City of St. Petersburg

City Council
Co-Sponsored Events Committee

Thursday, February 2, 2017, 3:00PM

City Hall Room 100

Committee Members
Lisa Wheeler-Bowman
Charlie Gerdes
Jim Kennedy
Ed Montanari
Steve Kornell (Alternate)

Agenda

I. Call to Order

II. Approval of fifteen (15) events for FY 17
   a. waiving the non-profit requirement for four (4) events
   b. waiving the $1200 late application fee for two (2) events
   c. approval of liquor requests for two (2) events

III. Approval of seventeen (17) events for FY 18
   a. waiving the non-profit requirement for five (5) events
   b. approval of liquor requests for four (4) events

IV. Ordinance to amend St Petersburg City Code to add Williams Park and Elva Rouse Park to list of approved parks for alcohol

V. Adjournment

Event Listing

2016 - 2017

Application #	Event Name
78	Painting in the Park 2017
79	Lord of the Wings Festival
80	Rebolution Fest
81	St Pete Pride Weekend
82	St. Petersburg Festival - SPF17
83	Battle at the Bay
84	Girls on the Run 5K
85	Tampa Bay Superheroes Unite
86	Nomadic Tempest
87	St Petersburg Wanderlust 108
88	Lionfish Safari
89	One Step Closer 5K
90	2017 TB Walk for Children with Aprxia
91	Komen Florida Suncoast Pink Stiletto Run
92	Back to School Care Fair

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

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st. petersburg parks & recreation

Date Received: 10/30/16
Check or Cash: #24098 $ 230.00
Application #: 23
Packet: C
Permit #: 18811

Event Title: Painting in the Park 2017 Phone No.: 727-896-2667 Fax No.: 727-894-4638

Entity Name: Museum of Fine Arts St. Petersburg, FL Federal I.D. Number: 590949278

Event Date(s): Sunday April 30th 2017 Location: North Straub Park/Museum Grounds

Day 1 of Event: April 30th Time Gates Open: 12:00pm Ending Time: 4:00pm

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

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

Application Prepared by: JP Fatseas Phone: 727-896-2667

Title: Director Of Operations Cell Phone: 727-667-3830

Address: 255 Beach Dr. NE City: St. Petersburg State: fl Zip: 33701

Email Address: JPFatseas@mfastpete.org

Additional Contact Person: Anna Glenn Day Phone: 727-896-2667

What month/year were you incorporated as nonprofit? 02/20/1965

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

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 free outdoor activity that celebrates the creativity within all of us. Art Activities are deigned for all ages and abilities with an emphasis on painting. Last year we brought 3000 people that participated in community built murals, hands on activities, and experimenting with different modalities of painting. Through this process we raised awareness of local cottage industries and independent businesses. At painting in the park 2015 we welcomed 900 people.

The event is a metaphor for the city of St. Petersburg arts, ingenuity, collaboration, philanthropy, and business. The Museum works with St. Anthony's Triathlon to inform the athletes of the opportunity to participate with their families: The local Buds Artisan Collective organized vendors to provide food and education opportunities (anything from making kombucha to starting your own succulent garden); Keep St. Pete Local utilized thier social media contracts to promote the event;.Kanes Furniture provided financial support for the purchase of supplies; and HSN provided over 15 volunteers.

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

The increase in pedestrian traffic to the event overflows into local business along Beach Dr. by collaborating with local enterprises we raise awareness of the resources in the this community. Having a free arts event during the Triathlon weekend underscores the city's image as a vibrant art's 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? 1,000,000.00

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

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

Please provide the website address for your event.

Please provide a phone number that can be advertised to the public. 727-896-2667

What is the estimated attendance for this event? Spectators 4000 Participants 50 Last Year's Total Attendance 3000

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

Recreation Equipment

Showmobile (Yes/No) no

Bleacher(s) needed. 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?

North Straub

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:	Jerry Smith	Title:	Interim Director	Date:	10/27/16
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 if paid.**

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☐ Vendors / Exhibitors	How many?	
☒ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☐ Erecting Tents - Larger than 10ft x 12ft	How many?	Temporary Structure Permit
☐ Fence Installation	What type?	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☐ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☐ Staging	☐ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☒ Performers ☐ Announcement Only	
☒ Security	☒ Daytime - Private ☐ Overnight - Private ☒ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 4 Disabled Units 2 Hand Washing 2	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

☒ Invitations	☒ Radio
☒ Posters / Flyers	☐ Television
☒ Newspaper / Internet	☐ Remote Broadcast

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

Electrical Requirements:

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

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

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

We are finalizing our vendor detail, when this is available we will forward the info.

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: Museum Of Fine Arts Phone: 727-896-2667

Address (including zip): 255 Beach Dr. NE, St. Petersburg, FL 33701

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

Kid & Family friendly pop music played by a DJ

List Vending Products. Name & Provider.

We are finalizing our vendor detail, when this is available we will forward the info.

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

Museum of Fine Arts, St. Petersburg, FL 33701

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

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

Load in: using the Northern most museum ramp off of Bayshore on to the Museum grounds and North Straub Park. Load in 10am-12:00pm

Other Comments: Please describe your fee structure.

Art activities are free for everyone. Vendors will have a fee, but are notified that this event is advertised as free and to price thier items accordingly.

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: Interim Director Date: 10-22-16

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.**

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Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Museum of Fine Arts, St. Petersburg FL 33701

Name of Responsible Party (President or CEO ONLY): Jerry Smith

Title of Responsible Party: Interim Director

Physical Address of Responsible Party: 255 Beach Dr. NE St. Petersburg, FL 33701

Phone Number of Responsible Party: 727-896-2667

Email Address of Responsible Party: jsmith@mfastpete.org

Nonprofit (Employee Identification Number): 59-0949278

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

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

Name of Event: Painting in the Park 2017
Date(s) of Event: April 30th 2017 - April 30th 2017

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

		Amount
1.	In kind advertising	$300.00
2.	Vendor Participation Fee	$250.00
3.	Sponsorships	$5,000.00
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$5,550.00

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

1.	City Fees	$230.00
2.	Museum Security	$200.00
3.	Performing Vendors	$750.00
4	Bar Tenders	$90.00
5.	Refreshments for Volunteers	$200.00
6.	T Shirts for volunteers	$700.00
7.	Printing Postcards	$800.00
8.	Paid advertising	$200.00
9.	parking for volunteers and vendors	$75.00
10.	Art Supplies	$3,000.00
11.	Furniture Rental	$250.00
12.	Labor	$220.00
	TOTAL OPERATING EXPENSES	
	TOTAL NET INCOME	

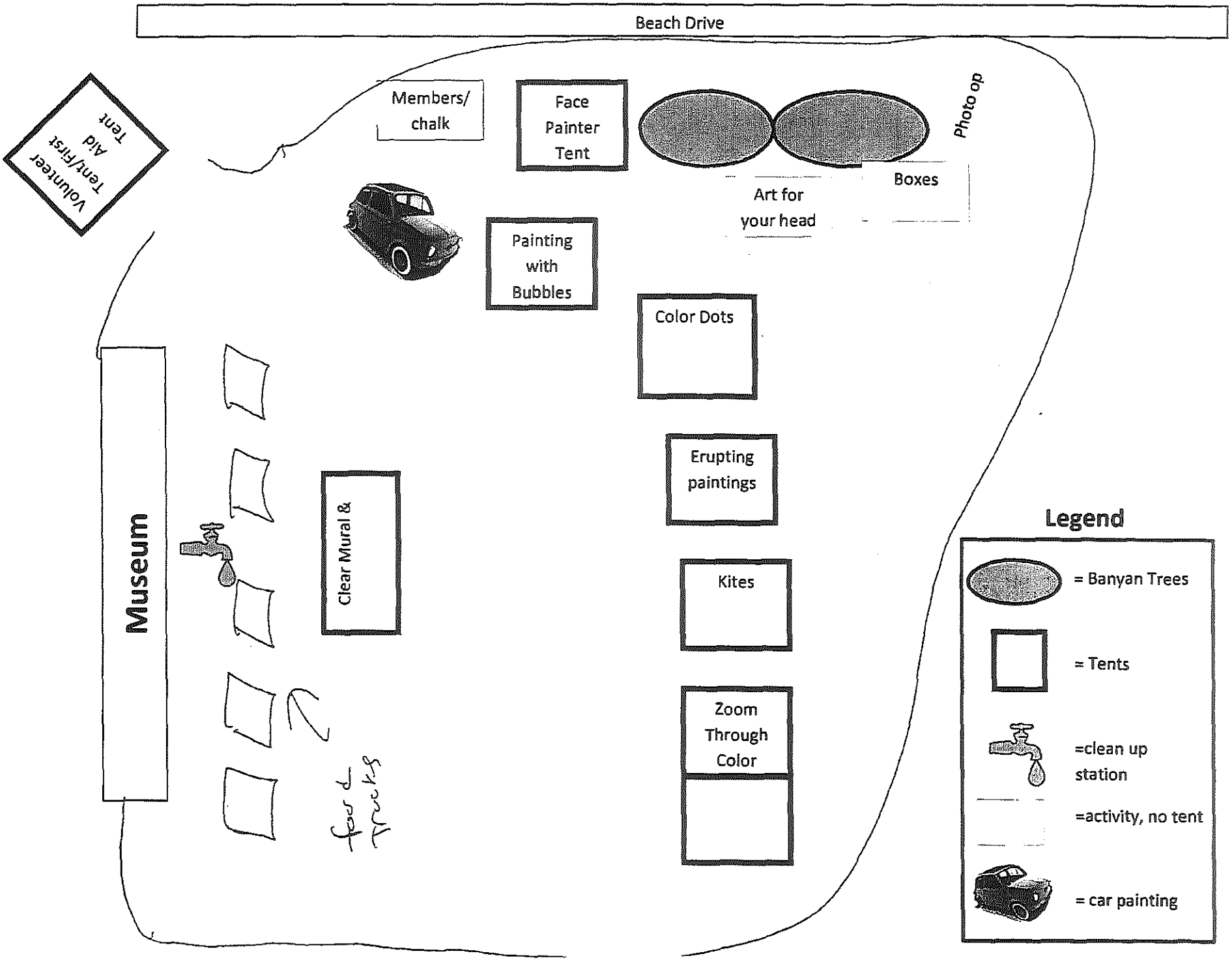
III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

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

Prepared by: JP Fatseas Date: Oct 27, 2016

Print Application

Submit Application by E


Beach Drive
Volunteer Tent/First Aid Tent
Members/ chalk
Face Painter Tent
Photo op
Boxes
Art for your head
Painting with Bubbles
Color Dots
Museum
Clear Mural &
Erupting paintings
Kites
Zoom Through Color
food trucks
Legend
= Banyan Trees
= Tents
=clean up station
=activity, no tent
= car painting

FLORIDA DEPARTMENT of STATE DIVISION OF CORPORATIONS

Sunbiz Division of CORPORATIONS

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by FEI/EIN Number

Florida Not For Profit Corporation
MUSEUM OF FINE ARTS OF ST PETERSBURG, FLORIDA, INC.

Filing Information

Document Number	702039
FEI/EIN Number	59-0949278
Date Filed	02/20/1961
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	05/05/2015
Event Effective Date	NONE

Principal Address

255 BEACH DR NE
SAINT PETERSBURG, FL 33701-0498

Changed: 05/23/2000

Mailing Address

255 BEACH DR NE
SAINT PETERSBURG, FL 33701-0498

Changed: 05/23/2000

Registered Agent Name & Address

Shepherd, Kristen A., Ms.
255 BEACH DRIVE N.E.
ST PETERSBURG, FL 33701

Name Changed: 01/06/2017

Address Changed: 06/05/2008

Officer/Director Detail

Name & Address

Title Chairman

Mahaffey, Mark, Mr.
255 BEACH DR. NE.
ST. PETERSBURG, FL

Title VC

Collins, Cathy, Mrs.
255 BEACH DRIVE N.E.
ST. PETERSBURG, FL 33701

Annual Reports

Report Year	Filed Date
2015	04/22/2015
2016	03/04/2016
2017	01/06/2017

Document Images

01/06/2017 -- ANNUAL REPORT	View image in PDF format
03/04/2016 -- ANNUAL REPORT	View image in PDF format
05/05/2015 -- Amendment	View image in PDF format
04/22/2015 -- ANNUAL REPORT	View image in PDF format
04/30/2014 -- ANNUAL REPORT	View image in PDF format
04/24/2013 -- ANNUAL REPORT	View image in PDF format
04/23/2012 -- ANNUAL REPORT	View image in PDF format
05/20/2011 -- ANNUAL REPORT	View image in PDF format
05/07/2010 -- ANNUAL REPORT	View image in PDF format
04/17/2009 -- ANNUAL REPORT	View image in PDF format
06/05/2008 -- ANNUAL REPORT	View image in PDF format
04/15/2008 -- ANNUAL REPORT	View image in PDF format
04/20/2007 -- ANNUAL REPORT	View image in PDF format
03/16/2006 -- ANNUAL REPORT	View image in PDF format
04/04/2005 -- ANNUAL REPORT	View image in PDF format
03/22/2004 -- ANNUAL REPORT	View image in PDF format
02/14/2003 -- ANNUAL REPORT	View image in PDF format
01/28/2002 -- ANNUAL REPORT	View image in PDF format
05/14/2001 -- ANNUAL REPORT	View image in PDF format
05/23/2000 -- ANNUAL REPORT	View image in PDF format
03/04/1999 -- ANNUAL REPORT	View image in PDF format
04/13/1998 -- ANNUAL REPORT	View image in PDF format
02/19/1997 -- ANNUAL REPORT	View image in PDF format
06/17/1996 -- ANNUAL REPORT	View image in PDF format
05/01/1995 -- ANNUAL REPORT	View image in PDF format

Contract/Permit

st. petersburg parks & recreation

Contract #: 18811
Date: 02 Nov 2016

User: SCTegard
Status: Firm

MUSEUM OF FINE ARTS
JP FATSEAS
255 BEACH DRIVE NE
ST PETERSBURG FL 33701 USA

Primary #: (727) 896-2667
Secondary #: ()
Other #: ()

Purpose of Use: Painting in the Park 2017 **Expected: 0** **Co-Sponsored Event**

Contract Balance $0.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting: Sun 30 Apr 17 10:00 am** **Ending: Sun 30 Apr 17 07:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
North Straub Park	Sun	30 Apr 2017	10:00 AM	$0.00	$230.00	$0.00	$230.00
Park			07:00 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	$230.00	$0.00	$0.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
02 Nov 2016	$230.00	Check	Rental	2669961

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) JP FATSEAS

MUSEUM OF FINE ARTS
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

_____ ☐ Approved or ☐ Rejected Date: _____
Supervisor II / Foreman

_____ ☐ Approved or ☐ Rejected Date: _____
Manager

st. petersburg
parks & recreation

Contract/Permit

Contract #: 18811
Date: 02 Nov 2016

User: SCTegard
Status: Firm

_____ ☐ Approved or ☐ 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

MUSEUM OF FINE ARTS
JP FATSEAS
255 BEACH DRIVE NE
ST PETERSBURG, FL 33701 USA

Receipt #: 2669961
User: SCTegard
Issued: Wed 02 Nov 16 12:37 pm

Description		Amount
Previous Balance		$0.00
Payment:	Check	($230.00)
Balance		($230.00)

APPROVED REFUNDS ARE BY CHECK ONLY

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

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st. petersburg parks & recreation

Date Received: 10/27/16
Check or Cash:
Application #: 79
Packet: C
Permit #: 18806

Event Title: Lord of the Wings Festival | Phone No.: 8778202582 | Fax No.:

Entity Name: Active Endeavors Inc dba Tampa Bay Club Sport | Federal I.D. Number: 26-0016418

Event Date(s): 4/1/17 | Location: Spa Beach Park

Day 1 of Event: 4/1/17 | Time Gates Open: 12 PM | Ending Time: 5 PM

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

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

Application Prepared by: Ian Elston | Phone: 877-820-2582, ext 2

Title: Director of Marketing | Cell Phone: 727-804-0648

Address: 10901 Roosevelt Blvd, Ste 100-D | City: St Pete | State: FL | Zip: 33716

Email Address: chris@tampabayclubsport.com

Additional Contact Person: Chris Giebner | 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. TBD

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 a unique festival experience to residents, while raising $ for charity.

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

Bring 3000+ people downtown with spending money. Parking at Spa Beach park and the parking garages will get more people DT for shopping at the various businesses in DT.

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: $10 Day of: $15

Please provide the website address for your event. TBD

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 500 Participants 1500 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) 0

Tables (6 ft) # needed TBD 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 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:	Tracey Giebner	Title:	owner	Date:	10/27/16
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 if paid.**

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

PLEASE ATTACH THE FOLLOWING

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

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

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www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

All of this will be TBD as we work through the needs of this first time event

Will you supply your own generators? ☐ YES ☒ NO

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

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

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

Name: Tampa Bay Club Sport 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 or a local band

List Vending Products. Name & Provider.

TBD

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

Pier Aquarium (most likely...subject to change)
(727) 803-9799, Ext. 202 -or- info@thesecretsofthesea.org

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

NA

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

TBD

Other Comments: Please describe your fee structure.

$10 advanced pricing and $X/cost per wing. There will be VIP tickets sold for a TBD price.

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: Tracey Giebner Title: President Date: 10/27/16

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.

