox"/> Vending Beer / Wine | | | Alcohol Permit Additional insurance Required |
| <input checked="" type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft | How many? | 1 | Temporary Structure Permit |
| <input type="checkbox"/> Fence Installation | What type? | _____ | Temporary Structure Permit |
| <input checked="" type="checkbox"/> Other Structures | What structure? | Stage and Booths | Temporary Structure Permit |
| <input type="checkbox"/> Open Flame Food Preparation | | | Fire Inspection Permit |
| <input type="checkbox"/> Pyrotechnics | | | Fireworks Permit |
| <input checked="" type="checkbox"/> Require Street Closure | | | Parade or Street Closure Permit(s) |
| <input type="checkbox"/> VIP Area | | | |
| <input checked="" type="checkbox"/> Staging | <input checked="" type="checkbox"/> Professional | <input type="checkbox"/> Showmobile | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Amplified Sound | <input checked="" type="checkbox"/> Performers | <input type="checkbox"/> Announcement Only | |
| <input checked="" type="checkbox"/> Security | <input type="checkbox"/> Daytime - Private | <input type="checkbox"/> Overnight - Private | <input checked="" type="checkbox"/> Event Time Frame - SPPD |
| <input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets | Regular Units | 13 | Disabled Units |
| <input type="checkbox"/> Off-site Parking / Shuttle | | | 2 |
| <input type="checkbox"/> Semitruck / Tractor Trailer | | | Hand Washing |
| | | | 2 |

Marketing: Please check all that apply.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Invitations | <input checked="" type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers | <input checked="" type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> 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.

The park has the 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.

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

Name: American Stage

Phone: 823-1600

Address (including zip): P.O. Box 1560 St. Petersburg, Fl 33731

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

Music from the musical with live band

List Vending Products. Name & Provider.

Food, beer and 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 will begin March 20 until opening and 4 days after we close from 9-5 Monday thru Friday. Plus some evening for working with lights.

Other Comments: Please describe your fee structure.

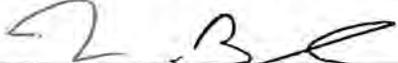
Reserved Chairs \$38.00
Premium Blankets \$35.00
General Wed,Thurs,Sunday \$16.00 plus \$4.00 at gate
Friday and Saturday \$21.00 plus \$4.00 at gate.

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: 8/26/2016

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 American Stage Company, Inc
Name of Responsible Party (President or CEO ONLY):	Mike Alford
Title of Responsible Party:	Chair
Physical Address of Responsible Party:	880 Carillon Parkway St. Petersburg, FL 33716
Phone Number of Responsible Party:	727-567-5198
Email Address of Responsible Party:	Mike.alford@raymondjames.com
Nonprofit (Employee Identification Number):	59-1777189

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

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



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

Name of Event: American Stage in the Park
 Date(s) of Event: April 19, 2017 - May 14, 2017

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

	Amount
1. Tickets	\$285,722.00
2. Concessions	\$46,127.00
3. Donations	\$77,900.00
4.	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	\$409,749.00

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

1. Fees and Royalties	\$87,306.00
2. Payroll	\$72,708.00
3. Production Costs Including City	\$146,851.00
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	\$306,865.00
TOTAL NET INCOME	\$102,884.00

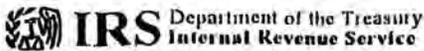
III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

1. American Stage	\$102,884.00
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	\$102,884.00

Prepared by: Tom Block Date: 8/26/2016

Print Application

Submit Application by Email



Department of the Treasury
Internal Revenue Service

P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077550279
Apr. 30, 2009 LTR 4168C 0
59-1777189 000000 00 000
00030490
BODC: TE

AMERICAN STAGE CO INC
PO BOX 1560
ST PETERSBURG FL 33731-1560

109111

Employer Identification Number: 59-1777189
Person to Contact: Sophia Brown
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Mar. 17, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in August 1978, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

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

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

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

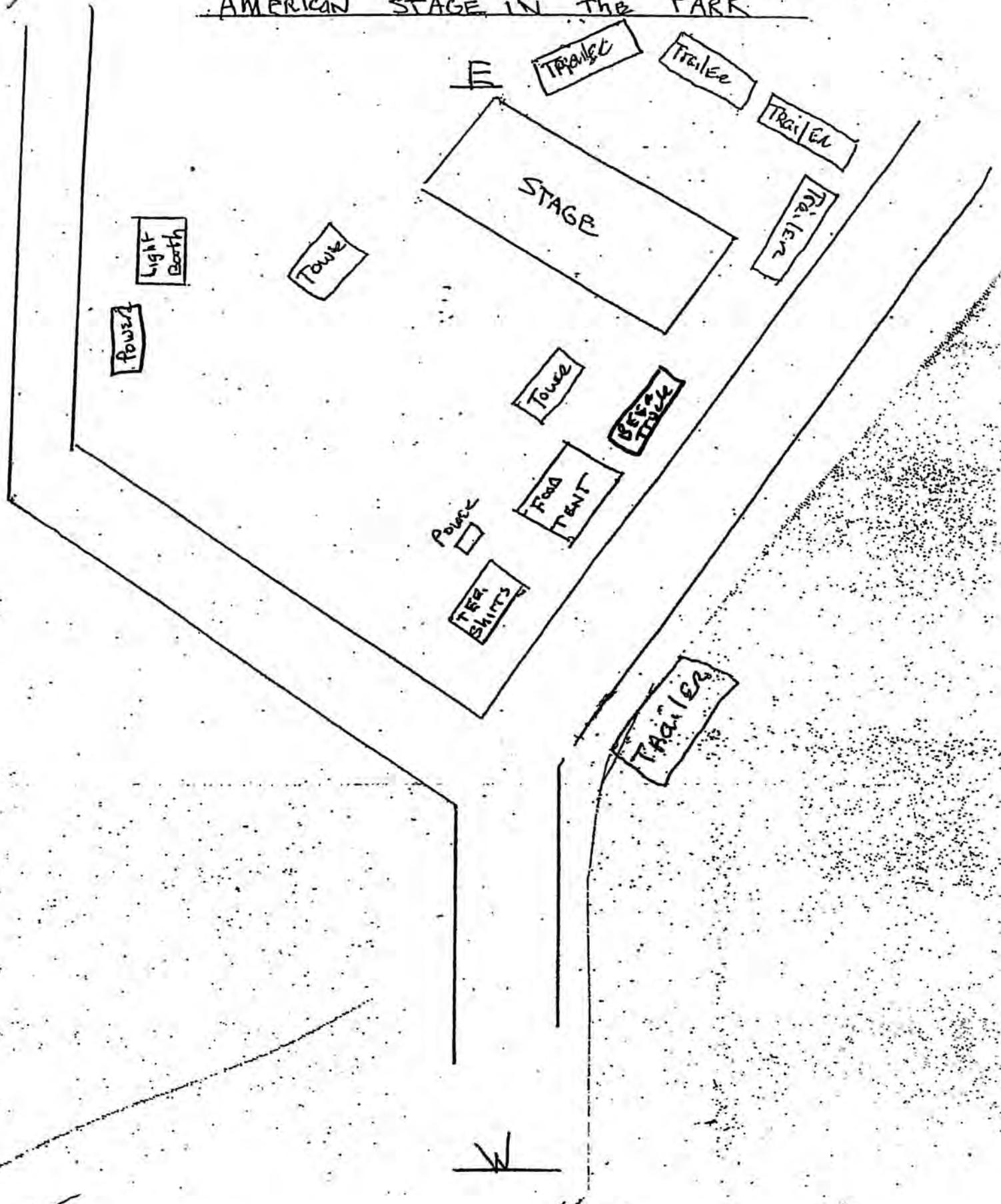
Sincerely yours,

A handwritten signature in cursive script that reads "Cindy Westcott".

Cindy Westcott
Manager, EO Determinations

WEMENS LANDING 332 1 AVE SE

AMERICAN STAGE IN THE PARK



Light Booth

TOWER

TOWER

STAGE

TRAILER

TRAILER

TRAILER

TRAILER

TOWER

BEER TRAILER

FOOD TENT

POWER

T-SHIRT SHIRTS

TRAILER

N
S

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**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 Address244 2ND AVENUE NORTH
SUITE 320
ST PETERSBURG, FL 33701

Changed: 03/20/2009

Mailing AddressP O BOX 1560
ST PETERSBURG, FL 33731

Changed: 01/21/2016

Registered Agent Name & AddressGULARTE, STEPHANIE
244 2ND AVENUE NORTH
ST PETERSBURG, FL 33701

Name Changed: 04/06/2015

Address Changed: 03/20/2009

Officer/Director Detail**Name & Address**

Title CHAIR

ALFORD, MICHAEL

244 2ND AVENUE NORTH
SAINT PETERSBURG, FL 33701

Title CO-CHAIR

RUDNICKI, ROBERT
244 2ND AVENUE NORTH
ST PETERSBURG, FL 33701

Title TREASURER

MAINELLI, KARI
244 2ND AVENUE NORTH
SUITE 320
ST PETERSBURG, FL 33701

Title SECRETARY

FORNUTO, CLAUDETTE
244 2ND AVENUE NORTH
SAINT PETERSBURG, FL 33701

Title PRODUCING ARTISTIC DIRECTOR

GULARTE, STEPHANIE
244 2ND AVENUE NORTH
ST PETERSBURG, FL 33701

Annual Reports

Report Year	Filed Date
2014	04/18/2014
2015	04/06/2015
2016	01/21/2016

Document Images

01/21/2016 -- ANNUAL REPORT	View image in PDF format
04/06/2015 -- ANNUAL REPORT	View image in PDF format
04/18/2014 -- ANNUAL REPORT	View image in PDF format
03/19/2013 -- ANNUAL REPORT	View image in PDF format
01/24/2012 -- ANNUAL REPORT	View image in PDF format
01/04/2011 -- ANNUAL REPORT	View image in PDF format
01/14/2010 -- ANNUAL REPORT	View image in PDF format
03/20/2009 -- ANNUAL REPORT	View image in PDF format
04/18/2008 -- ANNUAL REPORT	View image in PDF format
01/08/2007 -- ANNUAL REPORT	View image in PDF format
02/15/2006 -- ANNUAL REPORT	View image in PDF format
02/02/2005 -- ANNUAL REPORT	View image in PDF format

05/18/2004 -- ANNUAL REPORT	View image in PDF format
07/21/2003 -- ANNUAL REPORT	View image in PDF format
04/07/2002 -- ANNUAL REPORT	View image in PDF format
02/27/2001 -- ANNUAL REPORT	View image in PDF format
01/24/2000 -- ANNUAL REPORT	View image in PDF format
03/10/1999 -- ANNUAL REPORT	View image in PDF format
09/09/1998 -- ANNUAL REPORT	View image in PDF format
05/06/1997 -- ANNUAL REPORT	View image in PDF format
05/01/1996 -- ANNUAL REPORT	View image in PDF format
07/14/1995 -- ANNUAL REPORT	View image in PDF format

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State of Florida, Department of State



Contract/Permit

Contract #: 18256
Date: 01 Sep 2016

User: SCTegard
Status: Firm

THE AMERICAN STAGE COMPANY INC
TOM BLOCK
PO BOX 1560
ST PETERSBURG FL 33731 USA

Primary #: (727) 823-1600
Secondary #: ()
Other #: ()

Purpose of Use: American Stage

Expected: 0

Co-Sponsored Event

Contract Balance
\$0.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Mon 27 Mar 17 06:00 am

Ending: Sun 21 May 17 11:59 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Demens Landing Park	Mon	27 Mar 2017	06:00 AM	\$0.00	\$630.00	\$0.00	\$630.00
Park			11:59 PM				
Demens Landing Park	Tue	28 Mar 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Wed	29 Mar 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Thu	30 Mar 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Fri	31 Mar 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Sat	01 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Sun	02 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Mon	03 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Tue	04 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Wed	05 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Thu	06 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Fri	07 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Sat	08 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Sun	09 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Mon	10 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Tue	11 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00

Contract #: 18256
Date: 01 Sep 2016

User: SCTegard
Status: Firm

Park			11:59 PM				
Demens Landing Park	Wed	12 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Thu	13 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Fri	14 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Sat	15 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Sun	16 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Mon	17 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Tue	18 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Wed	19 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Thu	20 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Fri	21 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Sat	22 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Sun	23 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Mon	24 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Tue	25 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Wed	26 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Thu	27 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Fri	28 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Sat	29 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Sun	30 Apr 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Mon	01 May 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Tue	02 May 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Wed	03 May 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Thu	04 May 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Fri	05 May 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Sat	06 May 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				
Demens Landing Park	Sun	07 May 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:59 PM				

Contract #: 18256
 Date: 01 Sep 2016

User: SCTegard
 Status: Firm

Demens Landing Park Park	Mon	08 May 2017	06:00 AM 11:59 PM	\$0.00	\$0.00	\$0.00	\$0.00
Demens Landing Park Park	Tue	09 May 2017	06:00 AM 11:59 PM	\$0.00	\$0.00	\$0.00	\$0.00
Demens Landing Park Park	Wed	10 May 2017	06:00 AM 11:59 PM	\$0.00	\$0.00	\$0.00	\$0.00
Demens Landing Park Park	Thu	11 May 2017	06:00 AM 11:59 PM	\$0.00	\$0.00	\$0.00	\$0.00
Demens Landing Park Park	Fri	12 May 2017	06:00 AM 11:59 PM	\$0.00	\$0.00	\$0.00	\$0.00
Demens Landing Park Park	Sat	13 May 2017	06:00 AM 11:59 PM	\$0.00	\$0.00	\$0.00	\$0.00
Demens Landing Park Park	Sun	14 May 2017	06:00 AM 11:59 PM	\$0.00	\$0.00	\$0.00	\$0.00
Demens Landing Park Park	Mon	15 May 2017	06:00 AM 11:59 PM	\$0.00	\$0.00	\$0.00	\$0.00
Demens Landing Park Park	Tue	16 May 2017	06:00 AM 11:59 PM	\$0.00	\$0.00	\$0.00	\$0.00
Demens Landing Park Park	Wed	17 May 2017	06:00 AM 11:59 PM	\$0.00	\$0.00	\$0.00	\$0.00
Demens Landing Park Park	Thu	18 May 2017	06:00 AM 11:59 PM	\$0.00	\$0.00	\$0.00	\$0.00
Demens Landing Park Park	Fri	19 May 2017	06:00 AM 11:59 PM	\$0.00	\$0.00	\$0.00	\$0.00
Demens Landing Park Park	Sat	20 May 2017	06:00 AM 11:59 PM	\$0.00	\$0.00	\$0.00	\$0.00
Demens Landing Park Park	Sun	21 May 2017	06:00 AM 11:59 PM	\$0.00	\$0.00	\$0.00	\$0.00

Additional Fees:

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	17:59	1	\$30.00	\$0.00	\$30.00
Co-Sponsored Park Permit Fee	17:59	3	\$600.00	\$0.00	\$600.00
		4	\$630.00	\$0.00	\$630.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$630.00	\$0.00	\$630.00	\$0.00	\$630.00	\$0.00	\$0.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
01 Sep 2016	\$630.00	Check	Rental	2640998

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) TOM BLOCK
 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

Contract #: 18256
Date: 01 Sep 2016

User: SCTegard
Status: Firm

_____ Supervisor II / Foreman	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____
_____ Manager	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____
_____ Manager	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____

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

HOLD TO LIGHT TO VIEW WATERMARK IN PAPER HEAT SENSITIVE RED INKAGE DISPLAYS WITH HEAT OFFER CASH CIRCLE REVEALS # LOGO WHEN TESTED

59391

THE AMERICAN STAGE COMPANY, INC.

DBA AMERICAN STAGE
P.O. BOX 1560
ST. PETERSBURG, FL 33731
PHONE (727) 823-1600
OPERATING ACCOUNT



America's Most Convenient Bank®
63-1482/670



8/31/2016

PAY TO THE ORDER OF CITY OF ST PETERSBURG

\$ **630.00

Six Hundred Thirty and 00/100***** DOLLARS

CITY OF ST PETERSBURG
PO BOX 33034
ST PETERSBURG, FL 33733-8034



TWO SIGNATURES REQUIRED OVER \$1000.00

AUTHORIZED SIGNATURE

Security features. Details on back.

MEMO

⑈059391⑈ ⑆067014822⑆ 7600603340⑈

THE AMERICAN STAGE COMPANY, INC.

59391

CITY OF ST PETERSBURG

Date	Type	Reference	Original Amt.	Balance Due	8/31/2016 Discount	Payment
8/31/2016	Bill		630.00	630.00		630.00
					Check Amount	630.00

MERC-OPERATING

630.00



City of St. Petersburg

THE AMERICAN STAGE COMPANY INC
TOM BLOCK
PO BOX 1560
ST PETERSBURG, FL 33731 USA

Receipt #: 2640998
User: SCTegard
Issued: Thu 01 Sep 16 02:26 pm

<u>Description</u>	<u>Amount</u>
Previous Balance	\$630.00
Applied To: 18256 - American Stage Demens Landing Park - Park March 27, 2017 6:00 am to May 21, 2017 11:59 pm	\$630.00
Payment: Check	(\$630.00)
Balance	\$0.00

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



Date Received: 9/2/16
 Check or Cash: 3932
 Application #: 69
 Packet: D
 Permit #: 18262

Event Title: The Great BrainWash Phone No.: 727-781-4673 Fax No.: _____

Entity Name: Brain Tumor Alliance Federal I.D. Number: 26-2429074

Event Date(s): August 4-5, 2017 Location: North Straub Park, Vinoy Park, Flora Wylie

Day 1 of Event: _____ Time Gates Open: 9:00am Ending Time: 6:00pm

Day 2 of Event: _____ Time Gates Open: 5:30am Ending Time: 3:00pm

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

Application Prepared by: Debbie Turner Phone: _____

Title: Executive Director Cell Phone: 727-674-3746

Address: 4110 Bayshore Blvd NE City: St. Pete State: FL Zip: 33703

Email Address: debbie@braintumoralliance.org

Additional Contact Person: _____ Day Phone: _____

What month/year were you incorporated as nonprofit? September 2008

List all 501(c)3 entities that will benefit from this event. Brain Tumor Alliance and All Children's Hospital

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.
We will be bringing families to the downtown area wherein they will be enjoying water slides, obstacles and a huge party in the park afterwards, thereby utilizing the beautiful downtown parks, the waterfront and bringing business to local hotels, shops, restaurants and a great tourist destination. Our events this year brought people from all over the United State, Canada and Europe.