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www.stpete.org

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: TBD

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

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: ian@tampabayclubsport.com

For-profit (Employee Identification Number) 26-0016418

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

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

Name of Event: Lord of Thee Wings Festival
Date(s) of Event: 4/1/2017 - 4/1/2017

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

		Amount
1.	Ticket purchases	$0.00
2.	sponsors	$0.00
3.		
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$0.00

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

1.	City fees (fire/park/rec/police)	$0.00
2.		
3.		
4	Club Sport expense (staff/signage/shirts/trophies/cc fees/advertising)	$0.00
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.	Club Sport	
2.	Charity	
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	

Prepared by: Ian Elston Date: Oct 27, 2016

Print Application

Submit Application by Email

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

Annual Reports

Report Year	Filed Date
2015	01/12/2015
2016	03/01/2016
2017	01/09/2017

Document Images

01/09/2017 -- ANNUAL REPORT	View image in PDF format
03/01/2016 -- ANNUAL REPORT	View image in PDF format
01/12/2015 -- ANNUAL REPORT	View image in PDF format
01/21/2014 -- ANNUAL REPORT	View image in PDF format
01/16/2013 -- ANNUAL REPORT	View image in PDF format
02/14/2012 -- ANNUAL REPORT	View image in PDF format
01/31/2011 -- ANNUAL REPORT	View image in PDF format
03/03/2010 -- ANNUAL REPORT	View image in PDF format
04/06/2009 -- ANNUAL REPORT	View image in PDF format
04/28/2008 -- ANNUAL REPORT	View image in PDF format
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

Contract/Permit

st. petersburg parks & recreation

Contract #: 18806
Date: 02 Nov 2016

User: SCTegard
Status: Firm

TAMPA BAY CLUB SPORT
IAN ELSTON
10901 ROOSEVELT BLVD SUITE 100-D
ST PETERSBURG FL 33716 USA

Primary #: (877) 820-2582
Secondary #: (727)
Other #: (727) 804-0648

Purpose of Use: Lord of the Wings Festival **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	No

Date(s) and Time(s) of Use: **Starting: Sat 01 Apr 17 06:00 am** **Ending: Sat 01 Apr 17 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Sat	01 Apr 2017	06:00 AM	$0.00	$230.00	$0.00	$230.00
Park			09:00 PM				
Spa Beach Park	Sat	01 Apr 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	$24,601.35

Rental charges are due according to the following schedule:

Date	Amount
Friday, Mar 31,2017	$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) IAN ELSTON

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

_____ 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

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st. petersburg parks & recreation

Date Received: 11/28/16
Check or Cash: CK
Application #: 80
Packet: D
Permit #: 19091

Event Title: REBELUTION
Phone No.:
Fax No.:
Entity Name: WEARECONCERTS / NOCLUBS
Federal I.D. Number:
Event Date(s): AUG 24-27 or AUG 31 Sept 4* Location: VINOY PARK
Day 1 of Event: TBD Time Gates Open: 3:00PM Ending Time: 10:00PM
Day 2 of Event: Time Gates Open: Ending Time:
Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared by: GAETANO RIFUGIATO Phone: 941 504 0283
Title: PRES Cell Phone: 941 504 0283
Address: 666 CENTRAL AVE City: State: Zip:
Email Address: noclubspresents@icloud.com
Additional Contact Person: Day Phone:

What month/year were you incorporated as nonprofit?

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

Name of the for-profit entity? WEARECONCERTS / NOCLUBS

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

As in previous years attract many people from outside St. Pete that are willing to spend in local businesses for tickets and food sales

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? 3-5 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. statemecha.com

Please provide a phone number that can be advertised to the public. 727 822 5665

What is the estimated attendance for this event? Spectators 6,000 Participants 100 Last Year's Total Attendance 5500

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:	[illegible]	Title:	Pres	Date:	23 NOV 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 if paid.**

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

PLEASE ATTACH THE FOLLOWING

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

To be provided at a later date

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

Condition		Obligation
☑ Public Invited		General Liability Insurance
☑ Located in Park		Park Permit
☑ Vending Product / Merchandise Sales		Occupational License
☑ Vending Food / Beverage		Health Inspection
☐ Vendors / Exhibitors	How many?	
☑ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☑ Erecting Tents - Larger than 10ft x 12ft	How many? 4	Temporary Structure Permit
☑ Fence Installation	What type? Wire	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☑ Open Flame Food Preparation		Fire Inspection Permit
☒ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☑ VIP Area		
☑ Staging	☑ Professional ☑ Showmobile ☐ Other	
☑ Amplified Sound	☑ Performers ☐ Announcement Only	
☑ Security	☐ Daytime - Private ☐ Overnight - Private ☐ Event Time Frame - SPPD	
☑ Sanitary Facilities - Port-O-Lets	Regular Units 60 Disabled Units 10 Hand Washing 10	
☐ Off-site Parking / Shuttle		
☑ Semitruck / Tractor Trailer		

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.

Band vieehles

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? M. ALDISH

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: WE ARE CONCERTS / No Clubs Phone: 941 504 0283

Address (including zip): 666 Central Ave St. Petersburg Fl. 33701

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

Of a Reggae nature

List Vending Products. Name & Provider.

Food/Clothing/ Literature

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

Refuge Ministries

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

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

Artist trucks will be arriving 6:00 AM
Staging will be set up previous day

Other Comments: Please describe your fee structure.

Determined by the Artist.

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: G. Rifugiato Title: Pres Date: 23 Nov 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.**

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Appendix B
President or CEO
Responsible Party Information

In past years we have used Refuge Ministries we are looking to spread the donations this year

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: e.g. TBD

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

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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

WE ARE CONCERTS LLC
GAETANO RIFUGIATO
666 CENTRAL AVE
ST PETERSBURG, FL 33701 USA

Receipt #: 2691382
User: DWBurns
Issued: Fri 16 Dec 16 08:53 am

Description	Amount
Previous Balance	$330.00
Applied To: 19091 - REBELUTION Vinoy Park - Vinoy Park August 22, 2017 6:00 am to September 4, 2017 9:00 pm	$330.00
Payment: Check	($330.00)
Balance	$0.00

APPROVED REFUNDS ARE BY CHECK ONLY

Contract/Permit

st. petersburg parks & recreation

Contract #: 19091
Date: 16 Dec 2016

User: DWBurns
Status: Firm

WE ARE CONCERTS LLC
GAETANO RIFUGIATO
666 CENTRAL AVE
ST PETERSBURG FL 33701 USA

Primary #: (941) 504-0282
Secondary #: ()
Other #: ()

Purpose of Use: REBELUTION

Expected: 5,000

Co-Sponsored Event

Contract Balance $0.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting: Tue 22 Aug 17 06:00 am** **Ending: Mon 04 Sep 17 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Tue	22 Aug 2017	06:00 AM	$0.00	$300.00	$0.00	$300.00
Vinoy Park		28 Aug 2017	09:00 PM				
Vinoy Park	Thu	31 Aug 2017	06:00 AM	$0.00	$0.00	$0.00	$0.00
Vinoy Park		04 Sep 2017	09:00 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 (Vinoy)	159:00	1	$300.00	$0.00	$300.00
		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	$330.00	$0.00	$0.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
16 Dec 2016	$330.00	Check	Rental	2691382

Additional Notes:

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

By:(Sign Name) _____

(Print Name) GAETANO RIFUGIATO

WE ARE CONCERTS LLC
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.

Contract/Permit

st. petersburg parks & recreation

Contract #: 19091
Date: 16 Dec 2016

User: DWBurns
Status: Firm

WE ARE CONCERTS LLC
GAETANO RIFUGIATO
666 CENTRAL AVE
ST PETERSBURG FL 33701 USA

Primary #: (941) 504-0282
Secondary #: ()
Other #: ()

Purpose of Use: REBELUTION

Expected: 5,000

Co-Sponsored Event

Contract Balance
$0.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: Starting: Tue 22 Aug 17 06:00 am Ending: Mon 04 Sep 17 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Tue	22 Aug 2017	06:00 AM	$0.00	$300.00	$0.00	$300.00
Vinoy Park		28 Aug 2017	09:00 PM				
Vinoy Park	Thu	31 Aug 2017	06:00 AM	$0.00	$0.00	$0.00	$0.00
Vinoy Park		04 Sep 2017	09:00 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 (Vinoy)	159:00	1	$300.00	$0.00	$300.00
		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	$330.00	$0.00	$0.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
16 Dec 2016	$330.00	Check	Rental	2691382

Additional Notes:

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

By:(Sign Name) _____

(Print Name) GAETANO RIFUGIATO

WE ARE CONCERTS LLC
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.

FLORIDA DEPARTMENT of STATE DIVISION OF CORPORATIONS

Sunbiz.org DIVISION of CORPORATIONS

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Limited Liability Company
WE ARE CONCERTS LLC

Filing Information

Document Number	L15000040605
FEI/EIN Number	46-3317510
Date Filed	03/05/2015
Effective Date	03/01/2015
State	FL
Status	ACTIVE

Principal Address

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

Mailing Address

PO BOX 269
ST. PETERSBURG, FL 33731

Registered Agent Name & Address

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

Authorized Person(s) Detail

Name & Address

Title MGRM

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

Title MGRM

CAMPILLO, LUCIEN
4935 58TH AVE S 58TH AVE S
ST PETERSBURG, FL 33715

Title MGRM

Rifugiato, Gaetano
3535 7th Avenue North

St Petersburg, FL

Annual Reports

Report Year	Filed Date
2016	03/10/2016

Document Images

03/10/2016 -- ANNUAL REPORT	View image in PDF format
03/05/2015 -- Florida Limited Liability	View image in PDF format

FLORIDA DEPARTMENT of STATE DIVISION OF CORPORATIONS

Sunbiz.org Division of CORPORATIONS

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Not For Profit Corporation
REFUGE MINISTRIES OF TAMPA BAY, INC.

Filing Information

Document Number	N12000010413
FEI/EIN Number	47-2524520
Date Filed	11/02/2012
Effective Date	11/02/2012
State	FL
Status	ACTIVE

Principal Address

3680 49th Ave. north
Apt. 1
St. Petersburg, FL 33714

Changed: 06/04/2013

Mailing Address

3705 58th Ave. North
St. Petersburg, FL 33714

Changed: 04/29/2016

Registered Agent Name & Address

WRIGHT, BRUCE J
3680 49th Ave. north
Apt. 1
St. Peterburg, FL 33714

Address Changed: 06/04/2013

Officer/Director Detail

Name & Address

Title P

WRIGHT, BRUCE JREV
3680 49th Ave. north
Apt. 1
St. Petersburg, FL 33714

Title DIR

Title DIR

SHEPERD, DAVE
2431 10TH AVE. NORTH
ST. PETERSBURG, FL 33713

Title DIR

MCCUTCHEN, JOE REV
1543 HWY 138 SE,SUITE 336
CONYERS, GA 30013

Title DIR

DON, THOMPSON REV. DR
2215 SUNSET DRIVE
BRADENTON, FL 34207

Title DIR

SEGALL, DENNIS REV
4507 N. NEBRASKA AVE
TAMPA, FL 33603

Title Director/Pastor

Wright, Barbara
3705 58th Ave. North
St. Petersburg, FL 33714

Annual Reports

Report Year	Filed Date
2014	04/30/2014
2015	04/22/2015
2016	04/29/2016

Document Images

04/29/2016 -- ANNUAL REPORT	View image in PDF format
04/22/2015 -- ANNUAL REPORT	View image in PDF format
04/30/2014 -- ANNUAL REPORT	View image in PDF format
06/04/2013 -- ANNUAL REPORT	View image in PDF format
11/02/2012 -- Domestic Non-Profit	View image in PDF format

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

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st. petersburg parks & recreation

Date Received: 12/15/16
Check or Cash: CK
Application #: 281
Packet:
Permit #: 19103

Event Title: St Pete LGBTQ+ Pride Celebration | Phone No.: 727-342-0084 | Fax No.:

Entity Name: St. Pete Pride, Inc. | Federal I.D. Number: 14-1876777

Event Date(s): June 24, 2017 - 25th | Location: Vinoy Park, NE Bayshore Dr, North Straub Park

Day 1 of Event: June 24 | Time Gates Open: 4:00 PM | Ending Time: 11:00 PM

Day 2 of Event: June 25 | Time Gates Open: 11:00 AM | Ending Time: 5:00 PM

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

Application Prepared by: Eric Skains | Phone: 727-342-0084

Title: Executive Director | Cell Phone: 713-899-0567

Address: PO Box 12647 | City: St. Petersburg | State: FL | Zip: 33733

Email Address: eric.skains@stpetepride.com

Additional Contact Person: Scion Provenzano | Day Phone: 727-342-0084

What month/year were you incorporated as nonprofit? March, 2003

List all 501(c)3 entities that will benefit from this event. St. Pete Pride, 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.

The event strengthens St. Petersburg's image as a welcoming city to all its visitors and residents on an international level, drawing on guests from around the world. The event highlights the diverse city of St. Petersburg, Florida.

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

A 2016 independent economic survey found the economic impact of St Pete Pride is approximately $22.3-million, with 50% of attendees traveling from outside of Pinellas County staying an average of 2.6 nights.

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

Does your group presently have liability insurance? ☒ YES ☐ NO How much? 2,000,000

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

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

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

Please provide a phone number that can be advertised to the public. 727-342-0084

What is the estimated attendance for this event? Spectators 50,000 Participants 500 Last Year's Total Attendance 50,000

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

Recreation Equipment

Showmobile (Yes/No) Yes

Bleacher(s) needed. Each bleacher approx. 180 people) 3

Tables (6 ft) # needed ____ Chairs # needed ____

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?

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:	EXECUTIVE DIRECTOR	Date:	12/15/16
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 if paid.**

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

PLEASE ATTACH THE FOLLOWING

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

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

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
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? Over 30 Vendors / Exhibitors	
☒ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 3	Temporary Structure Permit
☒ Fence Installation	What type? Temporary chain link	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☒ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☒ VIP Area		
☒ Staging	☐ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☐ Performers ☐ Announcement Only	
☒ Security	☐ Daytime - Private ☒ Overnight - Private ☐ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 150 Disabled Units 30 Hand Washing 15	
☒ Off-site Parking / Shuttle		
☒ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? ☒ YES ☐ NO

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

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

n/a

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

Name: St. Pete Pride, Inc. Phone: 727-342-0084

Address (including zip): PO Box 12647, St. Petersburg, FL 33733

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

Band music, DJ. One to two stages, 5 bands and 2 DJs per stage.

List Vending Products. Name & Provider.

Various

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

St. Pete Pride, Inc., PO Box 12647, St. Petersburg, FL 33733, 727-342-0084

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

Thank you speeches to attendees.

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

Exhibitors are asked to arrive within 4 hours of the gate open time, no later than one hours prior to the event. Exhibitor parking in North Shore Parking lot.

Other Comments: Please describe your fee structure.

$100 to $500 based on exhibitor type.

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: EXECUTIVE DIRECTOR Date: 12/15/16

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www.stpete.org

Appendix B
President or CEO
Responsible Party Information

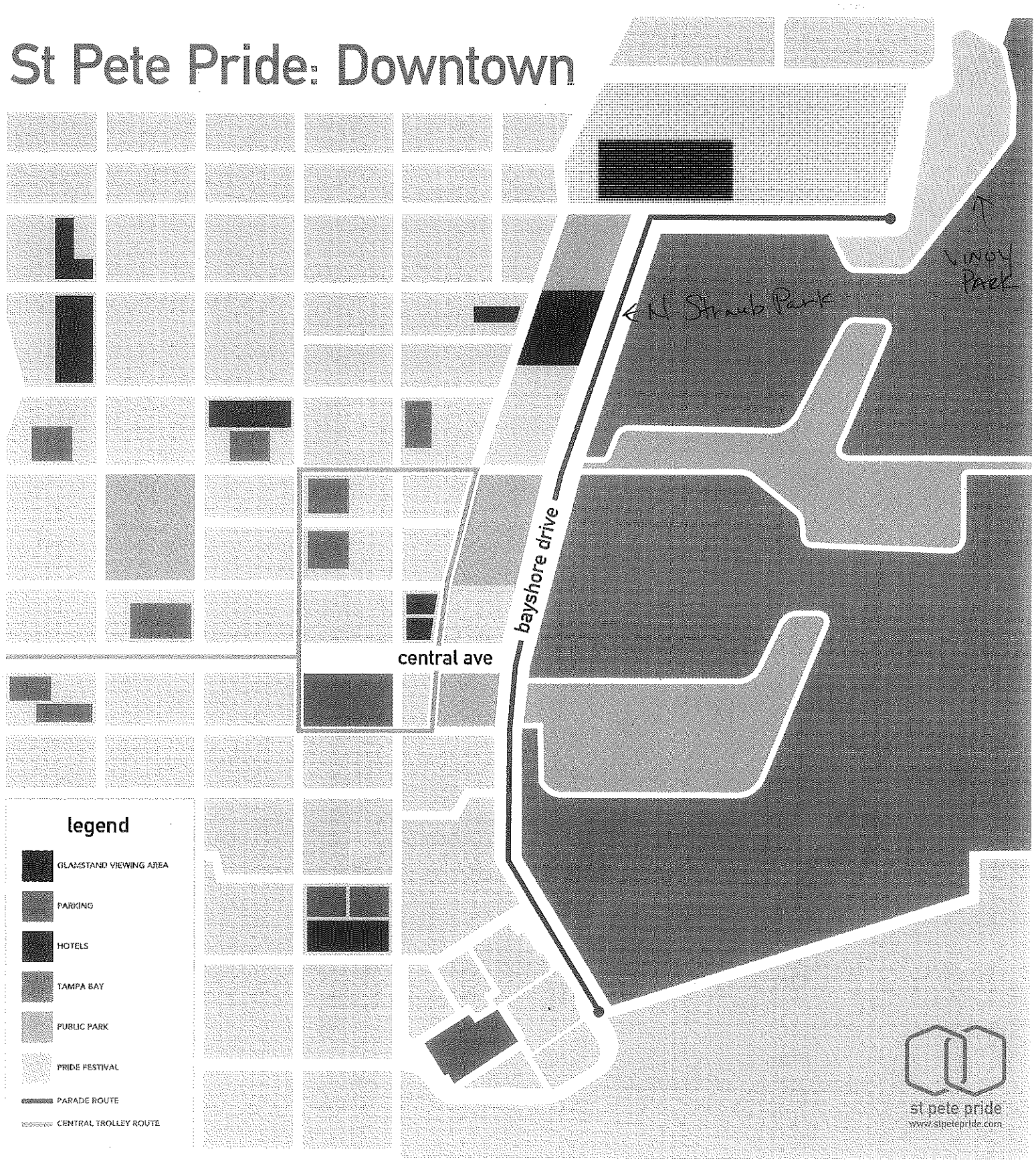
Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation:	St. Pete Pride, Inc.
Name of Responsible Party (President or CEO ONLY):	Eric Skains
Title of Responsible Party:	Executive Director
Physical Address of Responsible Party:	2227 Central Ave, St. Petersburg, FL 33713
Phone Number of Responsible Party:	727-342-0084
Email Address of Responsible Party:	eric.skains@stpetepride.com
Nonprofit (Employee Identification Number):	14-1876777

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

St Pete Pride: Downtown



St Pete Pride, Inc
Profit and Loss
January 1 - December 15, 2016

		Total
Income		
Pride Weekend		
Beverages		35,655.00
Festival		
Registration Fees		
Application Fee		2,195.00
Corporate		27,032.50
Electric		3,150.00
Food Vendor		14,190.00
Hyperlink		420.00
Insurance Add-on		2,380.00
Non-Profit		9,760.00
Small Business		29,537.50
Table/Chairs		2,280.00
Tent Rental		4,800.00
Total Registration Fees	$	**95,745.00**
Total Festival	$	**95,745.00**
Glamstands		17,877.92
Parade		
Registration Fees		
Application/Trash Fee		890.00
Corporate		18,170.00
Hyperlink		255.00
Non-Profit		7,702.00
Parade Sponsor's Fee		750.00
Small Business		4,735.00
Total Registration Fees	$	**32,502.00**
Total Parade	$	**32,502.00**
SP2 Concert		1,440.00
Total Pride Weekend	$	**183,219.92**
Expenses		
Pride Weekend		
Advertising/Promotional		1,312.95
Beverages		
Beverage Sales Tax		769.86
Product & Services		25,508.22
Total Beverages	$	**26,278.08**
Entertainment		19,770.20
Festival		
Decorations		5,852.46

Labor		3,000.00
City fees and Permits		25,369.97
Rentals/Services		29,587.58
Total Festival	**$**	**63,810.01**
Glamstands		
Hospitality		9,514.76
Infrastructure		4,019.00
Total Glamstands	**$**	**13,533.76**
Insurance		11,952.00
Parade		
Awards		506.46
Infrastructure		105.89
City fees and Permits		25,309.97
Rentals/Services		18,533.32
Total Parade	**$**	**44,455.64**
SP2 Concert		10,701.25
Total Pride Weekend	**$**	**191,813.89**
Net Income		(8,593.97)

Thursday, Dec 15, 2016 04:06:30 PM GMT-8 - Cash Basis

Contract/Permit

st. petersburg parks & recreation

Contract #: 19193
Date: 04 Jan 2017

User: DWBurns
Status: Firm

ST PETE PRIDE INC
ERIC SKAINS
PO BOX 12647
ST PETERSBURG FL 33733 USA

Primary #: (727) 643-9160
Secondary #: ()
Other #: ()

Purpose of Use: ST PETE PRIDE PARADE AND FESTIVAL **Expected:** 0 **Co-Sponsored Event**

Contract Balance $619.10

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 21 Jun 17 06:00 am** **Ending: Mon 26 Jun 17 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Wed	21 Jun 2017	06:00 AM	$0.00	$0.00	$0.00	$0.00
Park		26 Jun 2017	09:00 PM				
Vinoy Park	Wed	21 Jun 2017	06:00 AM	$0.00	$600.00	$0.00	$600.00
Vinoy Park		26 Jun 2017	09:00 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 (Vinoy)	135:00	2	$600.00	$0.00	$600.00
		2	$600.00	$0.00	$600.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$630.00	$0.00	$630.00	$0.00	$10.90	$619.10	$619.10

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
06 Oct 2014	$10.90	Check	Rental	2219612

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) ERIC SKAINS

ST PETE PRIDE 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:

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City of St. Petersburg

ST PETE PRIDE INC
CHRIS RUDISILL
PO BOX 12647
ST PETERSBURG, FL 33733 USA

Receipt #: 2705321
User: DWBurns
Issued: Tue 10 Jan 17 09:32 am

Description	Amount
Previous Balance	$819.10
Applied To: 19193 - ST PETE PRIDE PARADE AND FESTIVAL Albert Whitted Park - Park June 21, 2017 6:00 am to June 26, 2017 9:00 pm	$819.10
Payment: Check	($830.00)
Balance	($10.90)

APPROVED REFUNDS ARE BY CHECK ONLY

st. petersburg parks & recreation

Contract/Permit

Contract #: 19193
Date: 04 Jan 2017

User: DWBurns
Status: Firm

ST PETE PRIDE INC
ERIC SKAINS
PO BOX 12647
ST PETERSBURG FL 33733 USA

Primary #: (727) 643-9160
Secondary #: ()
Other #: ()

Purpose of Use: ST PETE PRIDE PARADE AND FESTIVAL **Expected:** 0 **Co-Sponsored Event**

Contract Balance $0.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Wed 21 Jun 17 06:00 am **Ending:** Mon 26 Jun 17 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Wed	21 Jun 2017	06:00 AM	$0.00	$0.00	$0.00	$0.00
Park		26 Jun 2017	09:00 PM				
North Straub Park	Wed	21 Jun 2017	06:00 AM	$0.00	$200.00	$0.00	$200.00
Park		26 Jun 2017	09:00 PM				
Vinoy Park	Wed	21 Jun 2017	06:00 AM	$0.00	$600.00	$0.00	$600.00
Vinoy Park		26 Jun 2017	09:00 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	135:00	1	$200.00	$0.00	$200.00
Co-Sponsored Park Permit Fee (Vinoy)	135:00	2	$600.00	$0.00	$600.00
		3	$800.00	$0.00	$800.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$830.00	$0.00	$830.00	$0.00	$830.00	$0.00	($10.90)

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
06 Oct 2014	$10.90	Check	Rental	2219612
10 Jan 2017	$819.10	Check	Rental	2705321

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) ERIC SKAINS

ST PETE PRIDE 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

_____ ☐ Approved or ☐ Rejected Date: _____
Supervisor II / Foreman

_____ ☐ Approved or ☐ Rejected Date: _____
Manager

_____ ☐ Approved or ☐ Rejected Date: _____
Manager

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st.petersburg

Contract/Permit Amendment

Printed: 10 Jan 2017, 09:33 AM
User: dwburns

Rental #: 19193

Amendment # : 1

Amended: 10 Jan 2017

ST PETE PRIDE INC
PO BOX 12647
ST PETERSBURG FL 33733 USA

ST PETE PRIDE PARADE AND FESTIVAL

Amendment Reason: **Added**

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

iv) Additional Fees:

v) Payment Method:

Damage Deposit: N/C
Initial Due: N/C
Prior Contract Total: $ 630.00
Statementing: N/C

Payable By: N/C
Initial Pay: N/C
Contract Total: N/C

Date	Amount
10 Jan 2017	$619.10

ERIC SKAINS — Date

Supervisor II / Foreman — ☐ Approved or ☐ Rejected — Date

Manager — ☐ Approved or ☐ Rejected — Date

Superindendent — ☐ Approved or ☐ Rejected — Date

st.petersburg

Contract/Permit Amendment

Printed: 10 Jan 2017, 09:33 AM

User: dwburns

Rental #: 19193 **Amendment # : 2**

ST PETE PRIDE INC
PO BOX 12647
ST PETERSBURG FL 33733 USA

Amended: 10 Jan 2017

ST PETE PRIDE PARADE AND FESTIVAL

Amendment Reason: **added**

i) Purpose of Use:

Function: Not Changed

Description:
Description:

ii) Conditions of Use:

Insurance Required

iii) Dates and Time of Use:

# of Bookings: 3 Starting: N/C Ending: N/C Expected: N/C

Mode	Facility / Equipment	Day	Start Date	Start Time	End Date	End Time	Function	Charge
Added	North Straub Park - Park	Wed	21 Jun 2017	06:00 AM	26 Jun 2017	09:00 PM	Co-Sponsored Eve	$200.00

iv) Additional Fees:

v) Payment Method:

Damage Deposit: N/C
Adjustment: N/C
Initial Due: N/C
Prior Contract Total: $ 630.00
Statementing: N/C

Payable By: N/C
Adj: N/C
Initial Pay: N/C
Contract Total: $ 830.00

ERIC SKAINS _____ Date _____

Supervisor II / Foreman _____ ☐ Approved or ☐ Rejected Date _____

Manager _____ ☐ Approved or ☐ Rejected Date _____

Superindendent _____ ☐ Approved or ☐ Rejected Date _____

FLORIDA DEPARTMENT of STATE DIVISION OF CORPORATIONS

Sunbiz.org DIVISION of CORPORATIONS

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Not For Profit Corporation
ST. PETE PRIDE, INC.

Filing Information

Document Number	N03000002767
FEI/EIN Number	14-1876777
Date Filed	03/26/2003
State	FL
Status	ACTIVE

Principal Address

2227 CENTRAL AVE
ST. PETERSBURG, FL 33713

Changed: 03/28/2016

Mailing Address

PO BOX 12647
ST. PETERSBURG, FL 33733

Changed: 02/12/2009

Registered Agent Name & Address

Skains, Eric
2227 CENTRAL AVE
ST. PETERSBURG, FL 33713

Name Changed: 05/14/2013

Address Changed: 03/28/2016

Officer/Director Detail

Name & Address

Title P

SCION, PROVENZANO
PO BOX 12647
ST. PETERSBURG, FL 33733

Title S

MARK, O'HARA

PO BOX 12647
ST. PETERSBURG, FL 33733

Title T

SOLOMONS, STANLEY P
PO BOX 12647
ST. PETERSBURG, FL 33733

Title ED

SKAINS, ERIC
PO BOX 12647
ST. PETERSBURG, FL 33733

Title VP

LAURA, LEGRETTA
PO BOX 12647
ST. PETERSBURG, FL 33733

Title Director

Grimins, Jeremy
2227 CENTRAL AVE
ST. PETERSBURG, FL 33713

Title Director

Painter, Donald
2227 CENTRAL AVE
ST. PETERSBURG, FL 33713

Title Director

Aller, Jonathan
2227 CENTRAL AVE
ST. PETERSBURG, FL 33713

Title Director

McGrath, Susan
2227 CENTRAL AVE
ST. PETERSBURG, FL 33713

Annual Reports

Report Year	Filed Date
2015	02/23/2015
2016	03/28/2016
2016	06/22/2016

Document Images

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1/3/17
Check or Cash: Ck
Application #: 82
Packet: D
Permit #: 19245

Event Title: Family Arts Festival for St. Petersburg Festival - SPF 17 Phone No.: 727 518-5142 Fax No.:

Entity Name: St. Petersburg Arts Alliance Federal I.D. Number: 46-1335413

Event Date(s): 9/23 - 9/24 Location: South Straub

Day 1 of Event: 9/23 Time Gates Open: 9 am Ending Time: 10 pm

Day 2 of Event: 9/24 raindate Time Gates Open: 9 am Ending Time: 6 pm

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

Application Prepared by: John Collins Phone: 727.518.5142

Title: Executive Director Cell Phone: 717.518.5142

Address: 100 2nd Ave NE, #150 City: St. Petersburg State: FL Zip: 33701

Email Address: john@stpeteartsalliance.org

Additional Contact Person: Allen Loyd Day Phone: 727.599.7624

What month/year were you incorporated as nonprofit? 10/2012

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

Name of the for-profit entity? none

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

This event will be a family friendly event to include a ChalkArt Festival and other free events on South Straub Park

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

Families will come to the park. Estimate 2,000 people over one day. Sunday is a raindate. It will also run in conjunction with Arts Alive, free museum day on Saturday and draw from the Saturday Morning Market

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.stpeteartsalliance.org

Please provide a phone number that can be advertised to the public. 727.581.5143

What is the estimated attendance for this event? Spectators 1,000 Participants 25 Last Year's Total Attendance 1,000

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 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:	John Collins	Title:	Executive Director	Date:	12/27/16
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 if paid.**

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

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

Marketing: Please check all that apply.

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

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

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: St. Petersburg Arts Alliance Inc Phone: 717.518.5142

Address (including zip): 100 2nd Ave. N #150, St. Petersburg, FL

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.

no anticipated needs. Chalk Artists will park in public lots. We may need three metered spaces for load in.

Other Comments: Please describe your fee structure.

n/a

Other comments:

We will keep you informed as planning develops with the Suncoasters for the Festival

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

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

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

Name: John Collins Title: Executive Director Date: 2/10/16

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www.stpete.org

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: St. Petersburg Arts Alliance Inc

Name of Responsible Party (President or CEO ONLY): John Collins

Title of Responsible Party: Executive Director

Physical Address of Responsible Party: 100 2nd Ave N, #150

Phone Number of Responsible Party: 727.518.5142

Email Address of Responsible Party: john@stpeteartsalliance.org

Nonprofit (Employee Identification Number): 46-1335413

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

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

Name of Event: Family Arts Festival
Date(s) of Event: 9/26/15 - 9/27/15

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

		Amount
1.	Self Funded from the Arts Alliance if not sponsored	$5,000
2.		
3.		
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	

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

1.	Chalk artists	2,000
2.	park and rec app fee and park rental	430
3.	promotion	600
4	supplies	70
5.	Other Arts presenters (drum circle, magician)	1,500
6.	Addition park & rec charges	200
7.	port-a-john & washstation	125
8.		
9.		
10.		
11.		
12.		4,825
	TOTAL OPERATING EXPENSES	
	TOTAL NET INCOME	

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

1.	Back to Arts Aliance for inhouse expenses: bookkeeping, ins., etc.	$175.00
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	

Prepared by: John Collins Date: 12/27/16

Print Application

Submit Application by Email

CITY OF ST. PETERSBURG/COMMUNITY AFFAIRS DIVISION
ACCESSIBILITY CHECKLIST AND EVENT APPLICATION

Event Name: Family Arts Festival **Event Date(s):** 9/23 + 9/24/2017

Event Location: South Straub Park

Event Representative: John Collins

Address: St. Petersburg Arts Alliance, 100 2nd Ave N. #150, S.P. 33701

Phone: 720.518.5142 **Fax:** N/A **E-Mail:** johnc@stpetearts alliance.org

Event Website:

---

1. **Parking:**
   a. If you expect that participants will be parking in city-owned parking facilities for your event, have you contacted the parking manager in the Department of Transportation and Parking to discuss your needs?

   Yes. _____ No. _____ N/A X

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

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

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

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

   c. Are your private parking facilities in compliance with Ch. 553.5041 of the Florida Statues or the Florida Building Code?

   Yes. _____ No. _____ N/A X

2. **Portable Toilet Units:**

For single user portable toilet or bathing units clustered at a single location, **at least five percent (5%) but no less than one accessible toilet unit shall be installed in each grouping and they should be placed on an accessible route. If only one is provided in a location, it should be accessible.

a. Total Number of Portable Units: _____

b. Total Number of Accessible Portable Units: 1

c. Is there at least one accessible unit in each group including accessible hand washing facilities (even if the group is a single unit)?

Yes X No _____ N/A _____

3. **Accessible Routes:**

a. Do you plan to have any entrance or exit areas to the event, or is the event open to the public with no restricted access?

Open: X Restricted/Ticketed: _____

b. If restricted, are your entrances and exits (means of egress, including emergency exits) at least 44 inches wide and free from barriers to provide an accessible route? In addition, the "gate" or entry "door" must provide a minimum of a 32" clear opening.

Yes _____ No _____

* If any of your entrances and/or exits do not have the 32-inch minimum clearance, please document the reasons for the restriction and whether you have alternative entrances and exits that are marked with signs.

_____

c. If you have a passenger loading/unloading zone, is it accessible?

Yes _____ No _____ N/A X

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

Yes X No _____

*If you are using ancillary ramps to provide access, please document that below (all ramps shall be at a ratio of no more than 1:12 ' - 1 inch incline to each foot in length):

Check Here: _____

* City of St. Petersburg Parks and Recreation Department have for your use the following for an additional fee to install by city staff: **Mobi-Mats** – They are used to create an equal access pathway for all recreational users if needed.