Describe what economic benefit and impact this event will bring to St. Petersburg.
The participants will be staying in hotels, eating at restaurants and shopping in the stores. Moving the event from South Straub to North Straub will increase the use of shops and restaurants by further visibility to participants and the business establishments.

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

Does your group presently have liability insurance? YES NO How much? _____

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. braintumoralliance.org/brainwash

Please provide a phone number that can be advertised to the public. 727-781-4673

What is the estimated attendance for this event? Spectators 50 Participants 800 Last Year's Total Attendance 843

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

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

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 Ddepartments

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.
5. 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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/>	Public Invited	General Liability Insurance
<input checked="" type="checkbox"/>	Located in Park	Park Permit
<input type="checkbox"/>	Vending Product / Merchandise Sales	Occupational License
<input type="checkbox"/>	Vending Food / Beverage	Health Inspection
<input checked="" type="checkbox"/>	Vendors / Exhibitors	Alcohol Permit Additional insurance Required
	How many? 10-15	
<input checked="" type="checkbox"/>	Vending Beer / Wine	Temporary Structure Permit
<input checked="" type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	
	How many? 3	Temporary Structure Permit
<input type="checkbox"/>	Fence Installation	
	What type?	Temporary Structure Permit
<input type="checkbox"/>	Other Structures	
	What structure?	Fire Inspection Permit
<input type="checkbox"/>	Open Flame Food Preparation	Fireworks Permit
<input type="checkbox"/>	Pyrotechnics	Parade or Street Closure Permit(s)
<input checked="" type="checkbox"/>	Require Street Closure	
<input type="checkbox"/>	VIP Area	
<input type="checkbox"/>	Staging	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other
<input checked="" type="checkbox"/>	Amplified Sound	<input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only
<input type="checkbox"/>	Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD
<input checked="" type="checkbox"/>	Sanitary Facilities - Port-O-Lets	Regular Units 3 Disabled Units 1 Hand Washing 2
<input type="checkbox"/>	Off-site Parking / Shuttle	
<input type="checkbox"/>	Semitruck / Tractor Trailer	

Marketing: Please check all that apply.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Invitations | <input checked="" type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers | <input checked="" type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> 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: Phone:

Address (including zip):

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

DJ, no stages and no band

List Vending Products. Name & Provider.

Tijuana Flats, Fresh Kitchen, Einstein Bages, Little Cesars, Power Crunch, Florida Cane Vodka

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

Brain Tumor Alliance. We do not sell beer as it is free to participants

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

Brain tumor survivors, mayor and other dignitaries

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

Load and in out on Friday, August 4 and August 5.

Other Comments: Please describe your fee structure.

\$25 through February, increase to \$30 through May when it increases to \$35 through June, then up to \$40 through day of event then it becomes \$45.

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: Debbie Turner

Title: Executive Director

Date: 8/30/2016



Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation:	Brain Tumor Alliance
Name of Responsible Party (President or CEO ONLY):	Debbie turner
Title of Responsible Party:	Executive Director
Physical Address of Responsible Party:	4110 Bayshore Blvd NE, St. Pete., FL 33703
Phone Number of Responsible Party:	727-781-4673
Email Address of Responsible Party:	debbie@braintumoralliance.org/brainwash
Nonprofit (Employee Identification Number):	26-3429074

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

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



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

Name of Event: _____

Date(s) of Event: _____

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

	Amount
1. 800 runners	\$32,000.00
2. Sponsors	\$25,000.00
3. Vendors	\$1,000.00
4. Fundraising	\$15,000.00
5. Donations	\$5,000.00
6.	
7.	
8.	
TOTAL GROSS REVENUE	\$78,000.00

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

1. City of St. Pete	\$14,000.00
2. Fun Air Games	\$8,000.00
3. Rentals	\$2,200.00
4. Shirts and medals	\$3,500.00
5. Permits	\$75.00
6.	
7.	
8.	
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	\$27,775.00
TOTAL NET INCOME	\$50,225.00

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

1. 60% to All Childrens	\$30,000.00
2. BTA	\$20,225.00
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	\$50,225.00

Prepared by: _____ Date: _____

Print Application

Submit Application by Email



St. Petersburg Police Department Outdoor Assembly Permit Application



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

Event Information			
Name of Event:	The Great Brain Wash		
Date of Event:	8/5/2017		
Assembly Time:	5:30 am	Start Time:	8:00 am
		End Time:	3:00 pm

Event Specifics
Specify the purpose of the outdoor assembly and provide a general description of the proposed event, to include the activities that will take place during the event: <u>5K run to raise funds for brain tumors. Participants will run along the waterfront and along the way they will slide down water slides from North Bay to Spa Beach to No. Vinoy, Flora Wylie & Mack Straub</u>
Proposed Route to include Assembly Area, Start and End Points and Dispersal Area. Attach Route Map. <u>See attached map</u>
Specify any Public Facilities, Parks and/or Equipment to be used: <u>North Straub, Spa Beach, Vinoy & Flora Wylie</u>
Provide a description of all recording equipment, signs, banners, etc. This should include a description of the materials used for any of these items. <u>No recording equipment, signs marking the route (1'x6" to 2'x4')</u>
Will alcoholic beverages be SOLD or CONSUMED as part of this event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Estimated number of people taking part in the event. <u>800</u>
Estimated number and type of animals taking part in the event. <u>0</u>
Will this event take place in the roadway? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, will the entire event be in the roadway or just a portion of the event? <u>Only Bayshore, 9th Ave & 2nd Ave</u>
Will this event take place on the sidewalks? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, will the entire event be on the sidewalks or just a portion of the event? <u>Along Bayshore to 15 Ave & E</u>
Estimated number of volunteers or Parade Marshals that will be assisting with this event. <u>60</u>
Parades, Sporting Events and other similar types of events typically disrupt the normal flow of traffic and inconvenience area businesses and/or residents. The City will endeavor to assist the event organizers and promoters in notifying the community about the event; however the responsibility for informing the public and affected commerce rests with the applicant.
What steps will the applicant(s) take to ensure the community is properly notified? <u>Signage & mailings</u>



St. Petersburg Police Department Outdoor Assembly Permit Application



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

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

Waiver Request for Fees, Costs and Insurance Requirements
If the applicant is indigent and is engaged in public issue speech or conduct , as defined in Section 25-37 of the City Code, the application fee, City services costs and insurance requirements may be waived. The applicant shall apply to the City, and the City Administrator or the designee thereof, the City Attorney or the designee thereof, and the Administrator of Parks or the designee thereof shall determine if the applicant fulfills the public issue and indigency requirement, in order to receive a waiver of costs of the processing fee and City services. This application process will require a financial disclosure. The City Administrator shall make a recommendation to City Council who shall approve or deny the waiver. The applicant shall be notified of the council action. Do you wish to apply to the City for a claim of indigence and request a waiver of fees, costs and insurance requirements?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Organization Sponsoring Event Information				
Applicant				
Name:	Debbie Turner			
Address:	4110 Bayshore Blvd NE, St. Pete., FL 33703			
Email:	debbie@braintumoralliance.org			
Phone:	Cell: 727-674-3746	Home:		Work: 727-781-4673
Organization				
Name:	Brain Tumor Alliance			
Address:	PO Box 7607, St. Pete., FL 33704			
Email:	debbie@braintumoralliance.org			
Phone:	Cell: 727-674-3746	Home:		Work: 727-781-4673
President or Head of Organization				
Name:	Debbie Turner			
Address:	Above			
Email:				
Phone:	Cell:	Home:		Work:
Person or Entity Responsible for Payment of City Services				
Name:	Debbie Turner			
Address:	Above			
Email:				
Phone:	Cell:	Home:		Work:
Person Responsible for Event Conduct				
Name:	Debbie Turner			
Address:	Above			
Email:				
Phone:	Cell:	Home:		Work:



September 1, 2017

Parks & Recreation Department
1400 19th Street North
St. Petersburg, FL 33713

Re: Request to serve Hard Liquor at The Great BrainWash 2017

Dear Denis:

On August 5, 2017 we will again be putting on our fifth annual Brain Tumor 5k run. We are in the process of obtaining the necessary permits from the City of St. Petersburg to hold this event in North Straub Park and Vinoy Park. We will also obtain insurance showing that it will be an event including alcohol.

As we did this year, we would like to apply for approval to serve hard liquor at our August 5, 2017 Great BrainWash event. We will not be selling the liquor, but will have a vendor doing liquor tastings such as Florida Cane Vodka.

Please let me know if there is anything further that you require.

Sincerely,

A handwritten signature in cursive script that reads "Debbie Turner".

Debbie Turner
Executive Director



City of St. Petersburg

BRAIN TUMOR ALLIANCE INC
DEBBIE TURNER
2561 NURSERY RD STE D
CLEARWATER, FL 33764 USA

Receipt #: 2641154
User: DWBurns
Issued: Fri 02 Sep 16 12:58 pm

Description	Amount
Previous Balance	\$730.00
Applied To: 18262 - THE GREAT BRAINWASH North Straub Park - Park August 4, 2017 6:00 am to August 5, 2017 5:00 pm	\$730.00
Payment: Check	(\$730.00)
Balance	\$0.00



Contract/Permit

Contract #: 18262
Date: 02 Sep 2016

User: DWBurns
Status: Firm

BRAIN TUMOR ALLIANCE INC
DEBBIE TURNER
2561 NURSERY RD STE D
CLEARWATER FL 33764 USA

Primary #: (727) 781-4673
Secondary #: ()
Other #: ()

Purpose of Use: THE GREAT BRAINWASH **Expected:** 850 **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 04 Aug 17 06:00 am **Ending:** Sat 05 Aug 17 05:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
North Straub Park Park	Fri	04 Aug 2017	06:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
		05 Aug 2017	05:00 PM				
Vinoy Park Park	Fri	04 Aug 2017	06:00 AM	\$0.00	\$300.00	\$0.00	\$300.00
		05 Aug 2017	05:00 PM				
Elva Rouse Park Park	Fri	04 Aug 2017	06:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
		05 Aug 2017	05:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total	
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00	
				\$30.00	
Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Park Permit Fee	70:00	2	\$400.00	\$0.00	\$400.00
Co-Sponsored Park Permit Fee (Vinoy)	35:00	1	\$300.00	\$0.00	\$300.00
					\$700.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$730.00	\$0.00	\$730.00	\$0.00	\$730.00	\$0.00	\$0.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
02 Sep 2016	\$730.00	Check	Rental	2641154

Additional Notes:

Contract #: 18262
Date: 02 Sep 2016

User: DWBurns
Status: Firm

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) DEBBIE TURNER

BRAIN TUMOR ALLIANCE INC

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) _____

Parks and Recreation Superintendent

(Print Name) _____

Parks and Recreation Department

Supervisor II / Foreman

Approved or Rejected

Date: _____

Manager

Approved or Rejected

Date: _____

Manager

Approved or Rejected

Date: _____

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

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



Date Received: 9/6/16
 \$130 Check or Cash: 2038666
 Application #: 70
 Packet: C
 Permit #: 18364

Event Title: Relay For Life of St. Petersburg Phone No.: 727.546.9822 Fax No.: 727.545.3753

Entity Name: American Cancer Society, Inc. Federal I.D. Number: 13-1788491

Event Date(s): April 28, 2017 Location: South Straub Park

Day 1 of Event: April 28, 2017 Time Gates Open: 2PM Ending Time: 10PM

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

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

Application Prepared by: Melissa Weest Phone: 727.546.9822

Title: Community Manager, Relay For Life Cell Phone: 727.631.7781

Address: 4801 86th Ave N City: Pinellas Park State: FL Zip: 33782

Email Address: melissa.weest@cancer.org

Additional Contact Person: Steven Rose Day Phone: 727.546.9822

What month/year were you incorporated as nonprofit? November 1942

List all 501(c)3 entities that will benefit from this event. American Cancer Society, Inc.

Name of the for-profit entity?

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

The Relay For Life of St. Petersburg is a family-friendly event that raises money for the mission of the American Cancer Society. The event is organized around teams formed from businesses, schools, community groups, or families which builds the sense of community amongst participants. As an event open to the public, there will be an increase of education for prevention and early detection methods within the community leading toward a healthier St. Petersburg. The American Cancer Society has a 96% brand recognition rate - aligning with our brand enhances the overall image of companies and organization who participate in our events.

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

The Relay For Life of St. Petersburg raises money for cancer research that all residents of St. Petersburg will benefit from. In addition, funds from the Relay are utilized for our services available to all residents of St. Petersburg including 24/7 information and support available through our National Cancer Information Center (1.800.227.2345) and cancer.org, rides to treatment increasing access to care, lodging at any of our 32 Hope Lodge communities including one in Tampa, support groups, etc. all free of charge.

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.relayforlife.org/stpetersburgfl

Please provide a phone number that can be advertised to the public. 1.800.227.2345

What is the estimated attendance for this event? Spectators Participants 200 Last Year's Total Attendance 150

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Special Events Facilities

Non-City Locations

Showmobile (Yes/No) No
Bleacher(s) needed. Each bleacher approx. 180 people) n/a
Tables (6 ft) # needed 10 Chairs # needed 50
Public Address System n/a
of portable risers needed (4 in. x 8 in. x 16 in. sections) n/a

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: Maria Deloitte Title: Community Mgr, Relay For Life Date: 9/6/16
Co-Sign: John B. Res Title: Sr. Manager, Relay For Life Date: 9/6/16

- 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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/>	Public Invited	General Liability Insurance
<input checked="" type="checkbox"/>	Located in Park	Park Permit
<input type="checkbox"/>	Vending Product / Merchandise Sales	Occupational License
<input type="checkbox"/>	Vending Food / Beverage	Health Inspection
<input type="checkbox"/>	Vendors / Exhibitors	
	How many? _____	
<input type="checkbox"/>	Vending Beer / Wine	Alcohol Permit
<input checked="" type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	Additional Insurance Required
	How many? _____	Temporary Structure Permit
<input type="checkbox"/>	Fence Installation	Temporary Structure Permit
	What type? _____	Temporary Structure Permit
<input type="checkbox"/>	Other Structures	Temporary Structure Permit
	What structure? _____	Fire Inspection Permit
<input type="checkbox"/>	Open Flame Food Preparation	Fireworks Permit
<input type="checkbox"/>	Pyrotechnics	Parade or Street Closure Permit(s)
<input type="checkbox"/>	Require Street Closure	
<input type="checkbox"/>	VIP Area	
<input checked="" type="checkbox"/>	Staging	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other
<input checked="" type="checkbox"/>	Amplified Sound	<input type="checkbox"/> Performers <input checked="" type="checkbox"/> Announcement Only
<input type="checkbox"/>	Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD
<input checked="" type="checkbox"/>	Sanitary Facilities - Port-O-Lets	Regular Units <input type="checkbox"/> 1 Disabled Units <input type="checkbox"/> 1 Hand Washing <input type="checkbox"/> 1
<input type="checkbox"/>	Off-site Parking / Shuttle	
<input type="checkbox"/>	Semitruck / Tractor Trailer	

Marketing: Please check all that apply.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Invitations | <input checked="" type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers | <input checked="" type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> 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: _____ Phone: _____

Address (Including zip): _____

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

Family friendly music from one 8ft by 12 ft 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.

n/a

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

Opening & closing ceremonies to include purpose of the American Cancer Society and thank you to all participants and sponsors.

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

One parking spot for storage of POD from 8AM on 4/28/2017 until noon on 5/1/2017 on Bay Shore Drive NE closest to 2nd Ave NE in order to have entry/exit space for POD delivery truck. Request for additional 9 spots along Bay Shore Drive NE on 4/28/17 only.

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:

Melissa Lopez

Title:

Community Mgr, Relay For Life

Date:

9/6/16

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:	American Cancer Society, inc.
Name of Responsible Party (President or CEO ONLY):	Gary Reedy
Title of Responsible Party:	Chief Executive Officer
Physical Address of Responsible Party:	250 Williams Street NW, Atlanta, GA 30303
Phone Number of Responsible Party:	1.800.227.2345
Email Address of Responsible Party:	Gary.Reedy@cancer.org
Nonprofit (Employee Identification Number):	13-1788491

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

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



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

Name of Event: Relay For Life of St. Petersburg
 Date(s) of Event: Apr 28, 2017 - Apr 28, 2017

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

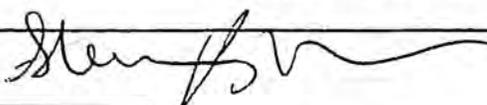
	Amount
1. Team/Individual Donations	\$24,703.00
2. Sponsorship	\$833.00
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	\$25,536.00

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

1. Survivor Shirts & Medals	\$110.25
2. Participant Shirts	\$215.92
3. Event Signage	\$166.50
4. Participant Incentives	\$262.32
5. Park Fees	\$467.83
6. Rentals (Stage, Tents, Tables, Chairs)	\$1,308.80
7. DJ/Amplified Sound	\$450.00
8.	
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	\$2,981.62
TOTAL NET INCOME	\$22,554.38

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

1. Cancer Research	\$3,601.00
2. Patient Services	\$8,301.00
3. Education	\$2,934.00
4. Treatment & Detection	\$2,075.00
5. Support Services	\$5,638.00
6. Rounding	\$5.38
TOTAL ALLOCATION OF NET INCOME	\$22,554.38

Prepared by: Steven Rose  Date: 9/6/2016

Print Application

Submit Application by Email

Internal Revenue Service
P. O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: March 30, 2016

AMERICAN CANCER SOCIETY INC
NATIONAL HOME OFFICE
250 WILLIAM ST 4TH FLOOR
ATLANTA GA 30303

Person to Contact:

Mrs. Brown 02=02975

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

13-1788491

Group Exemption Number:

0580

Dear Sir or Madam:

This is in response to your March 21, 2016, request for information about your tax-exempt status.

Our records indicate that you were issued a determination letter in November 1942, 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.