4. **Vendors and Activities:**

**The tops of accessible tables and counters should be between 28 – 34 inches above the finished floor or ground and should be on an accessible route.

a. Are all of the vendors and planned activities accessible to persons with disabilities?

Yes. X No _____

*If no, please provide a necessary reason why they are not all located on an accessible pathway or do not have displays that conform to guidelines.

_____

_____

b. Will your food and other counters/vendors have accessible displays?

Yes ___X___ No _____ N/A _____

c. Is there any seating available for dining?

Yes _____ No ___X___

d. If yes, is at least 5% of the seating accessible? (For example, has space available for a wheelchair; table has at least 27 inches of knee clearance.)

Yes _____ No _____

e. Do you plan to have any seating available for viewing concerts or other performances?

Yes _____ No ___✓___ N/A ___X___

f. If yes, do you have a section reserved with accessible, unobstructed viewing for persons with disabilities and their companions?

Yes _____ No _____

g. Do you plan to have sign-language interpreters or any other auxiliary aids or services available for persons with disabilities?

Yes _____ No _____ N/A ___X___

*If yes, please provide details about those below:

_____

_____

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

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

5. <u>Signage and Marketing</u>:

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

a. Will you have appropriate, visible signage to inform people with disabilities about all accessible facilities at your event?

Yes ___X___ No _____ N/A _____

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

"This event was designed to provide equal opportunity for enjoyment by all participants. If you would like to request any particular aids or services <u>pursuant to disability laws</u>, please contact the event planner at **(<u>EVENT PHONE NUMBER</u>)** or City of St Petersburg Community Affairs Division at (727) 893-7345 or (727) 892-5259 TDD/TTY"

b. Will you have appropriate, visible signage to inform people with disabilities about all accessible facilities at your event?

Yes ___X___ No _____ N/A _____

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

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

Contact Name: John Collins Phone: 727.518.5142

Email Address: john@stpetearts alliance.org Fax: — none —

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

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

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

John Collins
Signature, Event Representative

12/27/16
Date:

John Collins
Print Name, Event Representative

This event has been approved by the Community Affairs Division:

_____
ADA Coordinator

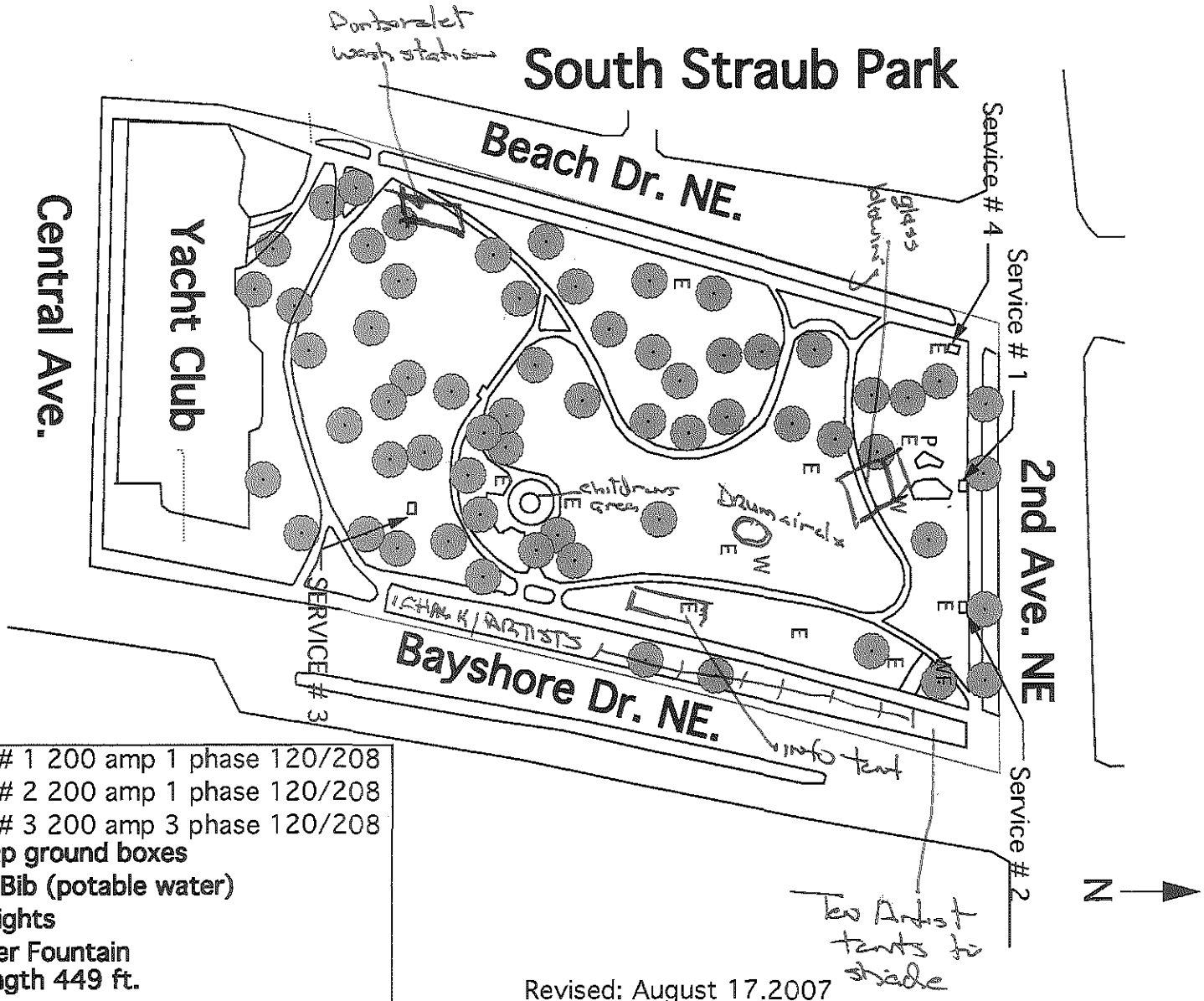
_____
Date

PLEASE RETURN THIS FORM WITH YOUR EVENT LAYOUT MAP TO:

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

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

South Straub Park



Service # 1 200 amp 1 phase 120/208
Service # 2 200 amp 1 phase 120/208
Service # 3 200 amp 3 phase 120/208
E 50 amp ground boxes
W Hose Bib (potable water)
P Pole Lights
WF Water Fountain
Park Length 449 ft.
Park Width 265 ft.

Revised: August 17.2007

FLORIDA DEPARTMENT of STATE DIVISION OF CORPORATIONS

Sunbiz Division of CORPORATIONS

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

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

Filing Information

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

Principal Address

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

Mailing Address

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

Changed: 08/12/2014

Registered Agent Name & Address

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

Address Changed: 08/12/2014

Officer/Director Detail

Name & Address

Title O

PAPICH, JOSEPH
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title O

KELLEY, DEBORAH
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title 0

LETIZIO, LISA
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title O

WOOD, RICHARD
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title Director

Ransdall, Sandra
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Title Director

McClellan, Duncan
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Title Director

Boss, Kristy
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Title Director

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

Title Director

Schrader, Stacia
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Annual Reports

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1/4/17
Check or Cash: $330
Application #: 83
Packet: D
Permit #: 15246

Event Title: Battle At The Bay
Phone No.: 727-831-2829
Fax No.:
Entity Name: One More Rep Sports Performance & weight loss
Federal I.D. Number: 47-2858985
Event Date(s): 9-2-17
Location: Vinoy Park
Day 1 of Event: 9-2-17 Time Gates Open: 8am Ending Time: 6pm
Day 2 of Event: Time Gates Open: Ending Time:
Day 3 of Event: Time Gates Open: Ending Time:

* would like to set up 9/1/17

Application Prepared by: Mark Oliver
Phone: 727-831-2829
Title: MGR/CEO
Cell Phone: 727-831-2829
Address: 2852 Broadway center
City: Brandon
State: FL
Zip: 33509
Email Address: OneMoreRepTampa@gmail.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? One More Rep Sports Performance & weight loss

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

Because over hundreds of people all over the state of FL will be able To come see how beautiful Saint Petersburg is. Many have not been here before. Also There will be many by standers coming by and learning about fitness and nutrition, possibly saving Their life, This is a great fun/family enviorment.

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

The economic benefit is many people will be coming from out of Town. Meaning a lot of people will want To be close TO The events. So They will be using a lot of The local hotels. Also Many of The athletes eat a lot which will benefit a lot of the local Restaurant

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. N/A

Please provide a phone number that can be advertised to the public. 727-831-2829

What is the estimated attendance for this event? Spectators 200 Participants 300 Last Year's Total Attendance

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

# of portable risers needed (4 in. x 8 in. x 16 in. sections) 0

Special Events Facilities

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

☐ Non-City Locations

Which Location? Vinoy

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:	Mark Oliver	Title:	Mgr	Date:	1-4-17
Co-Sign:	[signature]	Title:	MGR	Date:	1-4-17

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? ☐ YES ☑ NO

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

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

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

Name: Mark Oliver Phone: 727-831-2829

Address (including zip): 5201 72nd way north saint pete FL 33709

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

Hip Hop, Rock, techno etc any other up beat workout music.

List Vending Products. Name & Provider.

this list will be provided as we get closer to the event. We expect 8-10 vendors. That will either be apparael or supplement vendors.

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.

Opening ceremony and a description of each workout.

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

everyone will use public parking.

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: Mark Oliver Title: Mgr Date: 12-4-17

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.**

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www.stpete.org

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: K.O.G.I.C Kingdom of God International Church

Name of Responsible Party (President or CEO ONLY): Darryl Rieves

Title of Responsible Party: Darryl Rieves

Physical Address of Responsible Party: P.O. Box 7015 Brandon, FL 33508

Phone Number of Responsible Party: 813-481-8864

Email Address of Responsible Party: [illegible]

Nonprofit (Employee Identification Number): 45-3763205

Name of the **For-profit** Corporation: One More Rep Sports Performance & Weight loss

Name of Responsible Party (President or CEO ONLY): Mark Oliver

Title of Responsible Party: MGR

Physical Address of Responsible Party: 2852 Broadway Center Blvd Brandon FL, 33510

Phone Number of Responsible Party: 727-831-2829

Email Address of Responsible Party: OnemorereptoMFA@Gmail.com

For-profit (Employee Identification Number) 47-2858985

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

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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.	Registration from participants	$240 Team est.
2.	Vendors	$100 - 200
3.		
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	

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

1.	equipment	$1500
2.	T shirts	$1500
3.	website / Scoring	$1500
4	Misc	$500
5.	Insurance	$1000
6.	permits	N/A
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.	N/A yet	
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	

Prepared by: Date:

Print Application

Submit Application by Email

CITY OF ST. PETERSBURG/COMMUNITY AFFAIRS DIVISION
ACCESSIBILITY CHECKLIST AND EVENT APPLICATION

Event Name: Battle At The Bay **Event Date(s):** 9/2/17

Event Location: Vinoy Park

Event Representative: Mary Oliver

Address: 5201 72nd Way North Saint Petersburg FL 33709

Phone: 727-831-2829 **Fax:** _____ **E-Mail:** onemorereplamo@gmail.com

Event Website: N/A yet

---

1. **Parking:**
   a. If you expect that participants will be parking in city-owned parking facilities for your event, have you contacted the parking manager in the Department of Transportation and Parking to discuss your needs?

      Yes. _____ No. ✓ N/A _____

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

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

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

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

   c. Are your private parking facilities in compliance with Ch. 553.5041 of the Florida Statues or the Florida Building Code?

      Yes. _____ No. ✓ N/A _____

2. **Portable Toilet Units:**

For single user portable toilet or bathing units clustered at a single location, **at least five percent (5%) but no less than one accessible toilet unit shall be installed in each grouping and they should be placed on an accessible route. If only one is provided in a location, it should be accessible.

a. Total Number of Portable Units: 4-5

b. Total Number of Accessible Portable Units: 4-5

c. Is there at least one accessible unit in each group including accessible hand washing facilities (even if the group is a single unit)?

Yes ✓ No _____ N/A _____

3. **Accessible Routes:**

a. Do you plan to have any entrance or exit areas to the event, or is the event open to the public with no restricted access?

Open: ✓ Restricted/Ticketed: _____

b. If restricted, are your entrances and exits (means of egress, including emergency exits) at least 44 inches wide and free from barriers to provide an accessible route? In addition, the "gate" or entry "door" must provide a minimum of a 32" clear opening.

Yes _____ No _____

* If any of your entrances and/or exits do not have the 32-inch minimum clearance, please document the reasons for the restriction and whether you have alternative entrances and exits that are marked with signs.

_____

c. If you have a passenger loading/unloading zone, is it accessible?

Yes ✓ No _____ N/A _____

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

Yes ✓ No _____

*If you are using ancillary ramps to provide access, please document that below (all ramps shall be at a ratio of no more than 1:12 ' - 1 inch incline to each foot in length):

Check Here: _____

* City of St. Petersburg Parks and Recreation Department have for your use the following for an additional fee to install by city staff: **Mobi-Mats** – They are used to create an equal access pathway for all recreational users if needed.

4. **Vendors and Activities:**

**The tops of accessible tables and counters should be between 28 – 34 inches above the finished floor or ground and should be on an accessible route.

a. Are all of the vendors and planned activities accessible to persons with disabilities?

Yes. ✓ No _____

*If no, please provide a necessary reason why they are not all located on an accessible pathway or do not have displays that conform to guidelines.

_____

_____

b. Will your food and other counters/vendors have accessible displays?

Yes ✓ No _____ N/A _____

c. Is there any seating available for dining?

Yes ✓ No _____

d. If yes, is at least 5% of the seating accessible? (For example, has space available for a wheelchair; table has at least 27 inches of knee clearance.)

Yes ✓ No _____

e. Do you plan to have any seating available for viewing concerts or other performances?

Yes _____ No _____ N/A X

f. If yes, do you have a section reserved with accessible, unobstructed viewing for persons with disabilities and their companions?

Yes ✓ No _____

g. Do you plan to have sign-language interpreters or any other auxiliary aids or services available for persons with disabilities?

Yes _____ No ✓ N/A ✓

*If yes, please provide details about those below:

_____

_____

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

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

5. **Signage and Marketing:**

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

a. Will you have appropriate, visible signage to inform people with disabilities about all accessible facilities at your event?

Yes ✓ No _____ N/A _____

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

"This event was designed to provide equal opportunity for enjoyment by all participants. If you would like to request any particular aids or services pursuant to disability laws, please contact the event planner at (**EVENT PHONE NUMBER**) or City of St Petersburg Community Affairs Division at (727) 893-7345 or (727) 892-5259 TDD/TTY"

b. Will you have appropriate, visible signage to inform people with disabilities about all accessible facilities at your event?

Yes ✓ No _____ N/A _____

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

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

Contact Name: Mark Oliver Phone: 727-831-2829

Email Address: onemore rep tampa@gmail.com Fax: _____

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

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

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

Signature, Event Representative

9-2-17
Date:

Mark Oliver
Print Name, Event Representative

This event has been approved by the Community Affairs Division:

ADA Coordinator

Date

PLEASE RETURN THIS FORM WITH YOUR EVENT LAYOUT MAP TO:

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

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

Detail by Entity Name

Florida Limited Liability Company
ONE MORE REP SPORTS PERFORMANCE AND WEIGHT LOSS LLC

Filing Information

Document Number	L14000182417
FEI/EIN Number	47-2858985
Date Filed	11/25/2014
Effective Date	01/01/2015
State	FL
Status	ACTIVE

Principal Address

2852 BROADWAY CENTER BLVD
BRANDON, FL 33510

Changed: 01/29/2015

Mailing Address

2852 broadway center blvd
brandon, FL 33510

Changed: 03/25/2016

Registered Agent Name & Address

OLIVER, MARK S
2852 BROADWAY CENTER BLVD
BRANDON, FL 33510

Address Changed: 03/25/2016

Authorized Person(s) Detail

Name & Address

Title Owner

OLIVER, MARK S, Jr.
2852 BROADWAY CENTER BLVD
BRANDON, FL 33510

Annual Reports

Report Year	Filed Date
2016	03/25/2016

Document Images

03/25/2016 -- ANNUAL REPORT	View image in PDF format
11/25/2014 -- Florida Limited Liability	View image in PDF format

Contract/Permit

st. petersburg parks & recreation

Contract #: 19246
Date: 10 Jan 2017

User: DWBurns
Status: Firm

ONE MORE REP TAMPA
MARK OLIVER
2852 BROADWAY CENTER BLVD
BRANDON FL 33510 USA

Primary #: (727) 831-2829
Secondary #: (727)
Other #: ()

Purpose of Use: BATTLE OF THE BAY **Expected:** 300 **Co-Sponsored Event**

Contract Balance $330.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Fri 01 Sep 17 06:00 am **Ending:** Sat 02 Sep 17 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Fri	01 Sep 2017	06:00 AM	$0.00	$0.00	$0.00	$0.00
Park		02 Sep 2017	09:00 PM				
Vinoy Park	Fri	01 Sep 2017	06:00 AM	$0.00	$300.00	$0.00	$300.00
Vinoy Park		02 Sep 2017	09:00 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 (Vinoy)	39:00	1	$300.00	$0.00	$300.00
		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	$330.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By:(Sign Name) _____

(Print Name) MARK OLIVER

ONE MORE REP TAMPA
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

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st. petersburg parks & recreation

Date Received: 12/20/16
Check or Cash: Ck
Application #: 84
Packet: C
Permit #: 19247

Event Title: Girls on the Run 5k | Phone No.: (813) 832-2826 | Fax No.: (813) 974-5172

Entity Name: University of South Florida - Girls on the Run Program | Federal I.D. Number: 59-3102112

Event Date(s): 5/6/17 | Location: University of South Florida St. Petersburg

Day 1 of Event: 5/6/17 | Time Gates Open: 7:00 AM | Ending Time: 11:00 AM

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

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

Application Prepared by: Laura Moore | Phone: (813) 832-2826

Title: Girls on the Run Council Director | Cell Phone: (314) 359-9392

Address: 13201 Bruce B Downs, MDC 56 | City: Tampa | State: FL | Zip: 33612

Email Address: laura.moore@girlsontherun.org

Additional Contact Person: Stephanie Krebs, GOTR Advisory Board Chair | Day Phone: (813) 253-6204

What month/year were you incorporated as nonprofit? 1956

List all 501(c)3 entities that will benefit from this event. University of South Florida (Girls on the Run Program)

Name of the for-profit entity? N/A

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

The Girls on the Run 5k will enhance the image of St. Petersburg by aligning it with an internationally recognized and celebrated organization. Our Girls on the Run (GOTR) Council is the local affiliate of GOTR International, which is made up of 225+ Council that have served over 1 million girls since 1996 (including 1,900 locally). In 2015, GOTR Councils hosted more than 350 5k events across the US, making the GOTR 5k series the largest in the country. GOTR has been featured in national news publications such as Runner's World, Women's Day, Parenting, NBC, NPR, ESPN and FOX Sports. Our local Council has been featured in the Tampa Bay Times, Tampa Tribune, Fox Sports SUN, ABC and local papers. Our 5k will contribute to the quality of life in St. Pete by introducing more families to our program.

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

All funds raised from the 5k go into our Scholarship Program, so that all girls have the opportunity to be a Girl on the Run. In our 2016 Fall Season, over 40% of our 466 girls received financial aid. For our 2017 Spring Season, we anticipate serving 500+ girls with over 40% receiving financial aid. By providing scholarships, we remove the financial burden from participants, roughly half of which live in Pinellas County. In addition, hosting our 5k in St. Pete will bring participants from Hillsborough, Pasco, Pinellas and Sarasota Counties into the city, where they can visit restaurants (post-race brunch!), shopping (stores only in St. Pete), and activities (such as the beach). Our families really embraced St. Pete and several stayed in St. Pete hotels the night before!

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? $300,000 per occurance

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

Will there be an admission / registration fee? ☒ YES ☐ NO Advanced Fee: $25 Day of: $25

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

Please provide a phone number that can be advertised to the public. (813) 832-2826

What is the estimated attendance for this event? Spectators 300 Participants 1100 Last Year's Total Attendance 1500

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
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☐ Vending Product / Merchandise Sales		Occupational License
☐ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 10	
☐ Vending Beer / Wine		Alcohol Permit Additional Insurance Required
☐ Erecting Tents - Larger than 10ft x 12ft	How many?	Temporary Structure Permit
☐ Fence Installation	What type?	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☐ Staging	☐ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☐ Performers ☐ Announcement Only	
☐ Security	☐ Daytime - Private ☐ Overnight - Private ☐ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 15 Disabled Units 1 Hand Washing 1	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

☒ Invitations	☐ Radio
☒ Posters / Flyers	☒ Television
☒ Newspaper / Internet	☐ Remote Broadcast

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

Other Comments: Please describe your fee structure.

The GOTR 5k registration fee is $25, which includes entry, medal, shirt, and swag bag. We offer a $5 discount code to guardians/parents of girls currently enrolled in the GOTR program. Codes are not accepted on race morning.

Other comments:

The Girls on the Run 5k is a celebratory, non-competitive event and the culminating experience of our 10-week after school program. Crossing the finish line is a defining moment when girls realize that even the seemingly impossible IS possible.

Our Council has hosted seven 5k's at HCC Dale Mabry and just hosted our 8th at Poynter Park in St. Petersburg on 12/10/16. We are just beyond thrilled with the venue and our experience working with the City of St. Pete. As we host two 5k's per year, we had initially planned on hosting our Fall 5k in St. Pete and our Spring 5k in Tampa. However, our experience with St. Pete exceeded our highest expectations, and our participants LOVED the venue! Ultimately, we want to be a Disney-caliber race here in Tampa, giving our girls the most amazing day to make their dreams come true. We believe that having the city of St. Petersburg as our co-sponsor and permanent venue would be a major step towards this goal.

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

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

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

Name:	Laura Moore	Title:	GOTR Council Director	Date:	12/12/16

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www.stpete.org

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation:	University of South Florida (Girls on the Run Program)
Name of Responsible Party (President or CEO ONLY):	Laura Moore
Title of Responsible Party:	GOTR Council Director
Physical Address of Responsible Party:	13201 Bruce B Downs, MDC 56, Tampa, FL 33612
Phone Number of Responsible Party:	(813) 832-2826
Email Address of Responsible Party:	laura.moore@girlsontherun.org
Nonprofit (Employee Identification Number):	59-3102112

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

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

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

In reply refer to: 0248467576
Dec. 30, 2011 LTR 4076C E0
59-3102112 000000 00
00044812
BODC: TE

UNIVERSITY OF SOUTH FLORIDA
% ASSISTANT CONTROLLER
4202 E FOWLER AVE
TAMPA FL 33620-9951

L9328

Federal Identification Number: 59-3102112
Person to Contact: MS YATES
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This responds to your request for information about your federal tax status. Our records do not specify your federal tax status. However, the following general information about the tax treatment of state and local governments and affiliated organizations may be of interest to you.

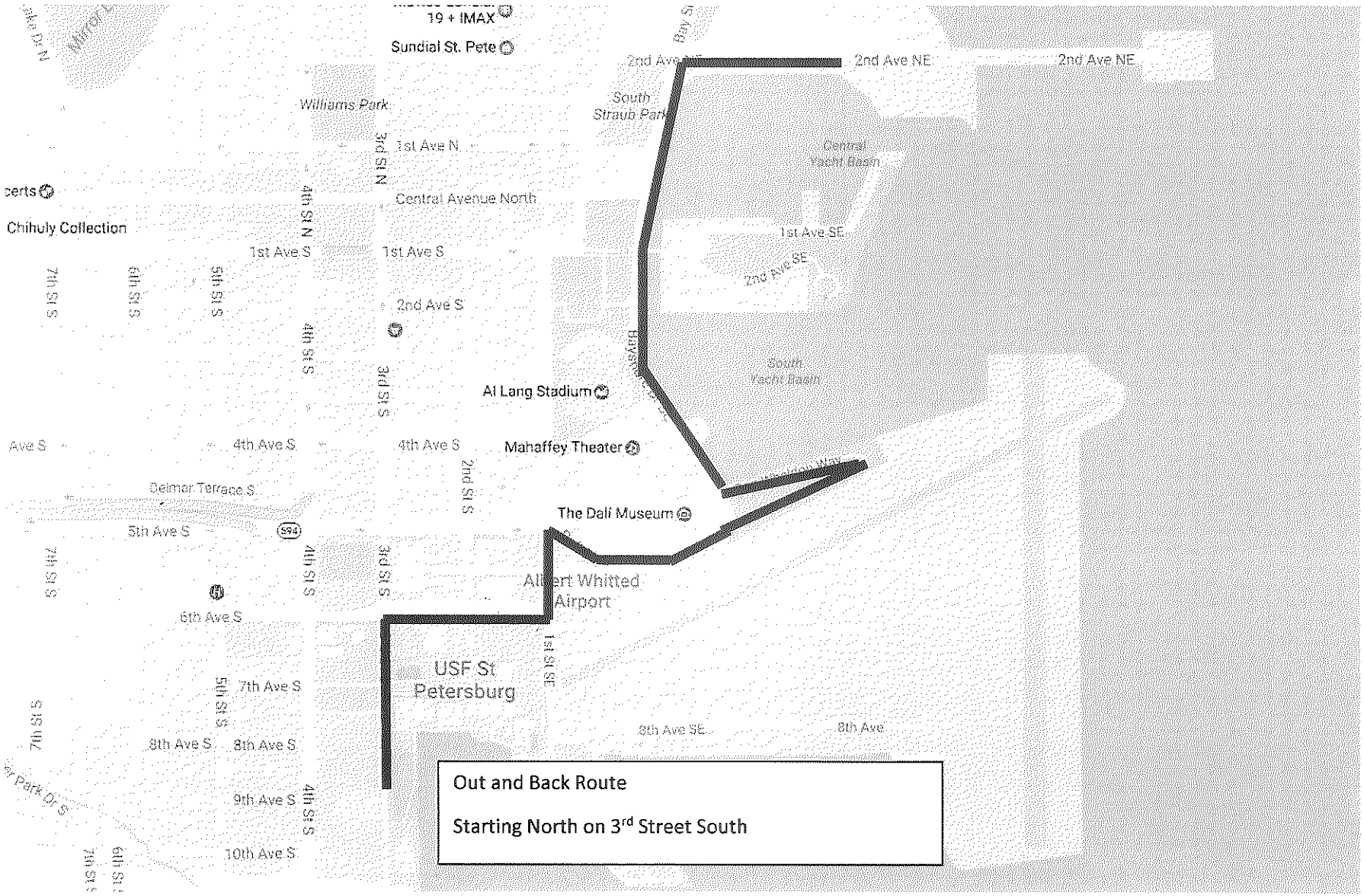
GOVERNMENTAL UNITS
Governmental units, such as States and their political subdivisions, are not generally subject to federal income tax. Political subdivisions of a State are entities with one or more of the sovereign powers of the State such as the power to tax. Typically they include counties or municipalities and their agencies or departments. Charitable contributions to governmental units are tax-deductible under section 170(c)(1) of the Internal Revenue Code if made for a public purpose.

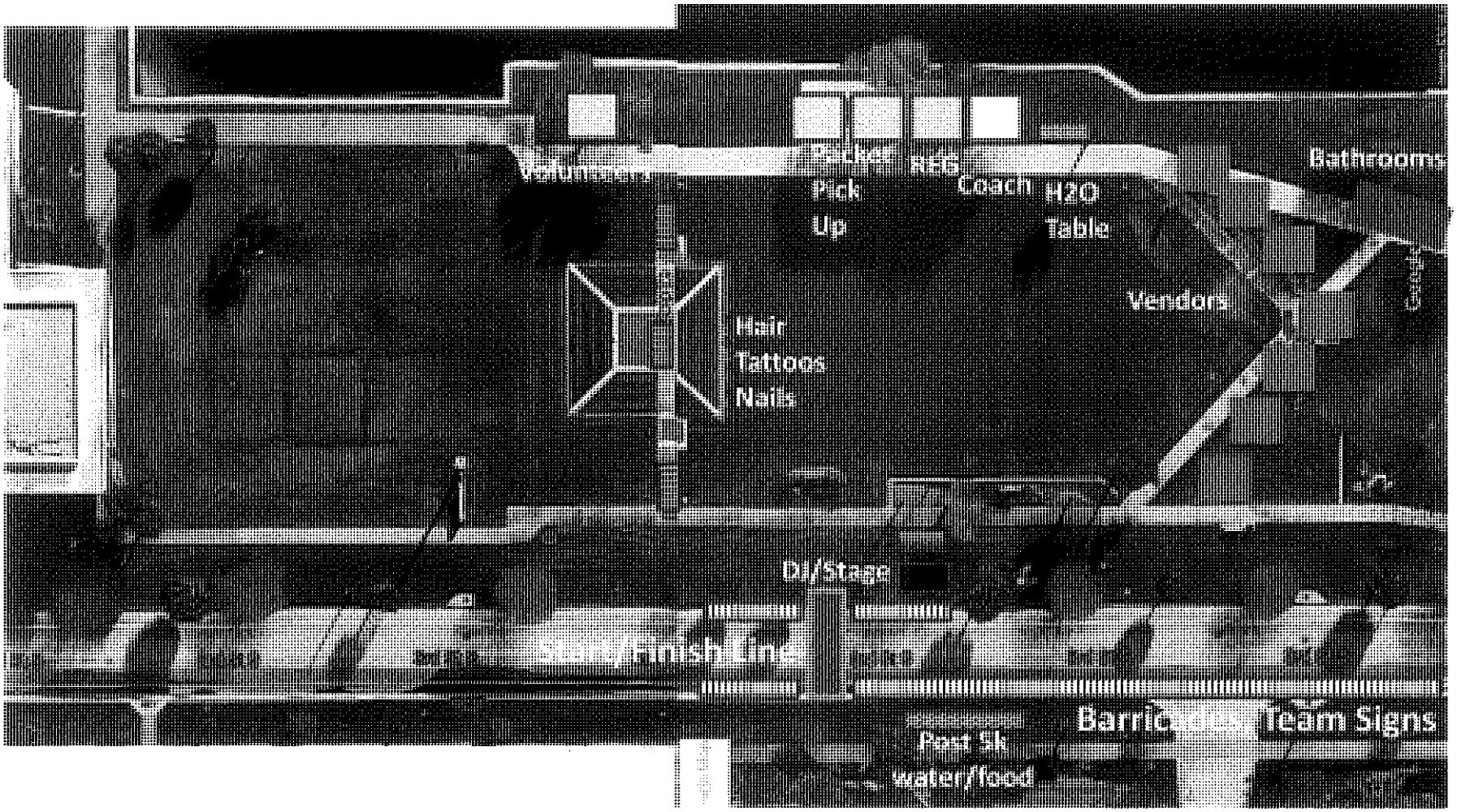
ENTITIES MEETING THE REQUIREMENTS OF SECTION 115(1)
An entity that is not a governmental unit but that performs an essential government function may not be subject to federal income tax, pursuant to Code section 115(1). The income of such entities is excluded from the definition of gross income as long as the income (1) is derived from a public utility or the exercise of an essential government function, and (2) accrues to a State, a political subdivision of a State, or the District of Columbia. Contributions made to entities whose income is excluded income under section 115 may not be tax deductible to contributors.

TAX-EXEMPT CHARITABLE ORGANIZATIONS
An organization affiliated with a State, county, or municipal government may qualify for exemption from federal income tax under section 501(c)(3) of the Code, if (1) it is not an integral part of the government, and (2) it does not have governmental powers inconsistent with exemption (such as the power to tax or to exercise enforcement or regulatory powers). Note that entities may meet the requirements of both sections 501(c)(3) and 115 under certain circumstances. See Revenue Procedure 2003-12, 2003-1 C.B. 316.

GOTR 5k Event Timeline

Time	Details
4:30 AM	Race Committee arrives for Set Up of Race Village and Course Marking
6:45 AM	Race Village Vendors arrive
7:00 AM	First Shift of Volunteers Arrive
7:10 AM	Volunteers head to stations for set up and training
7:20 AM	Volunteers at stations and begin services as readied
7:30 AM	Race Village officially opens
8:00 AM	Second Shift of Volunteers Arrive
8:15 AM	Course Marshals meet for placement on course
	Start/Finish Area and Refreshments/Medals (will have vols for help)
8:30 AM	Race Village Closes
	Volunteer Captains remain at station for clean up
	GOTR Teams meet for team pictures
8:45 AM	Council Director welcomes participants
	Group Warm Up
	Final Course Marshalls stationed
9:00 AM	Final Council Director Remarks
	Race Begins
9:05 AM	Finish Line Readied (medals and food)
9:20 AM	First runner crosses Finish Line
10:00 AM	Post Race Comments (after final runner crosses)
	Dance Party Begins
10:15 AM	Course Marshalls check back with Volunteer Check In
10:45 AM	Participants leave; Race Committee begins clean up
12:00 PM	Clean up completed, exit venue


19 + IMAX
Sundial St. Pete
Williams Park
1st Ave N
3rd St N
4th St N
Central Avenue North
Chihuly Collection
1st Ave S
2nd Ave S
7th St S
6th St S
5th St S
4th St S
3rd St S
Al Lang Stadium
4th Ave S
Mahaffey Theater
Delmar Terrace S
5th Ave S
2nd St S
The Dali Museum
6th Ave S
USF St Petersburg
1st St SE
7th Ave S
8th Ave S
9th Ave S
10th Ave S
South Straub Park
2nd Ave NE
Central Yacht Basin
1st Ave SE
2nd Ave SE
South Yacht Basin
8th Ave SE
8th Ave
Out and Back Route
Starting North on 3rd Street South


Volunteers
Packet
Pick
Up
REG
Coach
H2O
Table
Bathrooms
Vendors
Hair
Tattoos
Nails
DJ/Stage
Finish Line
Barric
Team Signs
Post 5k
water/food

December 29, 2016

Dear Co-Sponsor Committee,

I am writing this letter to request a waiver for the late fee in submitting a co-sponsor event application within 5 months of event date. Girls on the Run Greater Tampa Bay (GOTR) recently held our first event in St. Petersburg, the Girls on the Run 5k, on December 10th – and the event, themed "Sparkle in St. Pete!" was far and away our best yet! We had 1,100 runners, 300+ spectators and 100+ volunteers! Our Race Village hosted exciting vendors including Tampa Bay Rays (Mascot Raymond was also there!), Tampa Bay Lightning (with mini rink), KIND Bar, Trader Joe's, Florida Aquarium, MedExpress, FOX Sports Sun, and New Balance.