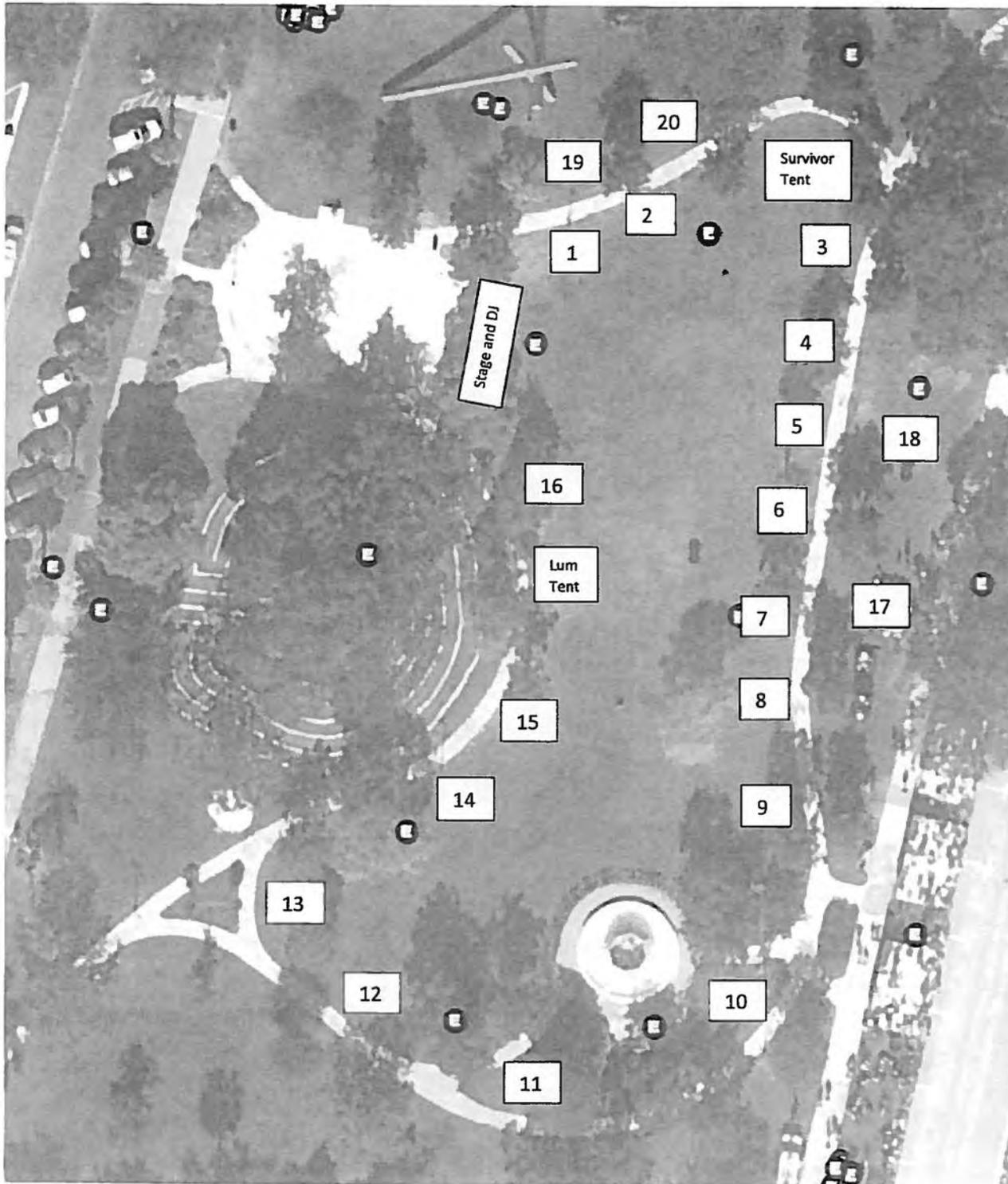
Because your subordinate organizations are organizations described in section 170 (c) of the Code, donors may deduct contributions made to them.

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

Sincerely,



Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements



- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
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- 18.
- 19.
- 20.

OPERATIONAL DELEGATION OF SIGNATORY AUTHORITY

Pursuant to the authority delegated by the Board of Directors of the American Cancer Society, Inc. ("Society") to the Chief Executive Officer effective January 8, 2014, the following delegations are adopted. Employees with delegated authority are accountable for the documents they sign. This delegation supersedes all prior delegations by the Chief Executive Officer and applies to the following:

- Chief Financial Officer
- Chief Cancer Control Officer
- Sr. EVP, Field Operations
- Chief Development Officer
- Chief Medical and Scientific Officer and EVP Research
- EVP, Enterprise Governance & Corporate Affairs
- General Counsel
- Chief Information Officer
- Chief Talent Officer
- Senior Vice President, Integrated Marketing
- Senior Vice President, Corporate Communications

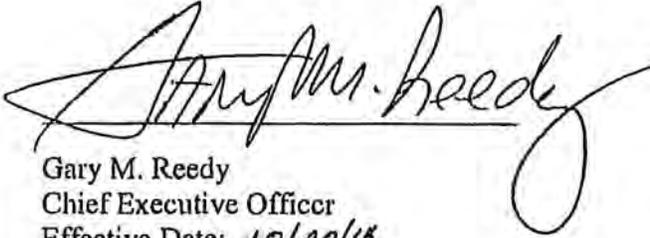
1. Real Property: All contracts, deeds, agreements and other legal instruments related to the sale, purchase, lease, sub-lease, or lease renewal of real property are within the sole functional area of the Chief Financial Officer and signature authority is as follows for such document:
 - 1.1. If the value of the document is up to \$1,000,000, it may be signed by the Chief Financial Officer.
 - 1.2. If the value of the document is greater than \$1,000,000, both the Chief Financial Officer and the Chief Executive Officer are required to sign.
2. All other agreements:
 - 2.1. Each of those listed above shall have authority to sign in the name and on behalf of the Society all contracts, deeds, agreements and other legal instruments within his or her functional area of responsibility up to a value of no more than \$200,000.
 - 2.2. Non-real property contracts, deeds, agreements and other legal instruments with a value greater than \$200,000 require the signature of either the Chief Financial Officer or the Chief Executive Officer.
3. All nationwide revenue generating agreements shall be signed by the Chief Development Officer.

Operational Delegation of Authority

4. The authority granted in paragraphs 1 and 2 may be further sub-delegated, in whole or in part, within the authorizing employee's functional department or area of responsibility, using a form approved by the Office of the Chief Executive Officer, provided that:
 - 4.1. The sub-delegation is by title.
 - 4.2. The recipient of the sub-delegation either reports directly to the authorizing individual or reports directly to an individual who directly reports to the authorizing individual. For contracts related to the procurement of goods and services related to a single, local event, the recipient may be an individual within the Supply Chain structure of the Office of the Chief Financial Officer.
 - 4.3. The sub-delegation is in writing and is signed by both the authorizing individual and the recipient of the sub-delegated authority, with a copy promptly sent to the Vice President, Business Governance.
5. In addition to the authority given above, the Chief Financial Officer is authorized to open accounts with financial institutions and brokerage firms on behalf of the Society as he or she may deem necessary or advisable, as well as execute deeds, indentures of mortgage, checks, notes, drafts or other financial instruments on behalf of the Society and such delegation may be sub-delegated within the Office of the Chief Financial Officer within the limits and as provided within this delegation.
6. A series of related transactions shall be considered as a single transaction for the purposes of determining authority within this Delegation of Authority.
7. Award letters to grant recipients for grants made through the Society Extramural Research program may be signed by either the Chief Medical and Scientific Officer and EVP Research or the Vice President, Extramural Research.
8. Notwithstanding this Delegation of Authority, the execution of contracts, deeds, agreements and other legal instruments requires review and approval as set forth in the Contracts policy and procedures promulgated by the Office of the Chief Executive Office.

Operational Delegation of Authority

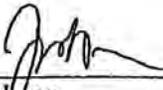
9. Any authority delegated or sub-delegated pursuant to this Delegation of Authority may be revoked at any time.

A handwritten signature in black ink that reads "Gary M. Reedy". The signature is written in a cursive style with a large, sweeping initial "G" and "R".

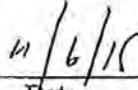
Gary M. Reedy
Chief Executive Officer
Effective Date: 10/20/15

**SUB-DELEGATION OF CONTRACTUAL SIGNATURE AUTHORITY
FOR CONTRACTS WITHIN THE FUNCTIONAL AREA OF THE SENIOR EXECUTIVE VICE
PRESIDENT OF FIELD OPERATIONS**

Pursuant to the Operational Delegation of Authority effective October 20, 2015, I sub-delegate signature authority to division staff listed on the attached document in the amounts stated on the document.



Joe Calhoun
Senior Executive Vice President, Field Operations



Date

FIELD (DIVISION) CONTRACT SIGNATURE AUTHORITY as of 11.06.15

Community Engagement		Health Systems		Corp & Distinguished Partners	
<p>\$0 - \$1500</p> <p>Grants/ Sponsorships to local & fundraising (incoming funds) - might include logo use</p> <p>One of...</p>	<p>Community Manager: Relay, Special Events, MSABC</p> <p>Senior Community Manager: Relay, Special Events, MSABC</p> <p>Senior Market Manager</p> <p>Senior Manager: Relay, or Community Events</p> <p>Senior Director: Relay, Cmnty Events, Cmnty Engagement</p> <p>Managing Director, Cmnty Engagement</p> <p>VP, Community Engagement</p> <p>SVP, Operations</p> <p>EVP, Division</p> <p>Sr EVP, Field Operations</p>			<p>\$0 - \$1500</p> <p>Devel. Manager, Distinguished Events</p> <p>Sr Devel. Manager, Distinguished Events</p> <p>Account Manager, Corporate Relations</p> <p>Senior Manager, Distinguished Events</p> <p>Senior Director: Corporate Relations or Distinguished Events</p> <p>VP, Corp & Dist Partners</p> <p>SVP, Operations</p> <p>EVP, Division</p> <p>Sr EVP, Field Operations</p>	<p>Could include logo use locally</p> <p>One of...</p>
<p>\$0 - \$5000</p> <p>same as above</p> <p>One of...</p>	<p>Senior Market Manager</p> <p>Senior Manager: Division Support Services</p> <p>Senior Manger: Relay, or Community Events</p> <p>Senior Director: Relay, Cmnty Events, Cmnty Engagement</p> <p>Managing Director, Cmnty Engagement</p> <p>VP, Community Engagement</p> <p>SVP, Operations</p> <p>EVP, Division</p> <p>Sr EVP, Field Operations</p>	<p>\$0 - \$5000</p> <p>Including grants to local orgs., logo use, BAA, Patient Navigator and Clinician's portal</p> <p>One of...</p>	<p>Senior Manager: Hosp. System or Primary Care</p> <p>Senior Manager, Division Support Services</p> <p>Senior Director, Mission Delivery</p> <p>Senior Director: State Health System, Hosp. System, Primary Care</p> <p>VP, Health Systems</p> <p>SVP, Operations</p> <p>EVP, Division</p> <p>Sr EVP, Field Operations</p>	<p>\$0 - \$5000</p> <p>same as above</p> <p>One of...</p>	<p>Account Manager, Corporate Relations</p> <p>Senior Manager, Division Support Services</p> <p>Senior Manager, Distinguished Events</p> <p>Senior Director: Corporate Relations Or Distinguished Events</p> <p>VP, Corp & Dist Partners</p> <p>SVP, Operations</p> <p>EVP, Division</p> <p>Sr EVP, Field Operations</p>
<p>\$0 - \$24,999</p> <p>same as above</p> <p>One of...</p>	<p>Senior Director: Relay, Cmnty Events, Cmnty Engagement</p> <p>Managing Director, Cmnty Engagement</p> <p>VP, Community Engagement</p> <p>SVP, Operations</p> <p>EVP, Division</p>	<p>\$0 - \$24,999</p> <p>same as above</p> <p>One of...</p>	<p>Senior Director, Mission Delivery</p> <p>Senior Director: State Health System, Hosp. System, Primary Care</p> <p>VP, Health Systems</p> <p>SVP, Operations</p> <p>EVP, Division</p> <p>Sr EVP, Field Operations</p>	<p>\$0 - \$24,999</p> <p>same as above</p> <p>One of...</p>	<p>Senior Director, Corporate Relations, Senior Director, Distinguished Events</p> <p>VP, Corp & Dist Partners</p> <p>SVP, Operations</p> <p>EVP, Division</p> <p>Sr EVP, Field Operations</p>
<p>\$25k - \$50k</p> <p>same as above</p> <p>Two of...</p>	<p>Senior Director: Relay, Cmnty Events, Cmnty Engagement</p> <p><i>*OR One of the Below*</i></p> <p>Managing Director, Cmnty Engagement</p> <p>VP, Community Engagement</p> <p>SVP, Operations</p> <p>EVP, Division</p> <p>Sr EVP, Field Operations</p>	<p>\$25k - \$50k</p> <p>same as above</p> <p>Two of...</p>	<p>Senior Director, Mission Delivery</p> <p>Senior Director: State Health System, Hosp. System, Primary Care</p> <p><i>*OR One of the Below*</i></p> <p>VP, Health Systems</p> <p>SVP, Operations</p> <p>EVP, Division</p> <p>Sr EVP, Field Operations</p>	<p>\$25k - \$50k</p> <p>same as above</p> <p>Two of...</p>	<p>Senior Director, Corporate Relations</p> <p>Senior Director, Distinguished Events</p> <p><i>*OR One of the Below*</i></p> <p>VP, Corp & Dist Partners</p> <p>SVP, Operations</p> <p>EVP, Division</p> <p>Sr EVP, Field Operations</p>
<p>>\$50k</p> <p>same as above</p> <p>One of...</p>	<p>SVP, Operations</p> <p>EVP, Division</p> <p>Sr EVP, Field Operations</p>	<p>>\$50k</p> <p>same as above</p> <p>One of...</p>	<p>SVP, Operations</p> <p>EVP, Division</p> <p>Sr EVP, Field Operations</p>	<p>>\$50k</p> <p>Exclusivity w/in Division</p> <p>One of...</p>	<p>SVP, Operations</p> <p>EVP, Division</p> <p>Sr EVP, Field Operations</p>

CERTIFICATE OF INSURANCE

DATE: 9/3/2016

CERTIFICATE NUMBER: 20160718426866

AGENCY:

ESIX 3 LLC
d/b/a Entertainment & Sports Insurance eXperts (ESIX)
d/b/a Entertainment and Sports Insurance Agency (California)
2727 Paces Ferry Road, Building Two, Suite 1500
Allanta, GA 30339
678-324-3300 (Telephone)
678-324-3303 (Facsimile)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

NAMED INSURED:

USA Track & Field, Inc. First to the Cross Ministries
132 East Washington Street, Suite 800
Indianapolis IN 46204

INSURERS AFFORDING COVERAGE:

INSURER A Philadelphia Indemnity Ins. Co.
NAIC # 18058
INSURER B Philadelphia Indemnity Ins. Co.
NAIC # 18058

EVENT INFORMATION:

The Sunrise Run & Festival (9/24/2016 - 9/25/2016)

POLICY/COVERAGE INFORMATION:

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

INS TYPE OF INSURANCE:	POLICY NUMBER(S):	EFFECTIVE:	EXPIRES:	LIMITS:
A GENERAL LIABILITY				
<input checked="" type="checkbox"/> Occurrence	PHPK1403938	11/1/2015 12:01 AM	11/1/2016 12:01 AM	GENERAL AGGREGATE (Applies Per Event) \$3,000,000
<input checked="" type="checkbox"/> Participant Legal Liability				EACH OCCURRENCE \$1,000,000
				DAMAGE TO RENTED PREMISES (Each Occ.) \$1,000,000
				MEDICAL EXPENSE (Any one person) EXCLUDED
				PERSONAL & ADV INJURY \$1,000,000
				PRODUCTS-COMP/OP AGG \$3,000,000
B UMBRELLA/EXCESS LIABILITY				
<input checked="" type="checkbox"/> Occurrence	PHUB517449	11/1/2015 12:01 AM	11/1/2016 12:01 AM	EACH OCCURRENCE \$10,000,000
				AGGREGATE (Applies Per Event) \$10,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

Coverage applies to USA Track & Field sanctioned events and registered practices, including any directly related activities, such as event set-up and tear-down, participant check-in and award ceremonies.

The certificate holder is an additional insured as required by written contract or written agreement, but only for liability arising out of the negligence of the Named Insureds per the following endorsement: Additional Insured - Certificate Holders (Form PI-AM-002)

The General Liability policy is primary and non-contributory with respect to the negligence of the Named Insureds (Form CG 00 01).

The General Liability policy contains a blanket Waiver of Subrogation as required by contract per Waiver of Transfer of Rights of Recovery Against Others (Form CG 24 04).

Excess policy follows form of underlying General Liability.

CERTIFICATE HOLDER:

City of St. Petersburg
One 4th Street N.
St. Petersburg FL 33704

NOTICE OF 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:

CERTIFICATE OF INSURANCE

DATE: 9/3/2016

CERTIFICATE NUMBER: 20160715426545

AGENCY:

ESIX 3 LLC
d/b/a Entertainment & Sports Insurance eXperts (ESIX)
d/b/a Entertainment and Sports Insurance Agency (California)
2727 Paces Ferry Road, Building Two, Suite 1500
Atlanta, GA 30339
678-324-3300 (Telephone)
678-324-3303 (Facsimile)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

NAMED INSURED:

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132 East Washington Street, Suite 800
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INSURER A Philadelphia Indemnity Ins. Co.
NAIC # 18058
INSURER B Philadelphia Indemnity Ins. Co.
NAIC # 18058

EVENT INFORMATION:

The Sunrise Run & Festival (9/24/2016 - 9/25/2016)

POLICY/COVERAGE INFORMATION:

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

INS	TYPE OF INSURANCE:	POLICY NUMBER(S):	EFFECTIVE:	EXPIRES:	LIMITS:
A	GENERAL LIABILITY				
	X Occurrence	PHPK1403938	11/1/2015 12 01 AM	11/1/2016 12 01 AM	GENERAL AGGREGATE (Applies Per Event) \$3,000,000
	X Participant Legal Liability				EACH OCCURRENCE \$1,000,000
					DAMAGE TO RENTED PREMISES (Each Occ.) \$1,000,000
					MEDICAL EXPENSE (Any one person) EXCLUDED
					PERSONAL & ADV INJURY \$1,000,000
					PRODUCTS-COMP/OP AGG \$3,000,000
B	UMBRELLA/EXCESS LIABILITY				
	X Occurrence	PHUB517449	11/1/2015 12 01 AM	11/1/2016 12 01 AM	EACH OCCURRENCE \$10,000,000
					AGGREGATE (Applies Per Event) \$10,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

Coverage applies to USA Track & Field sanctioned events and registered practices, including any directly related activities, such as event set-up and tear-down, participant check-in and award ceremonies.

Excess policy follows form of underlying General Liability.

Evidence of coverage only

CERTIFICATE HOLDER:

First to the Cross Ministries
1680 Long Bow Lane
Clearwater FL 33764

NOTICE OF 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:

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Detail by Entity Name****Foreign Not For Profit Corporation**

AMERICAN CANCER SOCIETY, INC.