GOTR inspires girls to recognize their inner strength and celebrate what makes them one of a kind. Since 2008, we have served 2,805 girls across Hillsborough, Pasco, Pinellas and Sarasota Counties. Over the course of our 10-week program, girls in 3rd-5th grade develop essential skills to help them navigate their worlds and establish a lifetime appreciation for health and fitness. The program culminates with girls positively impacting their communities through a service project and being physically and emotionally prepared to complete a celebratory 5k event. Completing the 5k gives our girls a tangible sense of achievement as well as a framework for setting and achieving life goals —making the seemingly impossible, possible.

We host two 10-week seasons per year, coinciding with fall and spring school semesters, and each season culminates in a 5k event. Our 5k also serves as our biggest fundraiser – all proceeds go directly into our Scholarship Fund so all girls can be a Girl on the Run. For our 2016 Fall Season, over 40% of our 466 girls received financial assistance.

Since 2013, we have hosted eight 5k events, all in Tampa at HCC Dale Mabry. As our program has grown (from 6 teams to 32 this past fall!), we recognized that we needed a larger venue to accommodate our participants. We intended to host our fall 5k in St. Petersburg (Poynter Park) and our spring 5k in Tampa (Raymond James, Lowry Park Zoo, Riverwalk were all considered).

However, our recent 5k in St. Pete blew away our highest expectations! The City was wonderful to work with (thank you Polly, Sgt. Pratt and the whole crew!), our sponsors loved the venue, and most importantly, our participants EMBRACED St. Pete! Multiple families booked hotel rooms the night before in order to make a weekend out of the event; we also worked with Great Explorations, Sunken Gardens and other local businesses to offer participants discounts to encourage them to take advantage of the city, which tons of them did!

Other popular options were the St. Pete Farmer's Market and brunch! For 21% of participants, this was their first time to St. Pete or they "rarely" come to the city. An additional 34% come to the city "only occasionally." We had been concerned about the distance (our service area runs from Venice to Plant City to New Port Richey) but received literally no push back! See following page for our service map! All our families were so excited for the new venue and the opportunity to go to such a gorgeous place! In their own words:

I think this was the best 5k yet! Great venue, and well run (as always!) Thanks, GOTR!

Love, love, love the location!

We had a great time and can't wait to do it again! The race was so pretty and we loved the joy brought to the course by the runners, the cheerleaders, and the band. Packet pickup Thursday at Pointer Park was easy. We stayed in St. Petersburg and did the market. Awesome!

I LOVED the course layout! The scenery was fantastic & beautiful!!! It was much better than from the previous 5K.

My family and I absolutely enjoyed the entire experience (from after school practices to the 5K run). We will cherish these memories for a long time!

As a result of our exceptional success in St. Pete, we immediately knew we wanted to host both our 5ks in St. Pete (instead of hosting spring season 5k in Tampa). To be totally candid, we believe we have found our home in St. Pete!

We held our event on December 10th and that following Wednesday (12/14), I delivered the application for co-sponsorship for our May 6th event. The date is within five months because our program season follows the school year (we couldn't request a date in the summer months as we don't host a program then, and the St. Pete event calendar is also pretty full). Our application is submitted, as is our application fee. All funds raised from our 5k go into our Scholarship Fund, so all girls can be a "Girl on the Run" so we inquired about waiving the late fee. We were asked to start with a letter (though we are more than happy to request in person – we give out the best high fives!).

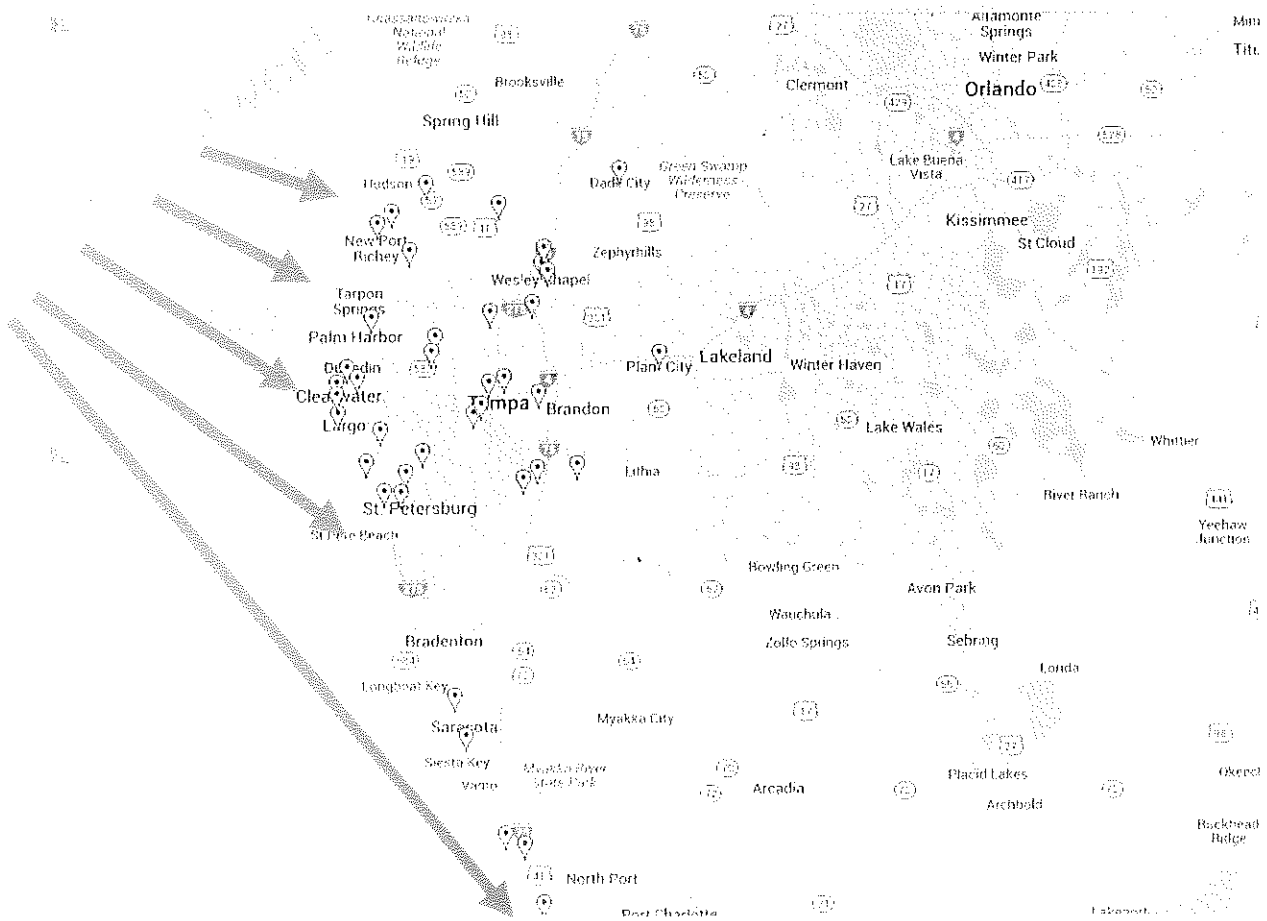
Thank you so much! We are genuinely excited to continue working with you and hope that the fee can be waived,

Laura Moore

Laura Moore
Director

Girls on the Run

Top: Scenes from the GOTR 5k in St. Pete!
Bottom: 2016 Fall Program Locations



st.petersburg

City of St. Petersburg

UNIVERSITY OF SOUTH FLORIDA FOUNDATION
LAURA MOORE
13201 BRUCE B DOWNS MDC 56
TAMPA, FL 33612 USA

Receipt #: 2693818
User: PPBranno
Issued: Tue 20 Dec 16 03:56 pm

Description		Amount
Previous Balance		$0.00
Payment:	Check	($30.00)
Balance		($30.00)

APPROVED REFUNDS ARE BY CHECK ONLY

FLORIDA DEPARTMENT of STATE DIVISION OF CORPORATIONS

Sunbiz.org Division of CORPORATIONS

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Not For Profit Corporation
UNIVERSITY OF SOUTH FLORIDA FOUNDATION, INC.

Filing Information

Document Number	701392
FEI/EIN Number	59-0879015
Date Filed	09/02/1960
Effective Date	09/09/1958
State	FL
Status	ACTIVE
Last Event	AMENDED AND RESTATED ARTICLES
Event Date Filed	08/13/2003
Event Effective Date	NONE

Principal Address

GIBBONS ALUMNI CENTER
4202 E FOWLER AVE ALC 100
TAMPA, FL 33620

Changed: 04/27/2009

Mailing Address

GIBBONS ALUMNI CENTER
4202 E FOWLER AVE ALC 100
TAMPA, FL 33620

Changed: 04/27/2009

Registered Agent Name & Address

SEGREST, NOREEN
USF FOUNDATION GENERAL COUNSEL
4202 EAST FOWLER AVENUE, ALC100
TAMPA, FL 33620

Name Changed: 08/13/2003

Address Changed: 01/06/2004

Officer/Director Detail

Name & Address

Title CHRM

TEAGUE, JOE P
GIBBONS ALUMNI CENTER
4202 E FOWLER AVE ALC 100
TAMPA, FL 33620

Title P

MOMBERG, JOEL
4202 E FOWLER AVE, ALC100
TAMPA, FL 33620

Title VCHR

MORGAN, GEORGE
GIBBONS ALUMNI CENTER
4202 E FOWLER AVE ALC 100
TAMPA, FL 33620

Title S

Fernandez, Mark
GIBBONS ALUMNI CENTER
4202 E FOWLER AVE ALC 100
TAMPA, FL 33620

Title T

NEWTON, CHIP
GIBBONS ALUMNI CENTER
4202 E FOWLER AVE ALC 100
TAMPA, FL 33620

Title CFO

FISCHMAN, ROBERT A
GIBBONS ALUMNI CENTER
4202 E FOWLER AVE ALC 100
TAMPA, FL 33620

Annual Reports

Report Year	Filed Date
2014	01/07/2014
2015	01/16/2015
2016	01/20/2016

Document Images

01/20/2016 -- ANNUAL REPORT	View image in PDF format
01/16/2015 -- ANNUAL REPORT	View image in PDF format
01/07/2014 -- ANNUAL REPORT	View image in PDF format

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1/6/17
Check or Cash: Need
Application #: 85
Packet: D
Permit #: 19248

Event Title: Tampa Bay Superheroes Unite! Phone No.: 240-235-2282 Fax No.: same

Entity Name: CureSearch for Children's Cancer Federal I.D. Number: 95-4132414

Event Date(s): 9/16/17 Location: Walter Fuller Park

Day 1 of Event: 9/16/17 Time Gates Open: 9am Ending Time: 1pm

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

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

Application Prepared by: Betsy Langan Phone: 240-235-2282

Title: Regional Development Manager Cell Phone: same

Address: 4600 East West Hwy Suite 600 City: Bethesda State: MD Zip: 20814

Email Address: Betsy.Langan@CureSearch.org

Additional Contact Person: Sean Gross Day Phone: 561-352-6903

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

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

Name of the for-profit entity? n/a

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

CureSearch is a well-known, national non-profit that raises money to support pediatric cancer research. By supporting CureSearch's Superheroes Unite! through hosting families and local healthcare systems partnered with CureSearch, attendees will be supporters of St. Petersburg. Recognition of St. Petersburg's support will be positively portrayed in the community and give the impression to our families that they are supported by the community in which they reside and/or visit for healthcare.

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

Pediatric patients, families, hospital staff, and supporters will come to the walk; in which many will visit shops, have breakfast/lunch in the area and experience the park.

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

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

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: $10

Please provide the website address for your event. www.curesearchsuperheroes.org/TampaBay

Please provide a phone number that can be advertised to the public. (240)235-2282

What is the estimated attendance for this event? Spectators 200 Participants 500 Last Year's Total Attendance 500

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

Recreation Equipment

Showmobile (Yes/No) TBD

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

Tables (6 ft) # needed TBD Chairs # needed TBD

Public Address System TBD

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

Special Events Facilities

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

☐ Non-City Locations

Which Location?

Walter Fuller 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 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:	Betsy Langan	Title:	Regional Development Manag	Date:	1/9/17
Co-Sign:		Title:		Date:	

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

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

Marketing: Please check all that apply.

☐ Invitations	☒ Radio
☒ Posters / Flyers	☒ Television
☒ Newspaper / Internet	☐ Remote Broadcast

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

Electrical Requirements:

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

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

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

Will you supply your own generators? ☐ YES ☒ NO

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

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

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

Name: Betsy Langan - CureSearch for Children's Cancer Phone: (240)235-2282

Address (including zip): 4600 East West Highway Suite 600 Bethesda, MD 20814

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

family friendly, 1, TBD.

List Vending Products. Name & Provider.

n/a

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

n/a

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

Oncologists, RN's, patients, family members, event sponsors. Supporting CureSearch and it's mission.

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

6am load in
2pm load out
Reserved parking needed for staff/equiptment delivery.

Other Comments: Please describe your fee structure.

$230 - non-profit fee for park

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: Betsy Langan Title: Regional Development Manag Date: 1/09/17

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: CureSearch for Children's Cancer

Name of Responsible Party (President or CEO ONLY): Laura Thrall

Title of Responsible Party: CEO

Physical Address of Responsible Party: 4600 East West Highway Suite 600 Bethesda, MD 20814

Phone Number of Responsible Party:

Email Address of Responsible Party: Laura.Thrall@curesearch.org

Nonprofit (Employee Identification Number): 95-4132414

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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

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

Name of Event: 2017 Tampa Bay Superheroes Unite!
Date(s) of Event: Sep 16, 2017 - Sep 16, 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.		
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: Betsy Langan, Regional Development Manager Date: Jan 9, 2017

Print Application

Submit Application by Email

st.petersburg

City of St. Petersburg

ST PETERSBURG ARTS ALLIANCE INC
JOHN COLLINS
100 2ND AVE N STE 150
ST PETERSBURG, FL 33701 USA

Receipt #: 2705328
User: DWBurns
Issued: Tue 10 Jan 17 09:39 am

Description	Amount
Previous Balance	$430.00
Applied To: 19245 - FAMILY ARTS FESTIVAL = SPF17 South Straub Park - Park September 23, 2017 6:00 am to September 24, 2017 7:00 pm	$30.00
Payment: Check	($30.00)
Balance	$400.00

APPROVED REFUNDS ARE BY CHECK ONLY

st.petersburg

City of St. Petersburg

ST PETERSBURG ARTS ALLIANCE INC
JOHN COLLINS
100 2ND AVE N STE 150
ST PETERSBURG, FL 33701 USA

Receipt #: 2705329
User: DWBurns
Issued: Tue 10 Jan 17 09:39 am

Description	Amount
Previous Balance	$400.00
Applied To: 19245 - FAMILY ARTS FESTIVAL = SPF17 South Straub Park - Park September 23, 2017 6:00 am to September 24, 2017 7:00 pm	$400.00
Payment: Check	($400.00)
Balance	$0.00

APPROVED REFUNDS ARE BY CHECK ONLY

Contract/Permit

st. petersburg parks & recreation

Contract #: 19245
Date: 10 Jan 2017

User: DWBurns
Status: Firm

ST PETERSBURG ARTS ALLIANCE INC
JOHN COLLINS
100 2ND AVE N STE 150
ST PETERSBURG FL 33701 USA

Primary #: (727) 518-5142
Secondary #: ()
Other #: ()

Purpose of Use: FAMILY ARTS FESTIVAL = SPF17

Expected: 1,000

Co-Sponsored Event

Contract Balance $0.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: Starting: Sat 23 Sep 17 06:00 am Ending: Sun 24 Sep 17 07:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
South Straub Park	Sat	23 Sep 2017	06:00 AM	$0.00	$400.00	$0.00	$400.00
Park		24 Sep 2017	07:00 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	37:00	2	$400.00	$0.00	$400.00
		2	$400.00	$0.00	$400.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
10 Jan 2017	$30.00	Check	Rental	2705328
10 Jan 2017	$400.00	Check	Rental	2705329

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) JOHN COLLINS

ST PETERSBURG ARTS 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.