Filing Information

Document Number	F01000002790
FEI/EIN Number	13-1788491
Date Filed	05/24/2001
State	NY
Status	ACTIVE
Last Event	CORPORATE MERGER
Event Date Filed	08/30/2012
Event Effective Date	09/01/2012

Principal Address250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Changed: 04/06/2016

Mailing Address250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Changed: 04/06/2016

Registered Agent Name & AddressCT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name Changed: 12/13/2012

Address Changed: 12/13/2012

Officer/Director Detail**Name & Address**

Title Director

Alfonso, John

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

Title Director

Crome, Patricia J.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

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

Title Director

FOXhall, Lewis E.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

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

Title Director

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

Title Director

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

Title Director

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

Title Director

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

Title Director

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

Title Director

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

Title Secretary, Treasurer

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

Title Director

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

Title Chief Executive Officer

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

Title Director

Rhee, Carolyn F.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

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

Title Director

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

Title Director

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

Title Chairman of the Board

Youle, Robert E.
 250 Williams Street, NW
 Suite 400
 Atlanta, GA 30303-1034

Annual Reports

Report Year	Filed Date
2014	04/03/2014
2015	03/30/2015
2016	04/06/2016

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11/05/2004 -- REINSTATEMENT	View image in PDF format

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09/03/2002 -- ANNUAL REPORT	View image in PDF format
04/09/2002 -- Reg. Agent Change	View image in PDF format
05/24/2001 -- Foreign Non-Profit	View image in PDF format

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State of Florida, Department of State



Contract/Permit

Contract #: 18364
Date: 14 Sep 2016

User: SCTegard
Status: Firm

AMERICAN CANCER SOCIETY
MELISSA WEEST
4801 86TH AVE N
PINELLAS PARK FL 33782 USA

Primary #: (727) 546-9822
Secondary #: ()
Other #: ()

Purpose of Use: Relay for Life

Expected: 0

Co-Sponsored Event

Contract Balance \$230.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Fri 28 Apr 17 02:00 pm

Ending: Fri 28 Apr 17 11:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
South Straub Park	Fri	28 Apr 2017	02:00 PM	\$0.00	\$230.00	\$0.00	\$230.00
Park			11:00 PM				

Additional Fees:

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	9:00	1	\$30.00	\$0.00	\$30.00
Co-Sponsored Park Permit Fee	9:00	1	\$200.00	\$0.00	\$200.00
		2	\$230.00	\$0.00	\$230.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By: (Sign Name) _____
(Print Name) MELISSA WEEST
AMERICAN CANCER SOCIETY
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

Supervisor II / Foreman _____

Manager _____

Approved or Rejected Date: _____

Approved or Rejected Date: _____



Contract/Permit

Contract #: 18364
Date: 14 Sep 2016

User: SCTegard
Status: Firm

Manager Approved or Rejected Date: _____

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

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

10^{am} - 2^{pm}



#30⁰⁰

Date Received: 9/6/16
 Check or Cash: 13103
 Application #: 71
 Packet: D
 Permit #: 10384

Event Title: Extreme Mud Wars Phone No.: 8778202582 Fax No.:
 Entity Name: Active Endeavors Inc dba Tampa Bay Club Sport Federal I.D. Number: 26-0016418
 Event Date(s): 7/15/17 Location: Spa Beach Park
 Day 1 of Event: 7/15/17 Time Gates Open: 8:30 AM Ending Time: 4pm
 Day 2 of Event: Time Gates Open: Ending Time:
 Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared by: Chris Giebner Phone: 877-820-2582, ext 2
 Title: owner Cell Phone: 727-420-6868
 Address: 10901 Roosevelt Blvd, Ste 100-D City: St Pete State: FL Zip: 33716
 Email Address: chris@tampabayclubsport.com
 Additional Contact Person: Ian Elston Day Phone: 877-820-2582

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

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

Describe what economic benefit and impact this event will bring to St. Petersburg.
 Bring 1000+ young professionals downtown with spending money. 2015 economic impact is estimated at \$15-20K on top of team fees.

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

Does your group presently have liability insurance? YES NO How much? \$2000000
 Are there plans to sell or distribute beer/wine at your event? YES NO
 Will there be an admission / registration fee? YES NO Advanced Fee: 300 Day of: 0

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

What is the estimated attendance for this event? Spectators 150 Participants 600 Last Year's Total Attendance 750

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) yes
Bleacher(s) needed. Each bleacher approx. 180 people) 1-2
Tables (6 ft) # needed per tasco Chairs # needed per tasco
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?
 Spa Beach 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: 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 JOHN ARMBRUSTER, PARKS & RECREATION MANAGER,
727-893-7766 or EMAIL: StPeteEvents@stpete.org



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

Condition

Obligation

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Public Invited | | General Liability Insurance |
| <input checked="" type="checkbox"/> Located in Park | | Park Permit |
| <input type="checkbox"/> Vending Product / Merchandise Sales | | Occupational License |
| <input checked="" type="checkbox"/> Vending Food / Beverage | | Health Inspection |
| <input checked="" type="checkbox"/> Vendors / Exhibitors | How many? <input type="text" value="1 - 10 Vendors / Exhibitors"/> | Alcohol Permit |
| <input checked="" type="checkbox"/> Vending Beer / Wine | | Additional insurance Required |
| <input checked="" type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft | How many? <input type="text" value="tasco"/> | Temporary Structure Permit |
| <input type="checkbox"/> Fence Installation | What type? <input type="text"/> | Temporary Structure Permit |
| <input type="checkbox"/> Other Structures | What structure? <input type="text"/> | Temporary Structure Permit |
| <input type="checkbox"/> Open Flame Food Preparation | | Fire Inspection Permit |
| <input type="checkbox"/> Pyrotechnics | | Fireworks Permit |
| <input type="checkbox"/> Require Street Closure | | Parade or Street Closure Permit(s) |
| <input type="checkbox"/> VIP Area | | |
| <input checked="" type="checkbox"/> Staging | <input type="checkbox"/> Professional <input checked="" type="checkbox"/> Showmobile <input type="checkbox"/> Other | |
| <input checked="" type="checkbox"/> Amplified Sound | <input type="checkbox"/> Performers <input checked="" type="checkbox"/> Announcement Only | |
| <input type="checkbox"/> Security | <input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD | |
| <input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets | Regular Units <input type="text" value="3"/> Disabled Units <input type="text" value="1"/> Hand Washing <input type="text" value="1"/> | |
| <input type="checkbox"/> Off-site Parking / Shuttle | | |
| <input type="checkbox"/> Semitruck / Tractor Trailer | | |

Marketing: Please check all that apply.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Invitations | <input checked="" type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers | <input checked="" type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> Remote Broadcast |

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

Electrical Requirements:

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

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

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

Will you supply your own generators? YES NO

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

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

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

Name: Tampa Bay Club Sport or TASCO

Phone: 877-820-2582, ext 2

Address (including zip): 10901 Roosevelt Blvd #100-D, ST. Petersburg, FL 33716

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

Showmobile with MC

List Vending Products. Name & Provider.

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

Pier Aquarium (most likely)

(727) 803-9799, Ext. 202 -or- info@thesecretsofthesea.org

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

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

up to TASCO

Other Comments: Please describe your fee structure.

Teams can sign up ahead of time at \$450-500/team. Spectators are free.

Other comments:

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

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

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

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

Name: Tracey Giebner Title: President Date: 8/17/16

Appendix A

Co-sponsored event park fee structure.

1. Events in Vinoy Park will be assessed \$300.00 per event day (e.g., 1 day event = \$300.00, 2 days = \$600.00, 3 days or more = \$900.00.) This includes the \$30.00 park permit fee.
2. Events in any other park will be assessed \$200.00 per event day (e.g., 1 day event = \$200.00, 2 days = \$400.00, 3 or more days = \$600.00). This includes the \$30.00 park permit fee.

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

- * Requests made after the co-sponsored process, must be submitted no **fewer** than six (6) months before planned event.
- * Any event applying for the co-sponsorship inside the six (6) month time frame will be assessed a **\$1,200.00** administrative late fee.

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

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

All first time entities requesting events will be required to complete a credit application.



Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Tasco

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

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

Nonprofit (Employee Identification Number):

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

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

Title of Responsible Party: President

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

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

Email Address of Responsible Party: chris@tampabayclubsport.com

For-profit (Employee Identification Number) 26-0016418

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



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

Name of Event: Extreme Mud Wars
Date(s) of Event: Jul 11, 2015 - Jul 12, 2015

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

	Amount
1. team fees	\$36,500.00
2. sponsors	\$5,000.00
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	\$41,500.00

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

1. City fees (fire/park/rec/police)	\$20,824.00
2.	
3.	
4. Club Sport expense (staff/signage/shirts/trophies/cc fees/advertising)	\$5,528.00
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	\$26,352.00
TOTAL NET INCOME	\$15,148.00

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

1. Club Sport	\$7,574.00
2. TASC0 donation	\$7,574.00
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	\$15,148.00

Prepared by: Ian Elston

Date: Sep 6, 2016

Print Application

Submit Application by
Email

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Not For Profit Corporation**

PIER AQUARIUM, INC.

Filing Information

Document Number	N26771
FEI/EIN Number	59-2899571
Date Filed	06/03/1988
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	06/21/1988
Event Effective Date	NONE

Principal Address

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

Changed: 02/25/2015

Mailing Address

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

Changed: 01/20/2014

Registered Agent Name & Address

LUTHER, MARK, Phd
2180 GRAND BAYOU GRANDE BLVD. NE
ST PETERSBURG, FL 33704

Name Changed: 02/22/2016

Address Changed: 02/22/2016

Officer/Director Detail**Name & Address**

Title D

JOHNSON, LARI

200 2ND AVE S STE 159
SAINT PETERSBURG, FL 33701

Title P

LUTHER, MARK PH.D
2180 BAYOU GRANDE NE
SAINT PETERSBURG, FL 33701

Title D

BETZER, PETER PH.D
1830 7TH ST N
SAINT PETERSBURG, FL 33704

Title D

HILTON, ROBERT
300 BEACH DR. NE #501
SAINT PETERSBURG, FL 33701

Title VP

WALLACE, SUSAN H
343 BRIGHTWATERS BLVD NE.
ST. PETERSBURG, FL 33704

Annual Reports

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2016	02/22/2016

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State of Florida, Department of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Profit Corporation**

ACTIVE ENDEAVORS, INC.

Filing Information

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

Principal Address

10901 ROOSEVELT BLVD N
100-D
ST. PETERSBURG, FL 33716

Changed: 02/14/2012

Mailing Address

10901 ROOSEVELT BLVD N
100-D
ST. PETERSBURG, FL 33716

Changed: 02/14/2012

Registered Agent Name & Address

GIEBNER, CHRISTOPHER S
791 Suwannee Ct Ne
ST. PETERSBURG, FLORIDA, FL 33702

Address Changed: 01/12/2015

Officer/Director Detail**Name & Address**

Title P

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

Title TS

GIEBNER, CHRISTOPHER S

791 Suwannee Ct NE
ST. PETERSBURG, FL 33702

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08/09/2007 -- ANNUAL REPORT	View image in PDF format
04/11/2006 -- ANNUAL REPORT	View image in PDF format
01/26/2005 -- ANNUAL REPORT	View image in PDF format
04/12/2004 -- ANNUAL REPORT	View image in PDF format
01/05/2003 -- ANNUAL REPORT	View image in PDF format
01/11/2002 -- Domestic Profit	View image in PDF format

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State of Florida, Department of State



Contract/Permit

Contract #: 18384
Date: 15 Sep 2016

User: SCTegard
Status: Firm

TAMPA BAY CLUB SPORT
CHRIS GIEBNER
10901 ROOSEVELT BLVD #100-D
ST PETERSBURG FL 33716 USA

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

Purpose of Use: Extreme Mud Wars Expected: 0 Co-Sponsored Event **Contract Balance**
\$230.00

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: Sat 15 Jul 17 06:00 am Ending: Sat 15 Jul 17 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Sat	15 Jul 2017	06:00 AM	\$0.00	\$230.00	\$0.00	\$230.00
Park			09:00 PM				
Spa Beach Park	Sat	15 Jul 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			09:00 PM				

Additional Fees:

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	15:00	1	\$30.00	\$0.00	\$30.00
Co-Sponsored Park Permit Fee	15:00	1	\$200.00	\$0.00	\$200.00
		2	\$230.00	\$0.00	\$230.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$230.00	\$0.00	\$230.00	\$0.00	\$0.00	\$230.00	\$19,104.80

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) CHRIS GIEBNER

TAMPA BAY CLUB SPORT

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name):

Parks and Recreation Superintendent

(Print Name)

Parks and Recreation Department

Contract #: 18384
Date: 15 Sep 2016

User: SCTegard
Status: Firm

_____ Supervisor II / Foreman	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____
_____ Manager	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____
_____ Manager	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____

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

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



Date Received: 9/14/16
 Check or Cash: _____
 Application #: 72
 Packet: B
 Permit #: 18565

Event Title: HEROES Memorial 5K/10K RUN Phone No.: 727-551-3079 Fax No.: _____
 Entity Name: HEROES of the ST PETE POLICE, INC Federal I.D. Number: 20-0342484
 Event Date(s): MARCH 24, 2017 Location: Demens Landing PARK
 Day 1 of Event: 3/24/17 Time Gates Open: 4:00 P Ending Time: 10:00 P
 Day 2 of Event: _____ Time Gates Open: _____ Ending Time: _____
 Day 3 of Event: _____ Time Gates Open: _____ Ending Time: _____

Application Prepared by: SCOTT MacDONALD Phone: 727-551-3079
 Title: BOARD Member Cell Phone: 727-639-7935
 Address: 100 2ND AVE SOUTH #600 City: St. Petersburg State: FLA Zip: 33701
 Email Address: Scott.MacDonald@StPete.org
 Additional Contact Person: DAWN Peters Day Phone: 727-410-0646

What month/year were you incorporated as nonprofit? 03/2004
 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 how this event will contribute to the quality of life in and enhance the image of St. Petersburg.

THIS IS A 10K/5K AND KIDS FUN RUN TO ENCOURAGE CITIZENS TO SUPPORT THE FAMILIES OF FALLEN OFFICERS.

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

THIS EVENT WILL BRING INDIVIDUALS TO DOWNTOWN St. Petersburg to enjoy all that St. Petersburg has to offer.

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

Does your group presently have liability insurance? YES NO How much? WILL BE GETTING \$2M Coverage
 Are there plans to sell or distribute beer/wine at your event? YES NO
 Will there be an admission / registration fee? YES NO Advanced Fee: \$30 Day of: \$35

Please provide the website address for your event. TBD

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

What is the estimated attendance for this event? Spectators _____ Participants 500 Last Year's Total Attendance 500

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) NO
Bleacher(s) needed. Each bleacher approx. 180 people) NO
Tables (6 ft) # needed 16 Chairs # needed 100
Public Address System ~~NO~~ YES
of portable risers needed (4 in. x 8 in. x 16 in. sections) 4

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?
 Demons Landing

30 Bicycle Ramps For Beer Garden

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: Scott McDonald Title: Board Member Date: 9-14-16
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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/>	Public Invited	General Liability Insurance
<input checked="" type="checkbox"/>	Located in Park	Park Permit
<input type="checkbox"/>	Vending Product / Merchandise Sales	Occupational License
<input checked="" type="checkbox"/>	Vending Food / Beverage	Health Inspection
<input type="checkbox"/>	Vendors / Exhibitors	
<input checked="" type="checkbox"/>	Vending Beer / Wine	Alcohol Permit Additional insurance Required
<input checked="" type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	Temporary Structure Permit
<input type="checkbox"/>	Fence Installation	Temporary Structure Permit
<input type="checkbox"/>	Other Structures	Temporary Structure Permit
<input type="checkbox"/>	Open Flame Food Preparation	Fire Inspection Permit
<input type="checkbox"/>	Pyrotechnics	Fireworks Permit
<input checked="" type="checkbox"/>	Require Street Closure	Parade or Street Closure Permit(s)
<input checked="" type="checkbox"/>	VIP Area	
<input type="checkbox"/>	Staging	
<input checked="" type="checkbox"/>	Amplified Sound	
<input type="checkbox"/>	Security	
<input checked="" type="checkbox"/>	Sanitary Facilities - Port-O-Lets	
<input checked="" type="checkbox"/>	Off-site Parking / Shuttle	
<input type="checkbox"/>	Semitruck / Tractor Trailer	
	How many? _____	
	How many? <u>5-10</u>	
	What type? _____	
	What structure? _____	
	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
	<input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD	
	Regular Units <u>TBD</u> Disabled Units <u>TBD</u> Hand Washing <u>TBD</u>	

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.

LIVE MUSIC / DJ

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.

UNKNOWN

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

Name: Heroes of the St. Pete Police INC. Phone: 727-551-3079

Address (including zip): 100 2ND AVENUE SOUTH, #600 ST. PETERSBURG, FL 33701

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

TBD

List Vending Products. Name & Provider.

TBD

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

Heroes of the St. Pete Police INC.
100 2ND AVENUE SOUTH, #600
ST. PETERSBURG, FLORIDA 33701

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

N/A

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

Parking along city streets/city lots and use of AL LANG Parking Lot. We expect participants to begin arriving at 1600 hours and departing between 1900 and 2200 hours.

Other Comments: Please describe your fee structure.

Participant Registration:

10K Runners - \$ 35 pre-event / \$ 40 day of.
5K Runners - \$ 30 pre-event / \$ 35 day of.
Walkers - \$ 25
Kids - \$ 10

Post Race Gathering - TBD.

Other comments:

We are still solidifying details. The information provided is subject to change, but is the most in-depth at this point in time. The entire concept will be almost the same as last year's race.

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: Scott M. Sordel Title: Board Member Date: 9-14-16.

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: Heroes of the St. Pete Police Inc.

Name of Responsible Party (President or CEO ONLY): James Newman

Title of Responsible Party: President

Physical Address of Responsible Party: 100 2nd AVENUE SOUTH #600, ST PETERSBURG FL 3370

Phone Number of Responsible Party: 727-821-6161 ext. 230.

Email Address of Responsible Party: jnewman@gsscpa.com

Nonprofit (Employee Identification Number): 20-0342484

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

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Detail by FEI/EIN Number****Florida Not For Profit Corporation**

HEROES OF THE ST. PETE POLICE, INC.

Filing Information

Document Number	N03000009213
FEI/EIN Number	20-0342484
Date Filed	10/22/2003
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	10/20/2004

Principal Address

C/O GREGORY SHARER & STUART P.A.
100 2ND AVE SOURTH STE 600
ST PETERSBURG, FL 33701

Mailing Address

C/O GREGORY SHARER & STUART P.A.
100 2ND AVE SOURTH STE 600
ST PETERSBURG, FL 33701

Registered Agent Name & Address

NEWMAN, JAMES G
100 2ND AVENUE SOUTH
SUITE 600
ST. PETERSBURG, FL 33701

Name Changed: 10/20/2004

Address Changed: 10/20/2004

Officer/Director Detail**Name & Address**

Title Treasurer

NEWMAN, JAMES G
100 2ND AVE SOUTH STE 600
ST PETERSBURG, FL 33701

Title President

NEWMAN, JAMES G
 100 -2ND AVENUE SOUTH STE 600
 ST. PETERSBURG, FL 33701

Title Secretary

ROBBINS, GARY
 100 - 2ND AVENUE SOUTH STE 600
 ST. PETERSBURG, FL 33701

Annual Reports

Report Year	Filed Date
2014	01/10/2014
2015	01/09/2015
2016	02/04/2016

Document Images

02/04/2016 -- ANNUAL REPORT	View image in PDF format
01/09/2015 -- ANNUAL REPORT	View image in PDF format
01/10/2014 -- ANNUAL REPORT	View image in PDF format
01/24/2013 -- ANNUAL REPORT	View image in PDF format
01/06/2012 -- ANNUAL REPORT	View image in PDF format
02/21/2011 -- ANNUAL REPORT	View image in PDF format
01/13/2010 -- ANNUAL REPORT	View image in PDF format
04/27/2009 -- ANNUAL REPORT	View image in PDF format
04/25/2008 -- ANNUAL REPORT	View image in PDF format
02/22/2007 -- ANNUAL REPORT	View image in PDF format
05/08/2006 -- ANNUAL REPORT	View image in PDF format
01/06/2005 -- ANNUAL REPORT	View image in PDF format
10/20/2004 -- REINSTATEMENT	View image in PDF format
08/27/2004 -- Name Change	View image in PDF format
05/12/2004 -- Name Change	View image in PDF format
10/22/2003 -- Domestic Non-Profit	View image in PDF format

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State of Florida, Department of State



Contract/Permit

Contract #: 18365
Date: 14 Sep 2016

User: SCTegard
Status: Firm

HEROES OF THE ST. PETE POLICE INC
SCOTT MACDONALD
100 2ND AVE S #600
ST PETERSBURG FL 33701 USA

Primary #: (727) 893-4856
Secondary #: (727)
Other #: ()

Purpose of Use: Heroes Memorial 5K/10L Run Expected: 0 Co-Sponsored Event **Contract Balance**
\$230.00

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: Fri 24 Mar 17 12:00 pm Ending: Fri 24 Mar 17 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Demens Landing Park	Fri	24 Mar 2017	12:00 PM	\$0.00	\$230.00	\$0.00	\$230.00
Park			09:00 PM				

Additional Fees:

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	9:00	1	\$30.00	\$0.00	\$30.00
Co-Sponsored Park Permit Fee	9:00	1	\$200.00	\$0.00	\$200.00
		2	\$230.00	\$0.00	\$230.00

Charges:

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

Rental charges are due according to the following schedule:

Date	Amount
Friday, Mar 10, 2017	\$230.00

Payments:

Additional Notes:

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

By: (Sign Name) _____
(Print Name) SCOTT MACDONALD
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

(Print Name) _____
Parks and Recreation Department

Contract #: 18365
Date: 14 Sep 2016

User: SCTegard
Status: Firm

Supervisor II / Foreman Approved or Rejected Date: _____

Manager Approved or Rejected Date: _____

Manager Approved or Rejected Date: _____

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

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



Date Received: 9/4/16
 Check or Cash: Cred. P
 Application #: 73
 Packet: C
 Permit #: 18367

Event Title: TAMPA BAY CARIBBEAN CARNIVAL Phone No.: 727-434-4282 Fax No.: 813-964-8317
 Entity Name: TRINIDAD & TOBAGO AMERICAN ASSOCIATION OF CENTRAL FLORIDA Federal I.D. Number: 85-8013627146C-1
 Event Date(s): JUNE 10 & 11TH, 2016 Location: ALBERT WHITTED PARK, 480 BAUSHORE DR, SE ST.PETERSBURG
 Day 1 of Event: JUNE 10TH, 2016 Time Gates Open: NOON Ending Time: 10:00 PM
 Day 2 of Event: JUNE 11TH, 2016 Time Gates Open: NOON Ending Time: 10:00 PM
 Day 3 of Event: _____ Time Gates Open: _____ Ending Time: _____

Application Prepared by: GEORGE CARRINGTON Phone: 727-434-4282
 Title: PRESIDENT OF TBCC Cell Phone: 727-434-4282
 Address: 3150 PINELLAS POINT DR APT 3 City: ST.PETERSBURG State: FL Zip: 33712
 Email Address: CARRINGTONGEORGE@HOTMAIL.COM
 Additional Contact Person: DAVE MOHAMMAD Day Phone: 727-224-7825

What month/year were you incorporated as nonprofit? 1990
 List all 501(c)3 entities that will benefit from this event. TRINIDAD & TABAGO AMERICAN ASSOCIATION OF CENTRAL FLORIDA, INC
 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.

TAMPA BAY CARIBBEAN CARNIVAL HIGHLIGHTS THE UNIQUE VARIETY OF CULTURE FOUND IN THE CARIBBEAN. DURING THE WEEKEND OF THIS EVENT, JUNE 10 & 11, 2017, THE CITY OF ST.PETERSBURG WILL BECOME THE EPICENTER OF DIVERSIFIED CULTURE. PARTICIPANTS FROM TAMPA, ST. PETE AND SURROUNDING CITIES AND COUNTIES, INCLUDING A FEW FROM OUR NEIGHBORING STATES- GEORGIA AND AS FAR AS NEW YORK WILL DESCEND UPON ST. PETE TO ENJOY THE TAMPA BAY CARIBBEAN CARNIVAL. THE CARNIVAL UNIFIES DIFFERENT DEMOGRAPHICS TO JOIN AS ONE, AS THEY ENJOY THE RICH AND HISTORIAL CARIBBEAN EVENT SHOWCASING THE ETHNIC FOODS, MUSIC AND COLORFUL PARADE IN COSTUMES THAT IS ASSOCIATED WITH CARIBBEAN CULTURE.

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

OUR GUEST FOR THIS EVENT WILL BE IN NEED OF LODGING AND DINING OPPORTUNIES, NOT TO EXCLUDE SHOPPING AND TRANSPORTATION. LOCAL ST.PETE'S BUSINESSES WILL QUICKLY BENEFIT FROM THE ECONOMICAL IMPACT OF THE EVENT.

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

Does your group presently have liability insurance? YES NO How much? \$1,000,000.00
 Are there plans to sell or distribute beer/wine at your event? YES NO
 Will there be an admission / registration fee? YES NO Advanced Fee: \$10.00 Day of: \$15.00
 Please provide the website address for your event. TAMPACARNIVAL.COM
 Please provide a phone number that can be advertised to the public. 727-434-4282
 What is the estimated attendance for this event? Spectators 10,000 Participants 300 Last Year's Total Attendance NA

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

Name: Title: Date:
Co-Sign: Title: Date:

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input checked="" type="checkbox"/> Located in Park		Park Permit
<input checked="" type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input checked="" type="checkbox"/> Vending Food / Beverage		Health Inspection
<input checked="" type="checkbox"/> Vendors / Exhibitors	How many? <u>OVER 20 VENDORS/EXHIBITORS</u>	Alcohol Permit Additional insurance Required
<input checked="" type="checkbox"/> Vending Beer / Wine		
<input checked="" type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <u>4</u>	Temporary Structure Permit
<input checked="" type="checkbox"/> Fence Installation	What type? <u>WIRE</u>	Temporary Structure Permit
<input checked="" type="checkbox"/> Other Structures	What structure? <u>SOUND STAGE</u>	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input checked="" type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input checked="" type="checkbox"/> VIP Area		
<input checked="" type="checkbox"/> Staging	<input checked="" type="checkbox"/> Professional <input checked="" type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Amplified Sound	<input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input checked="" type="checkbox"/> Security	<input checked="" type="checkbox"/> Daytime - Private <input checked="" type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD	
<input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <u>10</u> Disabled Units <u>4</u> Hand Washing <u>6</u>	
<input checked="" type="checkbox"/> Off-site Parking / Shuttle		
<input type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Invitations | <input checked="" type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers | <input checked="" type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> 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 Blns 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.

THREE (3) R V'S - 220 AMP

STAGE AUDIO - 220 AMP

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? MELVIN JOHNSON

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

NO

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

Name: TAMPA BAY CARIBBEAN CARNIVAL

Phone: 727-434-4282

Address (including zip): 3150 PINELLA POINT DR, APT 3 ST.PETERSBURG, FL 33712

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

CARIBBEAN MUSIC

ONE STAGE

FOUR BANDS

List Vending Products. Name & Provider.

PRODUCTS: AUTHENTIC CARIBBEAN AND AMERICAN FOODS AND FRUIT DRINKS

NAME & PROVIDER: VARIOUS VENDORS

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

GREAT BAY DISTRIBUTORS, 2310 STARKY RD, LARGO, FL 33771 - PHONE 727-584-8626

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

JUST ANNOUNCEMENTS OF ENTERTAINER/PERFORMERS

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

LOAD IN ON WEDNESDAY, JUNE 7TH, 2017 8:00AM - 4:00 PM

LOAD OUT ON MONDAY 12TH, 2017 8:00AM - NOON

Other Comments: Please describe your fee structure.

PRESALE OF TICKETS TO EVENT IS \$10.00 PER PERSON

DAY OF EVENT TICKET SALE IS \$15.00 PER PERSON.

KIDS 12 YEARS AND UNDER IS FREE

Other comments:

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

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

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

Name: GEORGE CARRINGTON

Title: PRESIDENT

Date: 09/06/16

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: TRINIDAD AND TOBAGO AMERICAN ASSOCIATION OF CENTRAL FLORIDA, INC.

Name of Responsible Party (President or CEO ONLY): GEORGE CARRINGTON

Title of Responsible Party: PRESIDENT

Physical Address of Responsible Party: 3150 PINELLAS POINT DR, ST.PETERSBURG, FL 33712

Phone Number of Responsible Party: 727-434-4282

Email Address of Responsible Party: CARRINGTONGEORGE@HOTMAIL.COM

Nonprofit (Employee Identification Number): 59-3363879

Name of the **For-profit** Corporation: N/A

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number):

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



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

Name of Event: TAMPA BAY CARIBBEAN CARNIVAL
Date(s) of Event: JUNE 10TH, 2017 - JUNE 11TH, 2017

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

	Amount
1. SPONSORSHIP - BRIGHT HOUSE	\$2,000.00
2. VENDORS	\$15,000.00
3. GATE RECEIPTS	\$35,000.00
4. CITY OF ST.PETERSBURG - RECREATION /WATER BILL INSERTS	\$5,500.00
5. SPONSORSHIP - CBS - ADVERTISING	\$90,000.00
6.	
7.	
8.	
TOTAL GROSS REVENUE	\$147,500.00

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

1. VENUE - VINOY, POLICE, CLEAN UP	\$63,000.00
2. STAGE, SOUND, EQUIPMENT & FENCE	\$20,000.00
3. PERMITS, WATER & LICENSE	\$1,500.00
4. MARKETING - MEDIA, FLYERS, WEB	\$10,000.00
5. ENTERTAINMENT	\$30,000.00
6. ARTIST ACCOMODATION AND TRANSPORTATION	\$7,000.00
7. SECURITY	\$2,000.00
8. MISCELLANEOUS - VOLUNTEERS, GOLF CARTS	\$3,000.00
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	\$136,500.00
TOTAL NET INCOME	\$11,000.00

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

1. TRINIDAD AND TOBAGO AMERICAN ASSOCIATION OF CENTRAL FLORIDA	\$4,000.00
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	\$4,000.00

Prepared by: GEORGE CARRINGTON

Date: 09/06/2017

Print Application

Submit Application by Email



Contract/Permit

Contract #: 18367
Date: 15 Sep 2016

User: DWBurns
Status: Firm

TRINIDAD & TOBAGO AMERICAN ASSOCIATION O
GEORGE CARRINGTON
3150 PINELLAS POINTE DR
ST PETERSBURG FL 33712 USA

Primary #: (727) 434-4282
Secondary #: ()
Other #: ()

Purpose of Use: TAMPA BAY CARIBBEAN CARNIVAL **Expected:** 7,000 **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:** Wed 07 Jun 17 06:00 am **Ending:** Mon 12 Jun 17 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Wed	07 Jun 2017	06:00 AM	\$0.00	\$400.00	\$0.00	\$400.00
Park		12 Jun 2017	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
Co-Sponsored Park Permit Fee	135:00	2	\$400.00	\$0.00
		2	\$400.00	\$0.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$430.00	\$0.00	\$430.00	\$0.00	\$430.00	\$0.00	(\$170.00)

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
09 Dec 2015	\$430.00	Check	Rental	2465640

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) GEORGE CARRINGTON
TRINIDAD & TOBAGO AMERICAN ASSOCIATION O
 Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
 Parks and Recreation Department

Contract #: 18367
Date: 15 Sep 2016

User: DWBurns
Status: Firm

_____	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____
Supervisor II / Foreman			
_____	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____
Manager			
_____	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____
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.

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Not For Profit Corporation**

TRINIDAD & TOBAGO AMERICAN ASSOCIATION OF CENTRAL FLORIDA, INC.

Filing Information

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

Principal Address3150 PINELLAS POINT DR S
APT 3
ST PETERSBURG, FL 33712

Changed: 05/23/2014

Mailing Address3150 PINELLAS POINT DR S
APT 3
ST PETERSBURG, FL 33712

Changed: 05/23/2014

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

Name Changed: 06/06/2002

Address Changed: 05/23/2014

Officer/Director Detail**Name & Address**

Title T

TROTMAN, JENNIFER

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

Title PD

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

Title CEO

Mohammed, Dave
1263 flushing av.
clearwater, FL 33764

Annual Reports

Report Year	Filed Date
2014	12/10/2014
2015	01/02/2015
2016	04/29/2016

Document Images

04/29/2016 -- ANNUAL REPORT	View image in PDF format
01/02/2015 -- ANNUAL REPORT	View image in PDF format
12/12/2014 -- AMENDED ANNUAL REPORT	View image in PDF format
12/10/2014 -- AMENDED ANNUAL REPORT	View image in PDF format
09/27/2012 -- ANNUAL REPORT	View image in PDF format
01/07/2011 -- REINSTATEMENT	View image in PDF format
10/28/2009 -- REINSTATEMENT	View image in PDF format
03/03/2008 -- REINSTATEMENT	View image in PDF format
05/15/2006 -- REINSTATEMENT	View image in PDF format
02/13/2004 -- REINSTATEMENT	View image in PDF format
06/06/2002 -- REINSTATEMENT	View image in PDF format
02/06/1998 -- ANNUAL REPORT	View image in PDF format
01/31/1997 -- ANNUAL REPORT	View image in PDF format
02/05/1996 -- DOCUMENTS PRIOR TO 1997	View image in PDF format

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION



Date Received: 9/20/16
#2757 Check or Cash: \$400
Application #: 75
Packet: C
Permit #: 18468

Event Title: Purina Pro Plan Incredible Dog Challenge Phone No.: 2087265990 Fax No.: 2087262169
Entity Name: Carson International Inc. Federal I.D. Number: 840933142
Event Date(s): April 7 - 8, 2017 Location: Albert Whitted Park
Day 1 of Event: April 7, 2017 Time Gates Open: 7:00AM Ending Time: 5:30PM
Day 2 of Event: April 8, 2017 Time Gates Open: 7:00AM Ending Time: 5:00PM
Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared by: Paul Carson Phone: 2087265990
Title: CEO Carson International Inc Cell Phone: 2087206371
Address: PO Box 2103 City: Ketchum State: ID Zip: 83340
Email Address: pcarson@carsonevents.com
Additional Contact Person: Kathy Carson Day Phone: 2087206391

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

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

See attached Host Site Proposal

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

See attached Host Site Proposal

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? 5,000,000
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.carsonevents.com; www.incredibledogchallenge.com

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

What is the estimated attendance for this event? Spectators 2000 Participants 70 Last Year's Total Attendance 1800

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) no
Bleacher(s) needed. Each bleacher approx. 180 people 6
Tables (6 ft) # needed 26 Chairs # needed 160
Public Address System n/a
of portable risers needed (4 in. x 8 in. x 16 in. sections) 8

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

Albert Whitted Park

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

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

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

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

Name: Paul Carson  Title: CEO Date: 9/20/16
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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/>	Public Invited	General Liability Insurance
<input checked="" type="checkbox"/>	Located in Park	Park Permit
<input checked="" type="checkbox"/>	Vending Product / Merchandise Sales	Occupational License
<input checked="" type="checkbox"/>	Vending Food / Beverage	Health Inspection
<input type="checkbox"/>	Vendors / Exhibitors	Alcohol Permit Additional insurance Required
<input type="checkbox"/>	Vending Beer / Wine	
<input checked="" type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	Temporary Structure Permit
<input checked="" type="checkbox"/>	Fence Installation	Temporary Structure Permit
<input checked="" type="checkbox"/>	Other Structures	Temporary Structure Permit
<input type="checkbox"/>	Open Flame Food Preparation	Fire Inspection Permit
<input type="checkbox"/>	Pyrotechnics	Fireworks Permit
<input type="checkbox"/>	Require Street Closure	Parade or Street Closure Permit(s)
<input checked="" type="checkbox"/>	VIP Area	
<input checked="" type="checkbox"/>	Staging	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other
<input checked="" type="checkbox"/>	Amplified Sound	<input type="checkbox"/> Performers <input checked="" type="checkbox"/> Announcement Only
<input checked="" type="checkbox"/>	Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD
<input checked="" type="checkbox"/>	Sanitary Facilities - Port-O-Lets	Regular Units <input type="checkbox"/> 8 Disabled Units <input type="checkbox"/> 2 Hand Washing <input type="checkbox"/> 2
<input type="checkbox"/>	Off-site Parking / Shuttle	
<input checked="" type="checkbox"/>	Semitruck / Tractor Trailer	

Marketing: Please check all that apply.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Invitations | <input checked="" type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers | <input checked="" type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input checked="" type="checkbox"/> 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.

TV Production Truck - 200 amp, 208v, 3 phase

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: Carson International, Inc.