Contract/Permit

st. petersburg parks & recreation

Contract #: 19248
Date: 10 Jan 2017

User: DWBurns
Status: Firm

CURE SEARCH
BETSY LANGAN
4600 EAST WEST HWY STE 600
BETHESDA MD 20814 USA

Primary #: (240) 235-2282
Secondary #: ()
Other #: ()

Purpose of Use: TAMPA BAY SUPERHEROES UNITE **Expected:** 700 **Co-Sponsored Event**

Contract Balance $60.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Sat 16 Sep 17 06:00 am **Ending:** Sat 16 Sep 17 01:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Walter Fuller Park	Sat	16 Sep 2017	06:00 AM	$0.00	$0.00	$0.00	$0.00
Park			01:00 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
				$60.00

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) **BETSY LANGAN**

CURE SEARCH
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

_____ ☐ Approved or ☐ Rejected Date: _____
Supervisor II / Foreman

_____ ☐ Approved or ☐ Rejected Date: _____
Manager

st. petersburg parks & recreation

Contract/Permit

Contract #: 19248
Date: 10 Jan 2017

User: DWBurns
Status: Firm

_____ ☐ Approved or ☐ 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

Sunbiz.org Division of CORPORATIONS

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Foreign Profit Corporation
CURESEARCH FOR CHILDREN'S CANCER CORPORATION

Filing Information

Document Number	F13000001666
FEI/EIN Number	95-4132414
Date Filed	04/16/2013
State	CA
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	10/04/2016
Event Effective Date	NONE

Principal Address

4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Mailing Address

4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Registered Agent Name & Address

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

Officer/Director Detail

Name & Address

Title P

THRALL, LAURA
3900 GERMANTOWN RD
EDGEWATER, MD 21037

Title C

SIEGEL, STUART, MD
4650 SUNSET BLVD MAILSTOP 54
LOS ANGELES, CA 90027

Title Treasurer

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

Title Secretary

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

Title D

Rosenthal, Adam
4600 East West Highway Suite 600
Bethesda, MD 20814

Annual Reports

Report Year	Filed Date
2014	04/28/2014
2015	01/07/2015
2016	02/05/2016

Document Images

10/04/2016 -- Name Change	View image in PDF format
02/05/2016 -- ANNUAL REPORT	View image in PDF format
01/07/2015 -- ANNUAL REPORT	View image in PDF format
04/28/2014 -- ANNUAL REPORT	View image in PDF format
04/16/2013 -- Foreign Profit	View image in PDF format

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 11/6/16
Check or Cash: 30ck - 600 owed
Application #: 96
Packet: D
Permit #: 19090

Event Title: Nomadic Tempest | Phone No.: 504.715.7152 | Fax No.:

Entity Name: National Caravan Stage Company Inc. | Federal I.D. Number: 06-1436763

Event Date(s): April 4 to 9, 2017 | Location: Poynter Park, St. Petersburg

Day 1 of Event: April 4, 2017 | Time Gates Open: 8:00 PM | Ending Time: 10:30 PM

Day 2 of Event: April 4, 2017 | Time Gates Open: 8:00 PM | Ending Time: 10:30 PM

Day 3 of Event: April 4, 2017 | Time Gates Open: 8:00 PM | Ending Time: 10:30 PM

Application Prepared by: Resh Pono | Phone: 504.715.7152

Title: Tour Coordinator | Cell Phone: 727.768.4830

Address: c/o USF 140 7th Ave. S. | City: St. Petersburg | State: Florida | Zip: 33701

Email Address: amarazee@gmail.com

Additional Contact Person: Adriana Kelder | Day Phone: 504.715.7152

What month/year were you incorporated as nonprofit? 1996

List all 501(c)3 entities that will benefit from this event. National Caravan Stage Company 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.

This event will be the World Premiere of the new show produced by the world renowned Caravan Stage Company which produces and stages original multi-disciplinary theatrical presentations on its own 90 ft Tall Ship, the Amara Zee. These performances celebrate the return of this unique theatre to St Petersburg. The last performances were presented at this very location, Poynter Park, in the spring of 2003, sponsored by the St Petersburg Parks and Recreation and USF, St Petersburg.
The show, Nomadic Tempest, is a show for all ages. It centres around four Monarch Butterflies which represents Climate Refugees and their plight to survive. The lyrics are all sung in 5 languages: English, Spanish, Arabic, Mandarin and Coastal Salish(from the Pacific NW). The show is feast of visual images, a captivating soundscape, songs sungs by professional singers, a stunning display of theatrical lighting & special effects, and 4 aerial artists, the Monarchs, who climb, dance and fly on the ship's stage and rigging to entertain all.

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

The Caravan Stage Company has performed previously in St. Petersburg and all over Florida in past years. This has generated an enormous following within the entertainment, artistic and cultural community. The Caravan Stage has performed shows with hundreds of guests travelling from distant cities and areas just to see the show. The Caravan Stage presence in the City of St. Petersburg will certainly generate an economic boost to the local tourism and hospitality industry, the arts and culture community and the local businesses such as hotels, restaurants and cafes in the city. The Caravan will also be collaborating with several non-profit organizations and local artists to make the show a success.

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.caravanstage.org

Please provide a phone number that can be advertised to the public. 727.768.4830

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

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

Recreation Equipment

Showmobile (Yes/No) No

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

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?

Poynter Park

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

POLICE:	Public Safety Personnel, Marine Services
TRAFFIC:	Personnel, Equipment (cones, barricades, no parking signs)
FIRE:	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES:	On-site Presence, Logistics Help, Liaison with Other 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:	Adriana Kelder	Title:	Producer	Date:	October 27, 2016
Co-Sign:	Resh Pono	Title:	Tour Coordinator	Date:	October 27, 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 if paid.**

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

PLEASE ATTACH THE FOLLOWING

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

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

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

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.

Power for theatre ship (3 phase, 208v/100amp)

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? Mitchell de Rubeira

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: National Caravan Stage Company Inc. Phone: 504.715.7152

Address (including zip): 236 West 4th St. Jacksonville FL 32206

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

The music will be recorded, not live, from classical to world music to musical theatre, jazz.

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.

N/A

Other Comments: Please describe your fee structure.

The shows will be free 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: Resh Pono Title: Tour Coordinator Date: October 27, 2017

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.**

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www.stpete.org

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: National Caravan Stage Company Inc.

Name of Responsible Party (President or CEO ONLY): Mark Rinaman

Title of Responsible Party: President

Physical Address of Responsible Party: 236 West 4th St. Jacksonville, FL 32206

Phone Number of Responsible Party: 904.316.0953

Email Address of Responsible Party: mrrinaman@aol.com

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

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www.stpete.org

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	

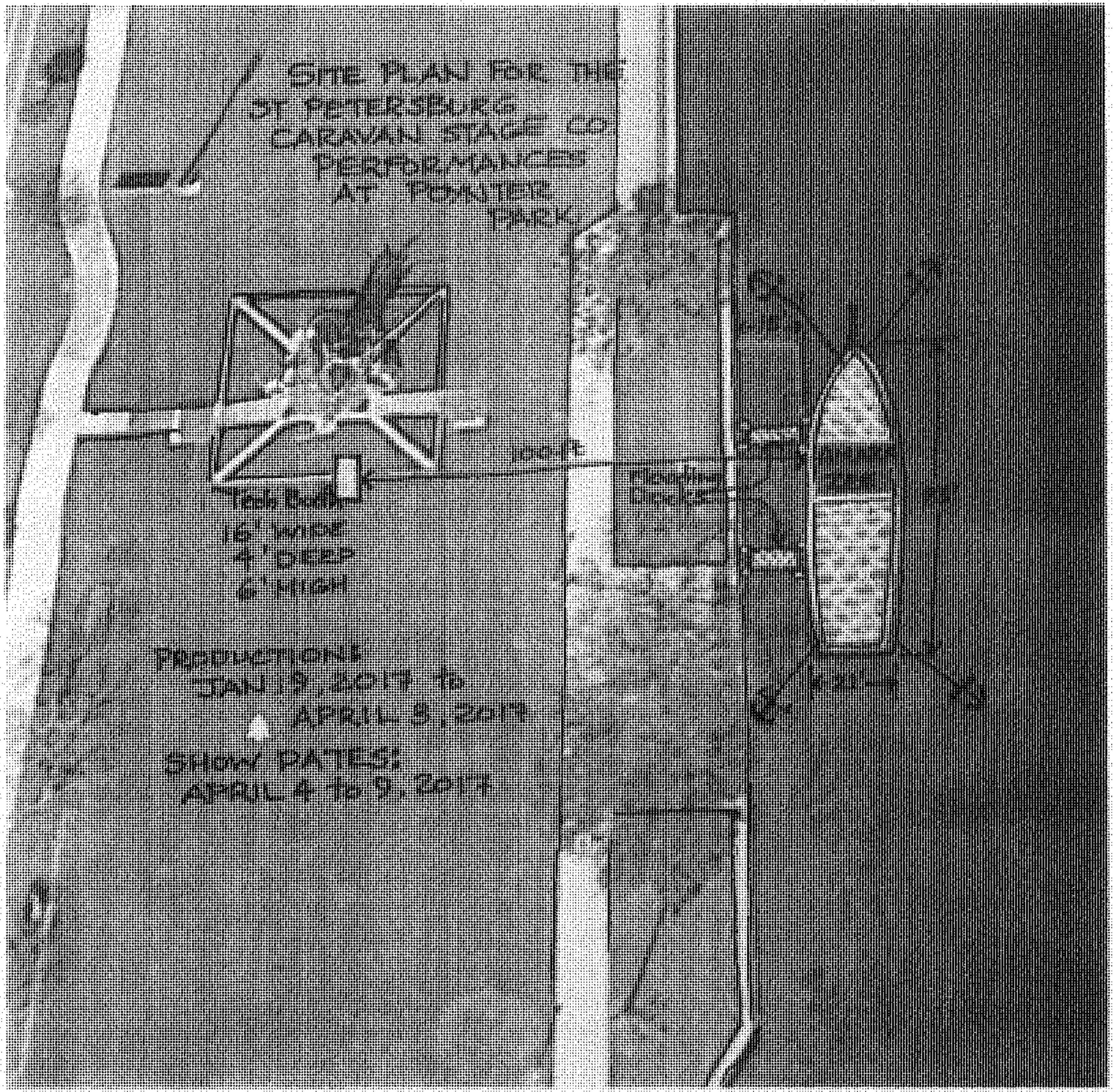
III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

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

Prepared by: Resh Pono Date: October 27, 2017

Print Application

Submit Application by Email


SITE PLAN FOR THE
ST PETERSBURG
CARAVAN STAGE CO
PERFORMANCES
AT POINTER
PARK
100 ft
Floating
Docks
Tech Booth
16' WIDE
4' DEEP
6' HIGH
PRODUCTION:
JAN 19, 2017 to
APRIL 8, 2017
SHOW DATES:
APRIL 4 to 9, 2017

FLORIDA INSTITUTE OF OCEANOGRAPHY
830 First Street South
St. Petersburg, Florida 33701
Telephone (727) 553-1100
Fax (727) 553-1109

November 15, 2016

Parks and Recreation Administration
City of St. Petersburg
1400 19th Street North
St. Petersburg, FL 33713

The Caravan Stage Company's 90 foot vessel, Amara Zee, has been moored along the seawall on the southwest side of the University of South Florida St Petersburg (USFSP) peninsula since May 2016. The pier is adjacent to the two Florida Institute of Oceanography (FIO) research vessels. The Amara Zee previously docked at the USF facility for the winter season from 1998-2003. The vessel will remain at the dock until late January 2017 when it is planning to move to Poynter Park.

Movement of the vessel to Poynter Park and its' mooring in the western section of Bayboro Harbor will not impact the FIO's marine operations. The Amara Zee will be well away from both inbound and outbound vessel movements.

The FIO looks forward to the Caravan new production, Nomadic Tempest and wish the Caravan Stage Company well in their tour this coming season.

Best Regards,

Rob Walker
Marine Operations Manager
Florida Institute of Oceanography

City of St. Petersburg

Post Office Box 2842
St. Petersburg, Florida 33731-2842
St. Pete-TV Channels: 15 • 615 • 20
Telephone: 727-893-7171

November 14, 2016

To Whom It May Concern:

The City of St. Petersburg is proud to be a co-sponsor of the Caravan Stage Company's premiere of a new musical titled 'Nomadic Tempest' in Poynter Park, one of the city's downtown parks, from April 4 to April 9, 2017.

In the early 2000's, the company held performances on their 90-foot vessel while in St. Petersburg. Their shows were very well attended and enthusiastically received.

The City of St. Petersburg welcomes the Caravan Stage Company back to the city and its beautiful waterfront park. This unique, multi-disciplinary theatre company will enhance the cultural environment that the audiences in St. Petersburg are drawn to and enjoy.

Your consideration and support are appreciated.

Sincerely,

Wayne David Atherholt
Director, Mayor's Office of Cultural Affairs

CARAVAN 2017 SCHEDULE
St Petersburg Poynter Park

Caravan *"Amara Zee"* Arrival
January 19, 2017 — Anchor opposite see wall & hook to shore power.

Rehearsals & Production
January 20 to April 4, 2017 — Rehearsal & Setting up Show Set, Lights, Sound on Ship

Focus and Tech Rehearsals
March 1 to April 4, 2017 — On Ship & Tech Booth: Rigging, Lights, Sound & Video

Caravan Performances
April 4, 5, 6, 7, 8, 9 — **Performances at Poynter Park**

Tear Down & Pack Ship
April 10 to 15, 2017 — Pack all Show Gear & Equipment on Ship

Caravan *"Amara Zee"* Departure
April 15, 2017 — Sail to New Orleans & Houston for Shows

For Further Details:
Phones: Canada: 604 505 6541 **US: 504 715 7152**
Email: caravanstage@yahoo.com **Web: www.caravanstage.org**

DEPARTMENT OF REVENUE

Consumer's Certificate of Exemption

R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8012505162C-9	04/02/2013	04/30/2018	501(C)(3) ORGANIZATION

This certifies that

NATIONAL CARAVAN STAGE COMPANY INC
236 W 4TH ST
JACKSONVILLE FL 32206-4410

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.

FLORIDA DEPARTMENT OF REVENUE

Important Information for Exempt Organizations

DR-14
R. 04/11

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.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5-23-2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

HUB International Northwest LLC
12100 NE 19th Street, Suite 200
Bothell, WA 98041-3018

CONTACT NAME: Lina S Jayme
PHONE (A/C, No, Ext): (971) 206-0067 FAX (A/C, No): (503)303-4356
E-MAIL ADDRESS: lina@pac-mar.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Underwriters at Lloyds,London	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

National Caravan Stage Co
236 WEst 4th St.
Jacksonville, FL 32206

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE / OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Protection & Indemnity (Port Risk Only)			YHL1603134	05-15-2016 to 05-15-2017		$1,000,000 Ea. Accident Ea.Occurrence	

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

Hull & Machinery - Agreed Value of $270,000 (Port Risk only)

The University of South Florida Board of Trustees, including its directors, officers, employees and representatives are Additional Insureds as their interest may appear.

CERTIFICATE HOLDER

University of South Florida Board of Trustees,its Directors, Officers, Employees And Representatives
140 7th Avenue South
St. Petersburg, FL 33701

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Lina S. Jayme

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The ACORD name and logo are registered marks of ACORD

DUAL Recreational Vessels

CERTIFICATE ENDORSEMENT

INSURED:	National Caravan Stage
CERTIFICATE NUMBER:	YHL1603134
ENDORSEMENT:	001
PERIOD:	From 15th May 2016 to 15th May 2017 inclusive

Underwriters hereby note and agree, with effect from 23rd May 2016, that this policy is amended as follows:

The following additional insured is added to the policy:

The Board of Trustees of The University of South Florida, Its Directors, Officers, Employees and Representatives.

EFFECTIVE DATE: 23rd May 2016

All other terms, clauses and conditions remain unaltered.

Dated: 25th May 2016

Dual Underwriting Limited is authorised and regulated by the Financial Services Authority in respect of general insurance business. Dual

RKH Specialty
One Whittington Avenue
London EC3V 1LE
United Kingdom

T +44 (0)20 7397 4400
F +44 (0)20 7397 4444
enquiry@rkhspecialty.com
www.rkhspecialty.com

RKH Specialty

Capacity Marine Corporation
One International Boulevard, Suite 310,
Mahwah New Jersy 07495
United States of America

Date: 25th May, 2016

ADDENDUM TO CONFIRMATION OF (RE)INSURANCE

Dear Sirs,

INSURED: NATIONAL CARAVAN STAGE COMPANY
POLICY NUMBER: MA1603814
ENDORSEMENT: 001

Further to your instruction on the above captioned account, please find enclosed our Addendum to Confirmation of (re)insurance in respect of the above risk being a full copy of our Endorsement no. 001.

We advise you to check the documentation we send you in relation to each placement we make and satisfy yourself that it is entirely in accordance with your understanding and instructions. Anything at variance with your understanding and instructions should be advised to us immediately. Otherwise, we will assume that the documentation is in order.

Duty of Disclosure

We take this opportunity to remind you that there is a legal obligation upon us to ensure that policyholders and intermediaries alike are made aware or reminded of the duty of disclosure and the consequences of its breach.

The policyholder must disclose to (re)insurers any fact or circumstance which is known to them (or which ought to be known to them or the proposer in the ordinary course of their business, and which may include information known to you) and which is material to the risk.

The duty of disclosure applies before the contract of (re)insurance is concluded and may continue for the duration of the contract including any extension or amendment to the (re)insurance contract. Failure to disclose relevant information may allow (re)insurers to cancel coverage back to inception (ab initio). (Re)Insurers would also seek to secure reimbursement of any claims already paid. The duty of disclosure and the consequences of its breach may vary to a limited degree from the foregoing dependent upon the law(s) applicable to the (re)insurance contract.

Please contact us immediately for assistance if you do not fully understand this duty of disclosure, if you are unsure whether information may be material or if it comes to your attention that full and accurate information may not have been disclosed.

IMPORTANT TERMS INCLUDING WARRANTIES, CONDITIONS PRECEDENT AND SUBJECTIVITIES

Please note, failure to comply, or failure to comply within a specified time period, with the terms of the Policy including any warranties, conditions or subjectivities applicable to this policy may prejudice the validity of this insurance and your claims may not be paid.

We trust that everything is in order.