Phone: 208.726.5990

Address (including zip): PO Box 2103, Ketchum, ID 83340

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

popular family oriented music, over PA in between events. 1 stage.

List Vending Products. Name & Provider.

t-shirts/event merchandise TBD.

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

n/a

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

see attached host site proposal

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

Event set up will begin on Tuesday and will load out Saturday evening/Sunday with the semi on site. TV production truck will be on site Friday and Saturday.

Other Comments: Please describe your fee structure.

See Host Site Proposal.

Other comments:

See Host Site Proposal.

We would like to work with the city to help promote our event as we have done in the past. (i.e. flyer in utility bills, announcing on website, etc.)

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:

Paul Larson

Title:

CEO

Date:

9/20/2016

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: n/a

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

Nonprofit (Employee Identification Number):

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

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

Title of Responsible Party: CEO

Physical Address of Responsible Party: 323 Lewis Street, Suite O, Ketchum, ID 83340

Phone Number of Responsible Party: 208.726.5990 ex 201

Email Address of Responsible Party: pcarson@carsonevents.com

For-profit (Employee Identification Number) 840933142

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: Purina Pro Plan Incredible Dog Challenge

Date(s) of Event: April 7, 2017 - April 8, 2017

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

	Amount
1. Nestle Purina PetCare	\$300,000.00
2.	
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	\$300,000.00

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

1. event expenses	\$300,000.00
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	\$300,000.00
TOTAL NET INCOME	\$0.00

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

1.	
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	

Prepared by: Paul Carson

Date: 9/20/2016

Print Application

Submit Application by
Email

 **PURINA**[®]
PRO PLAN[®] 
INCREDIBLE DOG
Challenge[®]

2017 Host Site Package



Presented by Carson International, Inc.
Paul Carson, CEO
pcarson@carsonevents.com
208.720.6371

Purina® Pro Plan® Incredible Dog Challenge® Overview

The Purina Pro Plan Incredible Dog Challenge (PPPIDC) is the single most successful and well-known marketing campaign in the pet industry. 2017 will mark its 20th year anniversary.

The Purina Pro Plan Incredible Dog Challenge is a series of athletic canine competitions showcasing "incredible" dogs competing in Olympic-style events, including Agility, Diving Dog, Freestyle Flying Disc, Head-to-Head 60-Weave Pole Racing, Fetch-it and Jack Russell Hurdle Racing.

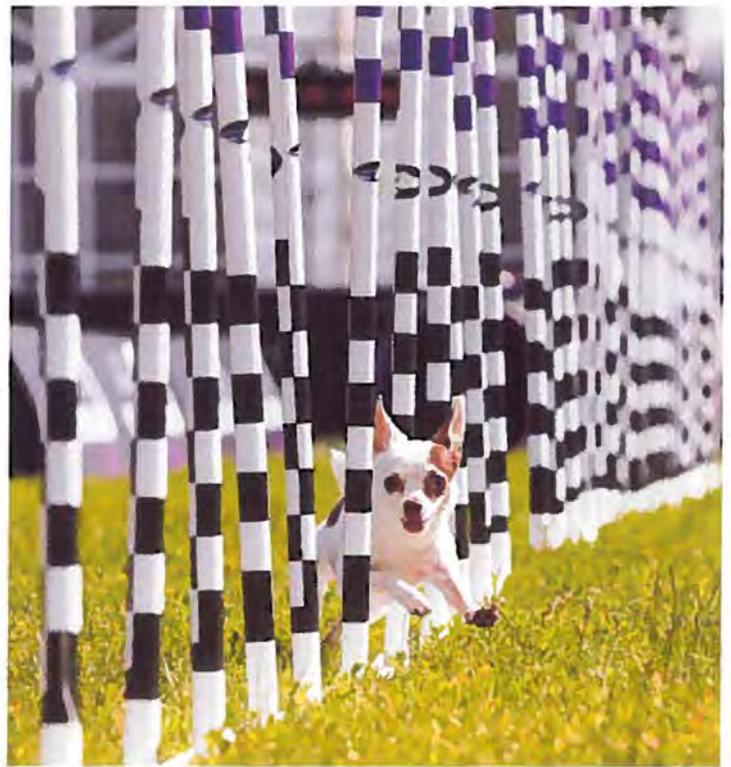
The series receives national television distribution via a network syndication package. Airing on weekend afternoons on ABC, NBC, CBS, FOX, and CW.

In 2017, Carson International will produce two PPPIDC regional events, each with two original 60-minute television programs and a National Championship with one 60-minute television program:

- Two 60-minute shows from the Eastern Regional event – St. Petersburg, April 7&8, 2017
- Two 60-minute shows from the Western Regional event – Huntington Beach, June 9&10 2017
- One 60-minute show from the National Finals - Purina Farms, September 29&30, 2017

To view view a sample Video News Release click the link below:

<https://vimeo.com/user25475764/review/171119810/88785f19a4>



Media & Television Exposure

Media - Public Relations

The popularity of the Purina Pro Plan Incredible Dog Challenge has been evident via its phenomenal media coverage. Promotional extensions have included multiple placements on such outlets as The Tonight Show, The Late Show, The Today Show, The CBS Morning Show, Good Morning America, The Ellen Degeneres Show, ESPN's SportsCenter and various CNN programming.

The PPPIDC is heavily promoted by Nestle Purina PetCare and Carson International via local and regional media outreach, digital distribution, and through the production and national distribution of a Video News Release. In total, each event over the past three years has averaged over 20 million documented media impressions.

National Television Exposure

Two 60-minute television shows will be produced from the event, and distributed nationwide via a syndication package. The host entity will receive exposure within both shows in the form of verbal mentions, graphics, and numerous beauty shots of the city/host venue.

Television syndication is a very effective means to achieve network distribution across the country. Local network affiliates (ABC, CBS, FOX, NBC, CW) in markets across the country are contracted to carry the two hours of programming during designated calendar windows, usually 7-8 weeks in duration. For example, the CBS affiliate in Boston may air the first show on a Sunday from 12:00 – 1:00 PM during an August weekend, and the second show two weeks later. The NBC affiliate in Miami may show the first show from 5:00 – 6:00 PM on a Saturday later in August, but still in the designated calendar window, and so on across the country.

Carson guarantees the shows will receive network delivery, through local affiliates, in 70% of U.S. markets, with 85% reach likely, including all top-10 markets. These shows typically reach around 750,000 households, or around 1.5 million viewers each.

Digital Live Stream

In addition to the TV and PR campaigns, Carson also provides live streaming of the events, utilizing a full day of cameras and TV hosts on Saturday.



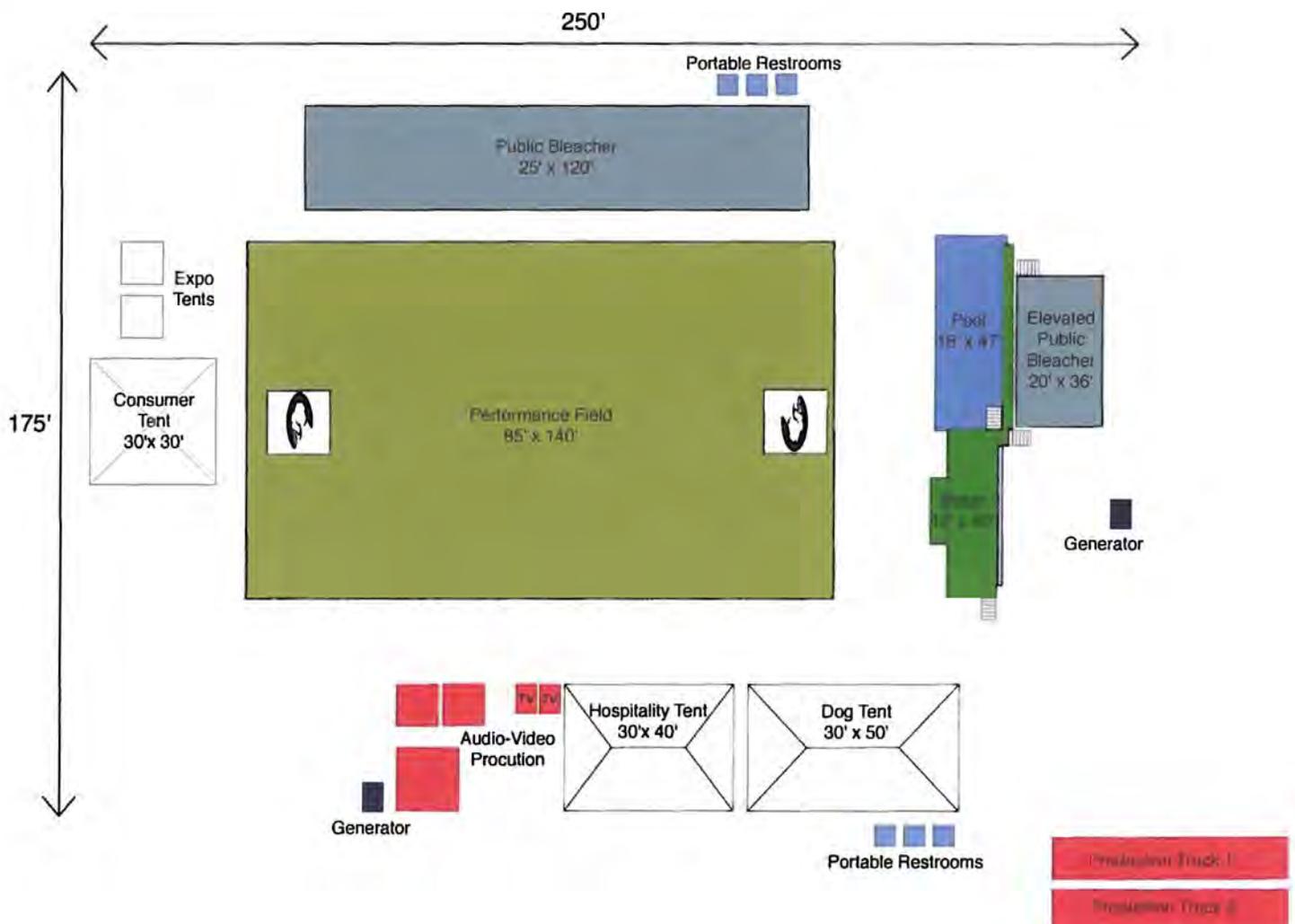
Host Overview

The PPPIDC typically draws approximately 2,000 spectators over the two days to each event. The host site receives two days of quality dog & family entertainment, a local and national public relations program, and direct national television exposure by hosting one of the regional competitions.

Carson International, Inc., Event and television production, provides turn key management of the site, competitors, television production & distribution, national public relations campaign and core equipment specific to the PPPIDC.

The objective of hosting this event is designed to be mutually beneficial. The host site obtains a nationally-known, family entertainment grandstand event that will be televised nationally. The PPPIDC in return has a promotional partner for the event and a venue sharing in some of logistical provisions.

Sample Site Overview



Schedule and Logistics

Event days are Friday and Saturday. Friday, the first day usually consists of approximately five hours of practice and open public qualifying/try-out events. Ideal times are anywhere from 11:00 AM – 6:00 PM. The second day is the actual competition, with all five to six disciplines running back-to-back over a five-hour window. Ideal times on this day are from 10:30 AM – 4:30 PM. In addition, three days are required prior to the event to set-up and one day post event to remove and strike equipment and also serve as a rain date.

Carson International, Inc. will supply all necessary competition equipment, to include corporate signage, staging, sound, diving dog pool, etc. If possible the host venue/entity is asked to consider supplying the following:

- Waiver or reduction of any site fees
- Outdoor, flat, grass surface area, approximately 175' X 250'
- 1,000 bleacher/grandstand seats (if available)
- 21,000 gallons of potable water (with drainage availability)
- Electrical power for event (110) and TV truck (220 3 phase)
- Restrooms/ port-o-let service
- Other: overnight security, material handling equipment, janitorial/trash services

PLEASE NOTE: The above are asks if the host site has available and NOT requirements.



Contact Information

Carson International, the leading producer of televised canine-oriented events, will handle all event and TV production on a turn key basis. For further IDC information.

Paul Carson, CEO
Kathy Carson, President

pcarson@carsonevents.com
kcarson@carsonevents.com

208.720.6371 cell
208.720.6391 cell



PO Box 2103
Ketchum, ID 83340
208.726.5990
www.carsonevents.com
www.nationaldogshow.com
www.facebook.com/carsonevents
www.youtube.com/carsonevents





Contract/Permit

Contract #: 18468
Date: 27 Sep 2016

User: SCTegard
Status: Firm

CARSON INTERNATIONAL
PAUL CARSON
PO BOX 2103
KETCHUM ID 83340 USA

Primary #: (208) 726-5990
Secondary #: ()
Other #: ()

Purpose of Use: Purina Dog Challenge

Expected: 0

Co-Sponsored Event

Contract Balance \$30.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Wed 05 Apr 17 06:00 am

Ending: Sat 08 Apr 17 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Wed	05 Apr 2017	06:00 AM 09:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Albert Whitted Park	Thu	06 Apr 2017	06:00 AM 09:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Albert Whitted Park	Fri	07 Apr 2017	06:00 AM 09:00 PM	\$0.00	\$230.00	\$0.00	\$230.00
Albert Whitted Park	Sat	08 Apr 2017	06:00 AM 09:00 PM	\$0.00	\$200.00	\$0.00	\$200.00

Additional Fees:

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	15:00	1	\$30.00	\$0.00	\$30.00
Co-Sponsored Park Permit Fee	30:00	2	\$400.00	\$0.00	\$400.00
		3	\$430.00	\$0.00	\$430.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$430.00	\$0.00	\$430.00	\$0.00	\$400.00	\$30.00	\$30.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
27 Sep 2016	\$400.00	Check	Rental	2652251

Additional Notes:

Contract #: 18468
Date: 27 Sep 2016

User: SCTegard
Status: Firm

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) PAUL CARSON

CARSON INTERNATIONAL

Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) _____

Parks and Recreation Superintendent

(Print Name) _____

Parks and Recreation Department

Supervisor II / Foreman

Approved or Rejected

Date: _____

Manager

Approved or Rejected

Date: _____

Manager

Approved or Rejected

Date: _____

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



City of St. Petersburg

CARSON INTERNATIONAL
ART DAVES
PO BOX 2103
KETCHUM, ID 83340 USA

Receipt #: 2652251
User: SCTegard
Issued: Tue 27 Sep 16 02:44 pm

Description	Amount
Previous Balance	\$430.00
Applied To: 18468 - Purina Dog Challenge Albert Whitted Park - Park April 5, 2017 6:00 am to April 8, 2017 9:00 pm	\$400.00
Payment: Check	(\$400.00)
Balance	\$30.00

**CARSON INTERNATIONAL INC
INCREDIBLE DOG CHALLENGE**

PO BOX 2103
KETCHUM, ID 83340

WELLS FARGO BANK, N. A.
99-716/1023

9/21/16

PAY TO THE
ORDER OF

City of St. Petersburg, Parks + Recreation

\$ 400.⁰⁰

four hundred

00 DOLLARS

Security features. Details on back.

MEMO

permit fee - special event PPPIDC

Fanflanson
AUTHORIZED SIGNATURE

⑈002737⑈ ⑆102307164⑆ 9130995339⑈

CARSON INTERNATIONAL INC INCREDIBLE DOG CHALLENGE

2737

Owes \$30.00

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION



Date Received: 9/20/16
Check or Cash: Mailed
Application #: 76
Packet: C
Permit #: 17833

Event Title: Warped Tour Phone No.: 813-600-1003 Fax No.:

Entity Name: Live Nation Federal I.D. Number:

Event Date(s): June 23 Location: Vinoy Park

Day 1 of Event: TBD Time Gates Open: 11a Ending Time: 10p

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

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

Application Prepared by: David J Harb Phone: 813-600-1003

Title: General Manager - Tampa St. Pete Market Cell Phone: 727-743-2395

Address: 4802 US Hwy 301 N City: Tampa State: FL Zip: 33610

Email Address: davidharb@livenation.com

Additional Contact Person: Dan Murphy Day Phone: 813-600-1007

What month/year were you incorporated as nonprofit?

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

Name of the for-profit entity? My Hope Chest

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

Music festival event that provides a day of entertainment for local concert going fans

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

Local hotels, restaurants, parking facilities

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: TBD Day of: TBD

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

Please provide a phone number that can be advertised to the public. 813-600-1001

What is the estimated attendance for this event? Spectators 9,000 Participants TBD Last Year's Total Attendance 8,900

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 yes-TBD Chairs # needed yes-TBD
Public Address System no
of portable risers needed (4 in. x 8 in. x 16 in. sections) yes-TBD

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

Vinoy Park

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

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

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

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

Name: 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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

Condition

Obligation

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> Public Invited | | | General Liability Insurance |
| <input checked="" type="checkbox"/> Located in Park | | | Park Permit |
| <input checked="" type="checkbox"/> Vending Product / Merchandise Sales | | | Occupational License |
| <input checked="" type="checkbox"/> Vending Food / Beverage | | | Health Inspection |
| <input checked="" type="checkbox"/> Vendors / Exhibitors | How many? | 21 - 30 Vendors / Exhibitors | |
| <input checked="" type="checkbox"/> Vending Beer / Wine | | | Alcohol Permit |
| <input checked="" type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft | How many? | TBD | Additional insurance Required |
| <input checked="" type="checkbox"/> Fence Installation | What type? | Chain link | Temporary Structure Permit |
| <input checked="" type="checkbox"/> Other Structures | What structure? | Platforms, stages, etc | Temporary Structure Permit |
| <input checked="" type="checkbox"/> Open Flame Food Preparation | | | Fire Inspection Permit |
| <input type="checkbox"/> Pyrotechnics | | | Fireworks Permit |
| <input checked="" type="checkbox"/> Require Street Closure | | | Parade or Street Closure Permit(s) |
| <input checked="" type="checkbox"/> VIP Area | | | |
| <input checked="" type="checkbox"/> Staging | <input checked="" type="checkbox"/> Professional | <input type="checkbox"/> Showmobile | <input checked="" type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Amplified Sound | <input checked="" type="checkbox"/> Performers | <input type="checkbox"/> Announcement Only | |
| <input checked="" type="checkbox"/> Security | <input checked="" type="checkbox"/> Daytime - Private | <input type="checkbox"/> Overnight - Private | <input checked="" type="checkbox"/> Event Time Frame - SPPD |
| <input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets | Regular Units | TBD | Disabled Units |
| <input type="checkbox"/> Off-site Parking / Shuttle | | | TBD |
| <input checked="" type="checkbox"/> Semitruck / Tractor Trailer | | | Hand Washing |
| | | | TBD |

Marketing: Please check all that apply.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Invitations | <input checked="" type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers | <input checked="" type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input checked="" type="checkbox"/> Remote Broadcast |

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

Electrical Requirements:

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

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

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

TBD - Power needed to power music stages, catering area, RV's, cooking locations throughout the festival area.

Will you supply your own generators? YES NO

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

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

Amplified sound starting at 10am

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

Name: Live Nation Phone: 813-600-1003

Address (including zip): 4802 US Hwy 301 N Tampa, F: 33610

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

Young alternative rock music across multiple stages, multiple food locations, beverages, vendor set ups

List Vending Products. Name & Provider.

Vendor list TBD. Type of products sold will be art, clothing, jewelry, etc

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

My Hope Chest - Alisia Savoretti - 727-642-4243

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

Live Music - non polotical

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

Will need access to park early in week @ Monday to start prep for weekend event. Will require parking lot next to pool area for back stage operations.

Other Comments: Please describe your fee structure.

General admission. Tickets sales thru Ticket Master

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: David J Harb

Title: General Manager

Date: Sept. 29, 2016

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: My Hope Chest

Name of Responsible Party (President or CEO ONLY): Alisia Savoretti

Title of Responsible Party: President

Physical Address of Responsible Party: will be provided at later date

Phone Number of Responsible Party: 727-642-4243

Email Address of Responsible Party: Alisia@myhopechest.org

Nonprofit (Employee Identification Number):

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

Name of Responsible Party (President or CEO ONLY): David Harb

Title of Responsible Party: General Manager - Tampa / St Pete

Physical Address of Responsible Party: 4802 US Hwy 301 N Tampa, FL 33610

Phone Number of Responsible Party: 813-600-1003

Email Address of Responsible Party: davidharb@livenation.com

For-profit (Employee Identification Number):

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



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

Name of Event: Warped Tour
 Date(s) of Event: Jun 23, 2017 - Jun 24, 2017

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

	Amount
1. Ticket Sales - TBD	\$0.00
2. Concession Sales - TBD	\$0.00
3. Merch Sales - TBD	\$0.00
4.	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	\$0.00

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

1. Production Exp - TBD	\$0.00
2. Advertising Exp - TBD	\$0.00
3. Operational Exp - TBD	\$0.00
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	\$0.00
TOTAL NET INCOME	\$0.00

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

1. TBD	
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	

Prepared by: David J Harb Date: Sep 29, 2016

Print Application

Submit Application by
Email



Contract/Permit

Contract #: 17833
Date: 18 Jul 2016

User: DWBurns
Status: Firm

LIVE NATION WORLD WIDE INC
DAVID HARB
4802 US HWY 301 N
TAMPA FL 33610 USA

Primary #: (813) 600-1003
Secondary #: ()
Other #: ()

Purpose of Use: VANS WAPED TOUR **Expected:** 11,000 **Co-Sponsored Event** **Contract Balance**
\$330.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Tue 20 Jun 17 06:00 am **Ending:** Sun 02 Jul 17 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Tue	20 Jun 2017	06:00 AM	\$0.00	\$300.00	\$0.00	\$300.00
Vinoy Park		26 Jun 2017	09:00 PM				
Vinoy Park	Wed	28 Jun 2017	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Vinoy Park		02 Jul 2017	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
Co-Sponsored Park Permit Fee (Vinoy)	159:00	1	\$300.00	\$0.00
		1	\$300.00	\$0.00
				\$300.00

Charges:

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

Rental charges are due according to the following schedule:

Date	Amount
Tuesday, Jun 6, 2017	\$330.00

Payments:

Additional Notes:

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

By: (Sign Name) _____

(Print Name) **DAVID HARB**

LIVE NATION WORLD WIDE INC

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) _____

Parks and Recreation Superintendent

(Print Name) _____

Parks and Recreation Department

Contract #: 17833
Date: 18 Jul 2016

User: DWBurns
Status: Firm

_____ Supervisor II / Foreman	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____
_____ Manager	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____
_____ Manager	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____

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



Contract/Permit Amendment

Printed: 04 Oct 2016, 02:18 PM

User: dwburns

Rental #: 17833
LIVE NATION WORLD WIDE INC
4802 US HWY 301 N
TAMPA FL 33610 USA

Amendment #: 1
Amended: 26 Aug 2016

VANS WAPED TOUR

Amendment Reason: fee applied

i) Purpose of Use:

Function: Not Changed

ii) Conditions of Use:

Insurance Required

iii) Dates and Time of Use:

of Bookings: 2 Starting: N/C Ending: N/C Expected: N/C

Mode	Facility / Equipment	Day	Start Date	Start Time	End Date	End Time	Function	Charge
Revised	Vinoy Park - Vinoy Park	Tue	20 Jun 2017	06:00 AM	26 Jun 2017	09:00 PM	Co-Sponsored Eve	\$0.00
To	Vinoy Park - Vinoy Park	Tue	20 Jun 2017	06:00 AM	26 Jun 2017	09:00 PM	Co-Sponsored Eve	\$300.00

iv) Additional Fees:

v) Payment Method:

Damage Deposit: N/C
Initial Due: N/C
Prior Contract Total: \$ 0.00
Stamenting: N/C

Payable By: N/C
Initial Pay: N/C
Contract Total: \$ 300.00

Date	Amount
06 Jun 2017	\$300.00

DAVID HARB Date _____

Supervisor II / Foreman Approved or Rejected Date _____

Manager Approved or Rejected Date _____

Superintendent Approved or Rejected Date _____



Contract/Permit Amendment

Printed: 04 Oct 2016, 02:18 PM

User: dwbums

Rental #: 17833

Amendment #: 2

LIVE NATION WORLD WIDE INC
4802 US HWY 301 N
TAMPA FL 33610 USA

Amended: 08 Sep 2016

VANS WAPED TOUR

Amendment Reason: Updated

i) Purpose of Use:

Function: Not Changed

ii) Conditions of Use:

Insurance Required

iii) Dates and Time of Use:

of Bookings: 2 Starting: N/C Ending: 02 Jul 2017 Expected: N/C

Mode	Facility / Equipment	Day	Start Date	Start Time	End Date	End Time	Function	Charge
Revised	Vinoy Park - Vinoy Park	Wed	28 Jun 2017	06:00 AM	05 Jul 2017	09:00 PM	Co-Sponsored Eve	\$0.00
To	Vinoy Park - Vinoy Park	Wed	28 Jun 2017	06:00 AM	02 Jul 2017	09:00 PM	Co-Sponsored Eve	\$0.00

iv) Additional Fees:

v) Payment Method:

Damage Deposit: N/C
Initial Due: N/C
Prior Contract Total: \$ 300.00
Statementing: N/C

Payable By: N/C
Initial Pay: N/C
Contract Total: N/C

Date	Amount
06 Jun 2017	\$300.00

DAVID HARB Date _____

Supervisor II / Foreman Approved or Rejected Date _____

Manager Approved or Rejected Date _____

Superintendent Approved or Rejected Date _____



Contract/Permit Amendment

Printed: 04 Oct 2016, 02:18 PM

User: dwburns

Rental #: 17833

Amendment #: 3

LIVE NATION WORLD WIDE INC
4802 US HWY 301 N
TAMPA FL 33610 USA

Amended: 04 Oct 2016

VANS WAPED TOUR

Amendment Reason: Applicatin Cost

i) Purpose of Use:

Function: Not Changed

Description:
Description:

ii) Conditions of Use:

Insurance Required

iii) Dates and Time of Use:

of Bookings: 2 Starting: N/C Ending: N/C Expected: N/C

iv) Additional Fees:

Mode	Extra Fee	Old Qty.	Old Amount	New Quantity	New Amount
Added	Co-Sponsored Application Fee			1	\$30.00

v) Payment Method:

Damage Deposit: N/C
Adjustment: N/C
Initial Due: N/C
Prior Contract Total: \$ 300.00
Statementing: N/C

Payable By: N/C
Adj: N/C
Initial Pay: N/C
Contract Total: \$ 330.00

Date	Amount
06 Jun 2017	\$330.00

DAVID HARB Date _____

Supervisor II / Foreman Approved or Rejected Date _____

Manager Approved or Rejected Date _____

Superintendent Approved or Rejected Date _____

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Detail by Entity Name****Foreign Profit Corporation**

LIVE NATION WORLDWIDE, INC.

Filing Information

Document Number	F06000007422
FEI/EIN Number	13-3977880
Date Filed	11/29/2006
State	DE
Status	ACTIVE
Last Event	CORPORATE MERGER
Event Date Filed	12/21/2007
Event Effective Date	12/31/2007

Principal Address9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210**Mailing Address**9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210**Registered Agent Name & Address**Corporate Creations Network Inc.
11380 Prosperity Farms Road #221E
Palm Beach Gardens, FL 33410

Name Changed: 04/04/2013

Address Changed: 04/04/2013

Officer/Director Detail**Name & Address**

Title President, CFO, Asst Secretary, Director

WILLARD, KATHY
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title SVP, Treasurer and Asst Secretary

LOWE, BILL

9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title EVP, General Counsel, Secretary, Director

ROWLES, MICHAEL
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title COO, Asst Secretary

Berchtold , Joe
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title SVP, CAO, Asst Secretary

Capo , Brian
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title SVP, Deputy General Counsel, Asst Secretary

Lassen , Eric
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title Controller, Accounting Reporting, Asst Secretary

Lecoq , Brandy
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title SVP, Corporate Tax, Asst Secretary

McKenzie , Gary
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Annual Reports

Report Year	Filed Date
2014	02/19/2014
2015	03/19/2015
2016	03/16/2016

Document Images

03/16/2016 -- ANNUAL REPORT	View image in PDF format
03/19/2015 -- ANNUAL REPORT	View image in PDF format
02/19/2014 -- ANNUAL REPORT	View image in PDF format
04/04/2013 -- ANNUAL REPORT	View image in PDF format

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Detail by Entity Name****Foreign Not For Profit Corporation**

MY HOPE CHEST CORPORATION

Filing Information

Document Number	F10000002667
FEI/EIN Number	20-0299888
Date Filed	06/09/2010
State	NV
Status	ACTIVE

Principal Address7777 131ST ST N STE 5
SEMINOLE, FL 33776

Changed: 04/30/2015

Mailing AddressP.O. BOX 3081
SEMINOLE, FL 33775-3081**Registered Agent Name & Address**SAVORETTI, ALISA
7380 128 ST N
SEMINOLE, FL 33776

Name Changed: 12/31/2012

Address Changed: 12/31/2012

Officer/Director Detail**Name & Address**

Title Founder/CEO

SAVORETTI, ALISA
7380 128TH ST, NO
SEMINOLE, FL 33776

Title Treasurer

Seay, Tonya

6516 Camden Bay
#202
Tampa, FL 33635

Title Secretary

Tsagaris, Barbie
8707 Bardmoor Place #103C
Largo, FL 33777

Annual Reports

Report Year	Filed Date
2014	04/28/2014
2015	04/30/2015
2016	04/28/2016

Document Images

04/28/2016 -- ANNUAL REPORT

[View image in PDF format](#)

04/30/2015 -- ANNUAL REPORT

[View image in PDF format](#)

04/28/2014 -- ANNUAL REPORT

[View image in PDF format](#)

06/19/2013 -- AMENDED ANNUAL REPORT

[View image in PDF format](#)

04/30/2013 -- ANNUAL REPORT

[View image in PDF format](#)

12/31/2012 -- Reg. Agent Change

[View image in PDF format](#)

04/11/2012 -- ANNUAL REPORT

[View image in PDF format](#)

04/18/2011 -- ANNUAL REPORT

[View image in PDF format](#)

06/09/2010 -- Foreign Non-Profit

[View image in PDF format](#)

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State of Florida, Department of State

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



Date Received: 9/30/16
 Check or Cash: CB
 Application #: 77
 Packet: C
 Permit #: 18544

Event Title: Running For All Children 5k, 10k & 1-mile fun run Phone No.: 727-546-3561 Fax No.: 727-545-1801
 Entity Name: Running For All Children, INC Federal I.D. Number: 47-3523420
 Event Date(s): May 13, 2017 Location: 501 6th Ave. S, St Petersburg, FL 33701
 Day 1 of Event: May 13, 2017 Time Gates Open: 7:00 AM Ending Time: 10:00 AM
 Day 2 of Event: N/A Time Gates Open: Ending Time:
 Day 3 of Event: N/A Time Gates Open: Ending Time:

Application Prepared by: Brian Powers Phone: 727-638-1910
 Title: President Cell Phone: 727-546-3561
 Address: 6354 118th Ave N. City: Largo State: FL Zip: 33773
 Email Address: info@runforallchildren.com
 Additional Contact Person: Brian Powers Day Phone: 727-638-1910

What month/year were you incorporated as nonprofit? 2/16/16
 List all 501(c)3 entities that will benefit from this event. Running For All Children, All Children's Hospital Foundation
 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.
 Together, Running For All Children and the All Children's Hospital Guild are hosting the 4th annual running for All children 5k, 10k and 1-mile fun run race on Saturday, May 13, 2017, to raise funds and support healthy living throughout the west coast of Florida.
 There will be something for everyone from kids doing a 100 yard dash, a 1 mile fun run for beginners or families, and chip timed 5K & 10K courses.

Describe what economic benefit and impact this event will bring to St. Petersburg.
 The primary beneficiary of the event will be the children and families associated with Johns Hopkins All Children's Hospital, but so too will the local businesses benefit by the more than 3,000 anticipated runners, including but not limited to the St. Petersburg area hotels, restaurants, boutique downtown stores and the like.
 This will be a "destination" race for many of the athletes who will be traveling to the area from other cities.

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

Does your group presently have liability insurance? 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: \$30.00 Day of: \$40.00

Please provide the website address for your event. runforallchildren.com
 Please provide a phone number that can be advertised to the public. 727-546-3561
 What is the estimated attendance for this event? Spectators 1000 Participants 3000 Last Year's Total Attendance 2000

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?

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/>	Public Invited	General Liability Insurance
<input checked="" type="checkbox"/>	Located in Park	Park Permit
<input type="checkbox"/>	Vending Product / Merchandise Sales	Occupational License
<input type="checkbox"/>	Vending Food / Beverage	Health Inspection
<input checked="" type="checkbox"/>	Vendors / Exhibitors	Alcohol Permit Additional insurance Required
	How many? <input type="text" value="11 - 20 Vendors / Exhibitors"/>	
<input type="checkbox"/>	Vending Beer / Wine	Temporary Structure Permit
<input type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	
<input type="checkbox"/>	Fence Installation	Temporary Structure Permit
<input type="checkbox"/>	Other Structures	Temporary Structure Permit
<input type="checkbox"/>	Open Flame Food Preparation	Fire Inspection Permit
<input type="checkbox"/>	Pyrotechnics	Fireworks Permit
<input checked="" type="checkbox"/>	Require Street Closure	Parade or Street Closure Permit(s)
<input type="checkbox"/>	VIP Area	
<input type="checkbox"/>	Staging	
<input checked="" type="checkbox"/>	Amplified Sound	
<input type="checkbox"/>	Security	
<input type="checkbox"/>	Sanitary Facilities - Port-O-Lets	
<input type="checkbox"/>	Off-site Parking / Shuttle	
<input type="checkbox"/>	Semitruck / Tractor Trailer	
	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
	<input type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD	
	Regular Units <input type="text"/> Disabled Units <input type="text"/> Hand Washing <input type="text"/>	

Marketing: Please check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Invitations | <input checked="" type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers | <input type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> 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:

Phone:

Address (including zip):

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

N/A

List Vending Products. Name & Provider.

N/A

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

N/A

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

N/A

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

Participants will arrive near the start/ finish area located at 501 6th Ave. S at approximately 6:45AM on May 7th.
Approximately 1/2 of the participants will be finished by 8:00 AM and the remaining participants will be complete the event before 10:00 AM.

Other Comments: Please describe your fee structure.

5k & 10k pre-registered runners: \$30.00

5k & 10k day of registration: \$40.00

1-mile fun run pre-registered runners: \$20.00

1-mile fun run day of registration: \$25.00

100 yard Kid's Dash - Free

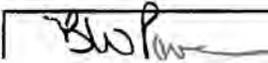
Other comments:

The attached race route has been reviewed by Sgt. Pratt, City of St. Petersburg Police Dept., Special Events Coordinator. Sgt. Pratt has taken no exceptions to the proposed race 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:  Title: President Date: 09.28.2016

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:	Running For All Children
Name of Responsible Party (President or CEO ONLY):	Brian Powers
Title of Responsible Party:	President
Physical Address of Responsible Party:	6354 118th Ave. N., Largo, FL 3377
Phone Number of Responsible Party:	727-546-3561
Email Address of Responsible Party:	info@runforallchildren.com
Nonprofit (Employee Identification Number):	47-3523420

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

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



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

Name of Event: Running For All Children
 Date(s) of Event: May 13, 2017 - May 13, 2017

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

Amount

1.	SEE ATTACHED	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
TOTAL GROSS REVENUE		

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

1.	SEE ATTACHED	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
TOTAL OPERATING EXPENSES		
TOTAL NET INCOME		

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

1.	All Children's Hospital Foundation	
2.		
3.		
4.		
5.		
6.		
TOTAL ALLOCATION OF NET INCOME		

Prepared by: Brian Powers Date: Sep 28, 2016

Print Application

Submit Application by Email

Running for All Children
Balance Sheet
For the Month Ended August 31, 2016

Assets

Current Assets

1150	Synovus Operating Account	\$ 5,890.30	
1190	Accounts Receivable	15,250.00	
5000	Day of Race/Non Spec Expen	<u>6,956.63</u>	
Total Current Assets			\$ 28,096.93

Long Term Assets

Total Long Term Assets			<u> </u>
Total Assets			<u>\$ 28,096.93</u>

Running for All Children
Balance Sheet
For the Month Ended August 31, 2016

Liabilities and Equity

Current Liabilities

Total Current Liabilities

Long Term Liabilities

Long Term Liabilities

Total Liabilities

Equity

3500

Retained Earnings

\$ 4,598.28

Net Income

23,498.65

Total Equity

\$ 28,096.93

Total Liabilities & Equity

\$ 28,096.93

Confidential: For Internal Use Only

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: FEB 16 2016

RUNNING FOR ALL CHILDREN INC
C/O MERRITT A GARDNER
5415 MARINER ST STE 200
TAMPA, FL 33609

Employer Identification Number:
47-3523420
DLN:
17053350344035
Contact Person:
JULIE CHEN ID# 31261
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a) (2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
September 29, 2014
Contribution Deductibility:
Yes
Addendum Applies:
No

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.

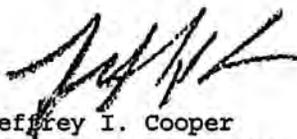
For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

RUNNING FOR ALL CHILDREN INC

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

Sincerely,

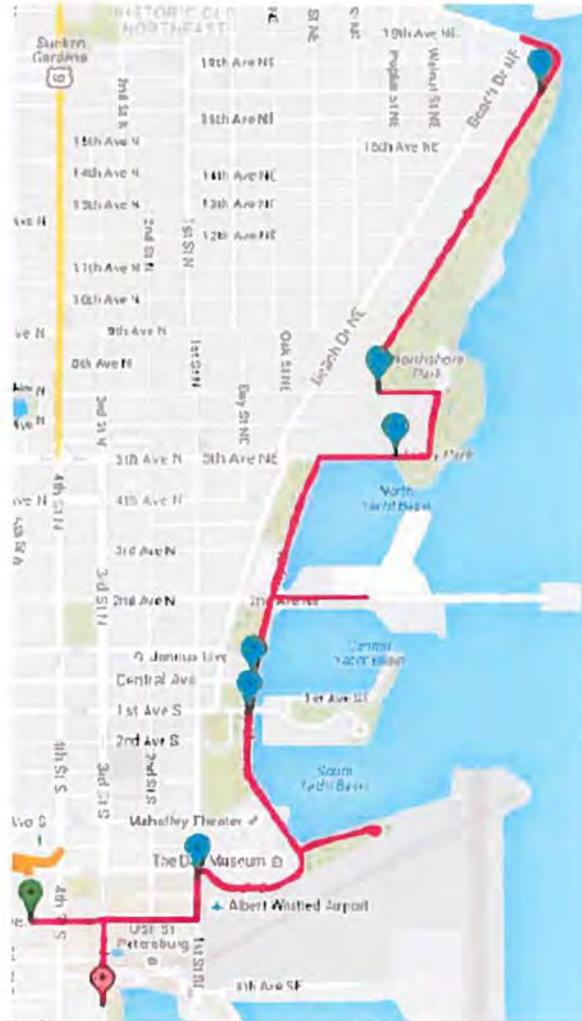
A handwritten signature in black ink, appearing to read "Jeffrey I. Cooper". The signature is stylized and somewhat cursive.

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements



2017 Running For All Children

10k race route – USA Track and Field Certified Course



Start: John's Hopkins Medicine All Children's Hospital - 501 6th Ave. S.

FINISH/ Athlete Expo: Poynter Park - 1000 3rd St. S.

10k turnaround: intersection of Beach Dr. NE/ Coffee Pot Blvd. NE

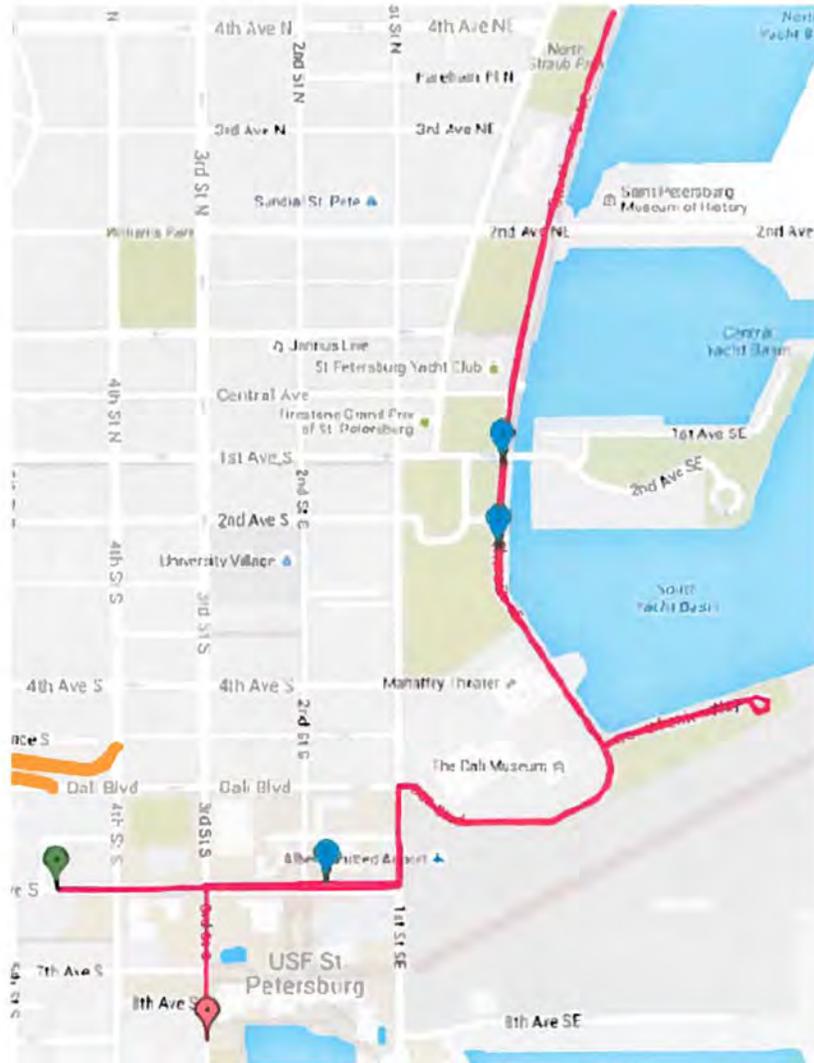
Medical Tent: Poynter Park





2017 Running For All Children

5k race route – USA Track and Field Certified Course



Start: John's Hopkins Medicine All Children's Hospital - 501 6th Ave. S.

FINISH/ Athlete Expo: Poynter Park - 1000 3rd St. S.

5k turnaround: Bay Shore Dr. NE (between 2nd Ave NE & 5th Ave NE)

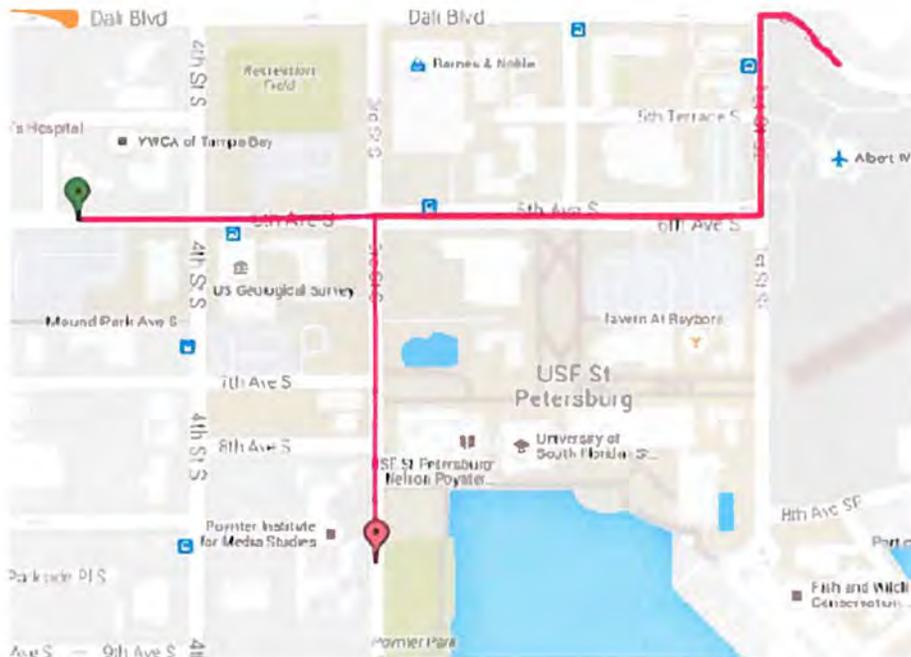
Medical Tent: Poynter Park





2017 Running For All Children

1 Mile Fun-Run



Start: John's Hopkins Medicine All Children's Hospital - 501 6th Ave. S.

FINISH/ Athlete Expo: Poynter Park - 1000 3rd St. S.

1mile turnaround: Dali Blvd.

Medical Tent: Poynter Park

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



Detail by Entity Name

Florida Not For Profit Corporation

RUNNING FOR ALL CHILDREN INC

Filing Information

Document Number	N14000009064
FEI/EIN Number	47-3523420
Date Filed	09/29/2014
Effective Date	09/29/2014
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	11/16/2015
Event Effective Date	NONE

Principal Address

6354 118TH AVENUE
LARGO, FL 33773

Mailing Address

6354 118TH AVENUE
LARGO, FL 33773

Registered Agent Name & Address

FIELDS, JOHN D
6354 118TH AVENUE
LARGO, FL 33773

Officer/Director Detail

Name & Address

Title DP

POWERS, BRIAN
6354 118TH AVENUE
LARGO, FL 33773

Title DST

FIELDS, JOHN D
6354 118TH AVENUE
LARGO, FL 33773

Title D

GEYER, LESLEY
3929 AMERICANA DRIVE
TAMPA, FL 33634

Title D

CRANDALL, BROOKE
13319 92ND AVENUE
SEMINOLE, FL 33776

Annual Reports

Report Year	Filed Date
2015	04/30/2015
2016	03/29/2016

Document Images

<u>03/29/2016 -- ANNUAL REPORT</u>	View image in PDF format
<u>11/16/2015 -- Amendment</u>	View image in PDF format
<u>04/30/2015 -- ANNUAL REPORT</u>	View image in PDF format
<u>09/29/2014 -- Domestic Non-Profit</u>	View image in PDF format



Contract/Permit

Contract #: 18544
Date: 04 Oct 2016

User: DWBurns
Status: Firm

RUNNING FOR ALL CHILDREN INC
BRIAN POWERS
6354 118TH AVE N
LARGO FL 33773 USA

Primary #: (727) 546-3561
Secondary #: (727)
Other #: ()

Purpose of Use: RUNNING FOR ALL CHILDREN 10K & 5K **Expected:** 4,000 **Co-Sponsored Event** **Contract Balance** \$230.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Thu 11 May 17 06:00 am **Ending:** Mon 15 May 17 12:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Poynter Park	Thu	11 May 2017	06:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
Park		15 May 2017	12:00 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 Park Permit Fee	102:00	1	\$200.00	\$0.00	\$200.00
		1	\$200.00	\$0.00	\$200.00

Charges:

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

Rental charges are due according to the following schedule:

Date	Amount
Thursday, Apr 27, 2017	\$230.00

Payments:

Additional Notes:

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

By: (Sign Name) _____
(Print Name) **BRIAN POWERS**
RUNNING FOR ALL CHILDREN INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

Contract #: 18544
Date: 04 Oct 2016

User: DWBurns
Status: Firm

_____ Supervisor II / Foreman	<input type="checkbox"/> Approved or <input type="checkbox"/> Rejected	Date: _____
_____ Manager	<input type="checkbox"/> Approved or <input type="checkbox"/> Rejected	Date: _____
_____ Manager	<input type="checkbox"/> Approved or <input type="checkbox"/> Rejected	Date: _____

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Running for All Children
 Vendor: The City of St. Petersburg

Check Date: September 30, 2016 **15032**

INVOICE DATE	INVOICE NO	DESCRIPTION	30.00	INV. AMOUNT	.00	DISCNT TAKEN	.00	BALANCE	30.00
9-30-16	09302016-1								
Chk. Date	9-30-16	Chk. No.	15032	Totals	30.00	.00	.00		30.00

Running for All Children
 6354 118th Avenue North
 Largo, FL 33773

Synovus Bank of Tampa Bay
 63-1416/631

DATE September 30, 2016 **15032**

→ PAY ONLY **30.00**

\$ 30.00

PAY Thirty and 00/100 Dollars

TO THE ORDER OF The City of St. Petersburg

**** COPY ****

Running for All Children
 Vendor: The City of St. Petersburg

Check Date: September 30, 2016 **15032**

INVOICE DATE	INVOICE NO	DESCRIPTION	30.00	INV. AMOUNT	.00	DISCNT TAKEN	.00	BALANCE	30.00
9-30-16	09302016-1								
Chk. Date	9-30-16	Chk. No.	15032	Totals	30.00	.00	.00		30.00

Running for All Children
 Vendor: The City of St. Petersburg

Check Date September 30, 2016 **15033**

INVOICE DATE	INVOICE NO	DESCRIPTION	30.00	INV AMOUNT	.00	DISCNT TAKEN	.00	BALANCE	30.00
9-30-16	09302016-2								
Chk. Date	9-30-16	Chk. No.	15033	Totals	00	.00	.00		30.00

Running for All Children
 6354 118th Avenue North
 Largo, FL 33773

Synovus Bank of Tampa Bay
 83-1418/831

DATE September 30, 2016 **15033**

⇒ PAY ONLY **30.00**

\$ 30.00

PAY Thirty and 00/100 Dollars

TO THE ORDER OF The City of St. Petersburg

**** COPY ****

Running for All Children
 Vendor: The City of St. Petersburg

Check Date: September 30, 2016 **15033**

INVOICE DATE	INVOICE NO	DESCRIPTION	30.00	INV. AMOUNT	.00	DISCNT TAKEN	.00	BALANCE	30.00
9-30-16	09302016-2								
Chk. Date	9-30-16	Chk. No.	15033	Totals	00	.00	.00		30.00



City of St. Petersburg

BCH MECHANICAL FOUNDATION
JOHN FIELDS
6354 118TH AVE N
LARGO, FL 33773 USA

Receipt #: 2655845
User: PPBranno
Issued: Tue 04 Oct 16 09:18 am

Description	Amount
Previous Balance	(\$30.00)
Payment: Check	(\$30.00)
Balance	(\$60.00)



City of St. Petersburg

BCH MECHANICAL FOUNDATION
JOHN FIELDS
6354 118TH AVE N
LARGO, FL 33773 USA

Receipt #: 2655844
User: PPBranno
Issued: Tue 04 Oct 16 09:18 am

Description	Amount
Previous Balance	\$0.00
Payment: Check	(\$30.00)
Balance	(\$30.00)



Contract/Permit

Contract #: 18544
Date: 04 Oct 2016

User: DWBurns
Status: Firm

RUNNING FOR ALL CHILDREN INC
BRIAN POWERS
6354 118TH AVE N
LARGO FL 33773 USA

Primary #: (727) 546-3561
Secondary #: (727)
Other #: ()

Purpose of Use: RUNNING FOR ALL CHILDREN 10K & 5K **Expected:** 4,000 **Co-Sponsored Event** **Contract Balance** \$170.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Thu 11 May 17 06:00 am **Ending:** Mon 15 May 17 12:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Poynter Park Park	Thu	11 May 2017	06:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
		15 May 2017	12:00 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
Co-Sponsored Park Permit Fee	102:00	1	\$200.00	\$0.00
		1	\$200.00	\$0.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$230.00	\$0.00	\$230.00	\$0.00	\$60.00	\$170.00	\$170.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
04 Oct 2016	\$30.00	Check	Rental	2656222
04 Oct 2016	\$30.00	Check	Rental	2656223

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) **BRIAN POWERS**

RUNNING FOR ALL CHILDREN INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

Contract #: 18544
Date: 04 Oct 2016

User: DWBurns
Status: Firm

_____ Supervisor II / Foreman	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____
_____ Manager	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____
_____ Manager	<input type="checkbox"/> Approved or	<input type="checkbox"/> Rejected	Date: _____

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Contract/Permit Amendment

Printed: 04 Oct 2016, 02:56 PM

User: dwburns

Rental #: 18544

Amendment #: 1

RUNNING FOR ALL CHILDREN INC
6354 118TH AVE N
LARGO FL 33773 USA

Amended: 04 Oct 2016

RUNNING FOR ALL CHILDREN 10K & 5K

Amendment Reason: Cost Due Now

i) Purpose of Use:

Function: Not Changed

Description:

Description:

ii) Conditions of Use:

Insurance Required

iii) Dates and Time of Use:

of Bookings: 1 Starting: N/C Ending: N/C Expected: N/C

iv) Additional Fees:

v) Payment Method:

Damage Deposit: N/C
Adjustment: N/C
Initial Due: N/C
Prior Contract Total: \$ 230.00
Statementing: Due immediately

Payable By: N/C
Adj: N/C
Initial Pay: N/C
Contract Total: N/C

Date	Amount
04 Oct 2016	\$170.00

BRIAN POWERS Date _____

Supervisor II / Foreman Approved or Rejected Date _____

Manager Approved or Rejected Date _____

Superintendent Approved or Rejected Date _____



City of St. Petersburg

RUNNING FOR ALL CHILDREN INC
BRIAN POWERS
6354 118TH AVE N
LARGO, FL 33773 USA

Receipt #: 2656223
User: DWBurns
Issued: Tue 04 Oct 16 02:55 pm

Description	Amount
Previous Balance	\$200.00
Applied To: 18544 - RUNNING FOR ALL CHILDREN 10K & 5K Poynter Park - Park May 11, 2017 6:00 am to May 15, 2017 12:00 pm	\$30.00
Payment: Check	(\$30.00)
Balance	\$170.00



City of St. Petersburg

BCH MECHANICAL FOUNDATION
JOHN FIELDS
6354 118TH AVE N
LARGO, FL 33773 USA

Receipt #: 2656217
User: DWBurns
Issued: Tue 04 Oct 16 02:50 pm

<u>Description</u>	<u>Amount</u>
Previous Balance	(\$60.00)
Payment Cancellation: Check - Entered to wrong account	\$30.00
Balance	(\$30.00)



City of St. Petersburg

BCH MECHANICAL FOUNDATION
JOHN FIELDS
6354 118TH AVE N
LARGO, FL 33773 USA

Receipt #: 2656218
User: DWBurns
Issued: Tue 04 Oct 16 02:51 pm

Description	Amount
Previous Balance	(\$30.00)
Payment Cancellation: Check - Entered to wrong account	\$30.00
Balance	\$0.00



City of St. Petersburg

RUNNING FOR ALL CHILDREN INC
BRIAN POWERS
6354 118TH AVE N
LARGO, FL 33773 USA

Receipt #: 2656222
User: DWBurns
Issued: Tue 04 Oct 16 02:55 pm

<u>Description</u>	<u>Amount</u>
Previous Balance	\$230.00
Applied To: 18544 - RUNNING FOR ALL CHILDREN 10K & 5K Poynter Park - Park May 11, 2017 6:00 am to May 15, 2017 12:00 pm	\$30.00
Payment: Check	(\$30.00)
Balance	\$200.00