Yours sincerely

for & on behalf of RKH Specialty

Authorised Signatory

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: _____
Check or Cash: _____
Application #: _____
Packet: _____
Permit #: _____

Event Title: Nomadic Tempest | Phone No.: 504.715.7152 | Fax No.:

Entity Name: National Caravan Stage Company Inc. | Federal I.D. Number: 06-1436763

Event Date(s): April 4 to 9, 2017 | Location: Poynter Park, St. Petersburg

Day 1 of Event: April 4, 2017 | Time Gates Open: 8:00 PM | Ending Time: 10:30 PM

Day 2 of Event: April 4, 2017 | Time Gates Open: 8:00 PM | Ending Time: 10:30 PM

Day 3 of Event: April 4, 2017 | Time Gates Open: 8:00 PM | Ending Time: 10:30 PM

Application Prepared by: Resh Pono | Phone: 504.715.7152

Title: Tour Coordinator | Cell Phone: 727.768.4830

Address: c/o U5F 140 7th Ave. S. | City: St. Petersburg | State: Florida | Zip: 33701

Email Address: amarazee@gmail.com

Additional Contact Person: Adriana Kelder | Day Phone: 504.715.7152

What month/year were you incorporated as nonprofit? 1996

List all 501(c)3 entities that will benefit from this event. National Caravan Stage Company 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.

This event will be the World Premiere of the new show produced by the world renowned Caravan Stage Company which produces and stages original multi-disciplinary theatrical presentations on its own 90 ft Tall Ship, the Amara Zee. These performances celebrate the return of this unique theatre to St Petersburg. The last performances were presented at this very location, Poynter Park, in the spring of 2003, sponsored by the St Petersburg Parks and Recreation and USF, St Petersburg.
The show, Nomadic Tempest, is a show for all ages. It centres around four Monarch Butterflies which represents Climate Refugees and their plight to survive. The lyrics are all sung in 5 languages: English, Spanish, Arabic, Mandarin and Coastal Salish(from the Pacific NW). The show is feast of visual images, a captivating soundscape, songs sungs by professional singers, a stunning display of theatrical lighting & special effects, and 4 aerial artists, the Monarchs, who climb, dance and fly on the ship's stage and rigging to entertain all.

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

The Caravan Stage Company has performed previously in St. Petersburg and all over Florida in past years. This has generated an enormous following within the entertainment, artistic and cultural community. The Caravan Stage has performed shows with hundreds of guests travelling from distant cities and areas just to see the show. The Caravan Stage presence in the City of St. Petersburg will certainly generate an economic boost to the local tourism and hospitality industry, the arts and culture community and the local businesses such as hotels, restaurants and cafes in the city. The Caravan will also be collaborating with several non-profit organizations and local artists to make the show a success.

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.caravanstage.org

Please provide a phone number that can be advertised to the public. 727.768.4830

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

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

Recreation Equipment

Showmobile (Yes/No) No

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

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?

Poynter Park

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

POLICE:	Public Safety Personnel, Marine Services
TRAFFIC:	Personnel, Equipment (cones, barricades, no parking signs)
FIRE:	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES:	On-site Presence, Logistics Help, Liaison with Other 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:	Adriana Kelder	Title:	Producer	Date:	October 27, 2016
Co-Sign:	Resh Pono	Title:	Tour Coordinator	Date:	October 27, 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 if paid.**

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

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

Marketing: Please check all that apply.

☒ Invitations	☒ Radio
☒ Posters / Flyers	☒ Television
☒ Newspaper / Internet	☐ Remote Broadcast

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

Electrical Requirements:

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

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

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

Power for theatre ship (3 phase, 208v/100amp)

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? Mitchell de Rubeira

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: National Caravan Stage Company Inc. Phone: 504.715.7152

Address (including zip): 236 West 4th St. Jacksonville FL 32206

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

The music will be recorded, not live, from classical to world music to musical theatre, jazz.

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.

N/A

Other Comments: Please describe your fee structure.

The shows will be free 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: Resh Pono Title: Tour Coordinator Date: October 27, 2017

Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

st.petersburg
www.stpete.org

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: National Caravan Stage Company Inc.

Name of Responsible Party (President or CEO ONLY): Mark Rinaman

Title of Responsible Party: President

Physical Address of Responsible Party: 236 West 4th St. Jacksonville, FL 32206

Phone Number of Responsible Party: 904.316.0953

Email Address of Responsible Party: mrrinaman@aol.com

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

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5-23-2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
HUB International Northwest LLC
12100 NE 19th Street, Suite 200
Bothell, WA 98041-3018

CONTACT NAME: Lina S Jayme
PHONE (A/C, No, Ext): (971) 206-0067 FAX (A/C, No): (503)303-4356
E-MAIL ADDRESS: lina@pac-mar.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Underwriters at Lloyds,London	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
National Caravan Stage Co
236 WEst 4th St.
Jacksonville, FL 32206

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE / OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Protection & Indemnity (Port Risk Only)			YHL1603134	05-15-2016 to 05-15-2017		$1,000,000 Ea. Accident Ea.Occurrence	

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

Hull & Machinery - Agreed Value of $270,000 (Port Risk only)

The University of South Florida Board of Trustees, including its directors, officers, employees and representatives are Additional Insureds as their interest may appear.

CERTIFICATE HOLDER

University of South Florida Board of Trustees,its Directors, Officers, Employees And Representatives
140 7th Avenue South
St. Petersburg, FL 33701

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Lina S. Jayme

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The ACORD name and logo are registered marks of ACORD

DUAL Recreational Vessels

CERTIFICATE ENDORSEMENT

INSURED:	National Caravan Stage
CERTIFICATE NUMBER:	YHL1603134
ENDORSEMENT:	001
PERIOD:	From 15th May 2016 to 15th May 2017 inclusive

Underwriters hereby note and agree, with effect from 23rd May 2016, that this policy is amended as follows:

The following additional insured is added to the policy:

The Board of Trustees of The University of South Florida, Its Directors, Officers, Employees and Representatives.

EFFECTIVE DATE: 23rd May 2016

All other terms, clauses and conditions remain unaltered.

Dated: 25th May 2016

Dual Underwriting Limited is authorised and regulated by the Financial Services Authority in respect of general insurance business. Dual

RKH Specialty
One Whittington Avenue
London EC3V 1LE
United Kingdom

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F +44 (0)20 7397 4444
enquiry@rkhspecialty.com
www.rkhspecialty.com

RKH Specialty

Capacity Marine Corporation
One International Boulevard, Suite 310,
Mahwah New Jersy 07495
United States of America

Date: 25th May, 2016

ADDENDUM TO CONFIRMATION OF (RE)INSURANCE

Dear Sirs,

INSURED: NATIONAL CARAVAN STAGE COMPANY
POLICY NUMBER: MA1603814
ENDORSEMENT: 001

Further to your instruction on the above captioned account, please find enclosed our Addendum to Confirmation of (re)insurance in respect of the above risk being a full copy of our Endorsement no. 001.

We advise you to check the documentation we send you in relation to each placement we make and satisfy yourself that it is entirely in accordance with your understanding and instructions. Anything at variance with your understanding and instructions should be advised to us immediately. Otherwise, we will assume that the documentation is in order.

Duty of Disclosure

We take this opportunity to remind you that there is a legal obligation upon us to ensure that policyholders and intermediaries alike are made aware or reminded of the duty of disclosure and the consequences of its breach.

The policyholder must disclose to (re)insurers any fact or circumstance which is known to them (or which ought to be known to them or the proposer in the ordinary course of their business, and which may include information known to you) and which is material to the risk.

The duty of disclosure applies before the contract of (re)insurance is concluded and may continue for the duration of the contract including any extension or amendment to the (re)insurance contract. Failure to disclose relevant information may allow (re)insurers to cancel coverage back to inception (ab initio). (Re)Insurers would also seek to secure reimbursement of any claims already paid. The duty of disclosure and the consequences of its breach may vary to a limited degree from the foregoing dependent upon the law(s) applicable to the (re)insurance contract.

Please contact us immediately for assistance if you do not fully understand this duty of disclosure, if you are unsure whether information may be material or if it comes to your attention that full and accurate information may not have been disclosed.

IMPORTANT TERMS INCLUDING WARRANTIES, CONDITIONS PRECEDENT AND SUBJECTIVITIES

Please note, failure to comply, or failure to comply within a specified time period, with the terms of the Policy including any warranties, conditions or subjectivities applicable to this policy may prejudice the validity of this insurance and your claims may not be paid.

We trust that everything is in order.

Yours sincerely

for & on behalf of RKH Specialty

Authorised Signatory

Consumer's Certificate of Exemption

R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8012505162C-9	04/02/2013	04/30/2018	501(C)(3) ORGANIZATION

This certifies that

NATIONAL CARAVAN STAGE COMPANY INC
236 W 4TH ST
JACKSONVILLE FL 32206-4410

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. 04/11

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.

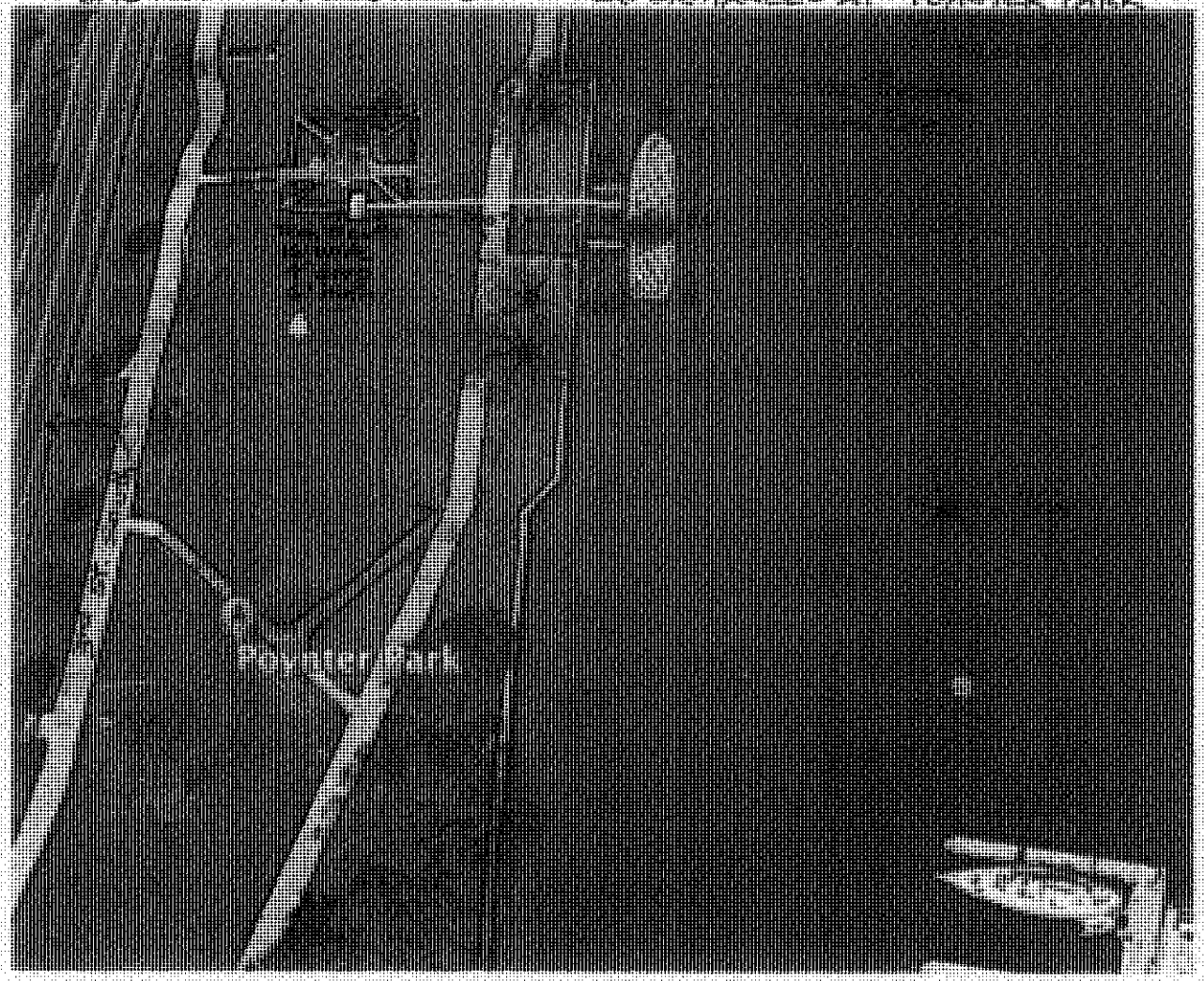
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.

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.

SITE PLAN FOR CARAVAN STAGE PERFORMANCES AT POINTER PARK



CARAVAN 2017 SCHEDULE
St Petersburg Poynter Park

Caravan *"Amara Zee"* Arrival
January 19, 2017 — Anchor opposite see wall & hook to shore power.

Rehearsals & Production
January 20 to April 4, 2017 — Rehearsal & Setting up Show Set, Lights, Sound on Ship

Focus and Tech Rehearsals
March 1 to April 4, 2017 — On Ship & Tech Booth: Rigging, Lights, Sound & Video

Caravan Performances
April 4, 5, 6, 7, 8, 9 — **Performances at Poynter Park**

Tear Down & Pack Ship
April 10 to 15, 2017 — Pack all Show Gear & Equipment on Ship

Caravan *"Amara Zee"* Departure
April 15, 2017 — Sail to New Orleans & Houston for Shows

For Further Details:
Phones: Canada: 604 505 6541 **US: 504 715 7152**
Email: caravanstage@yahoo.com **Web:** www.caravanstage.org

st.petersburg

City of St. Petersburg

NATIONAL CARAVAN STAGE COMPANY, INC.
RESH PONO
140 7TH AVE S
ST PETERSBURG, FL 33701 USA

Receipt #: 2691379
User: DWBurns
Issued: Fri 16 Dec 16 08:46 am

Description		Amount
Previous Balance		$0.00
Payment:	Check	($30.00)
Balance		($30.00)

APPROVED REFUNDS ARE BY CHECK ONLY

Contract/Permit

st. petersburg parks & recreation

Contract #: 19090
Date: 16 Dec 2016

User: DWBurns
Status: Tentative

NATIONAL CARAVAN STAGE COMPANY, INC.
RESH PONO
140 7TH AVE S
ST PETERSBURG FL 33701 USA

Primary #: (504) 715-7152
Secondary #: (727)
Other #: ()

Purpose of Use: NOMADIC TEMPEST

Expected: 0

Co-Sponsored Event

Contract Balance
$630.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: Starting: Wed 01 Feb 17 06:00 am Ending: Thu 04 May 17 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Poynter Park	Wed	01 Feb 2017	06:00 AM	$0.00	$0.00	$0.00	$0.00
Park		04 May 2017	09:00 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	3	$600.00	$0.00	$600.00
				$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	$0.00	$630.00	($30.00)

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

Contract/Permit

st. petersburg parks & recreation

Contract #: 19090
Date: 16 Dec 2016

User: DWBurns
Status: Firm

NATIONAL CARAVAN STAGE COMPANY, INC.
RESH PONO
140 7TH AVE S
ST PETERSBURG FL 33701 USA

Primary #: (504) 715-7152
Secondary #: (727)
Other #: ()

Purpose of Use: NOMADIC TEMPEST

Expected: 0

Co-Sponsored Event

Contract Balance $600.00

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 01 Feb 17 06:00 am Ending: Thu 04 May 17 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Poynter Park	Wed	01 Feb 2017	06:00 AM	$0.00	$0.00	$0.00	$0.00
Park		04 May 2017	09:00 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	3	$600.00	$0.00	$600.00
				$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	$600.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
16 Dec 2016	$30.00	Check	Rental	2691379

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) RESH PONO

NATIONAL CARAVAN 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

_____ ☐ Approved or ☐ Rejected Date: _____
Supervisor II / Foreman

_____ ☐ Approved or ☐ Rejected Date: _____
Manager

st. petersburg parks & recreation

Contract/Permit

Contract #: 19090
Date: 16 Dec 2016

User: DWBurns
Status: Firm

_____ ☐ Approved or ☐ 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

Sunbiz.org Division of CORPORATIONS

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Not For Profit Corporation
NATIONAL CARAVAN STAGE COMPANY, INC.

Filing Information

Document Number	N96000000082
FEI/EIN Number	06-1436763
Date Filed	12/29/1995
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	04/02/1999

Principal Address

236 WEST 4TH ST
JACKSONVILLE, FL 32206

Changed: 05/13/2008

Mailing Address

236 WEST 4TH ST
JACKSONVILLE, FL 32206

Changed: 02/08/2013

Registered Agent Name & Address

RINAMAN, MARK
236 West 4th St
Jacksonville, FL 32206

Name Changed: 02/08/2013

Address Changed: 02/08/2013

Officer/Director Detail

Name & Address

Title President

MARK, RINAMAN
236 WEST 4TH ST
JACKSONVILLE, FL 32206

Title VP

Title VP

Roberts, Pamela D
2625 1/2 Lapeyrouse St
NEW ORLEANS, LA 70119

Title Director, Treasurer, Secretary

KELDER, ADRIANA
236 WEST 4TH ST
JACKSONVILLE, FL 32206

Title Director

KIRBY, PAUL E
236 WEST 4TH ST
JACKSONVILLE, FL 32206

Title Director

MASTRY, EDITH
222 15TH AVE. S.
SAINT PETERSBURG, FL 33701

Title Director

Poindexter, Randy
4324 Cadiz St
NEW ORLEANS, LA 70125

Title Director

McCutcheon, Ralph
5100 4th Ave South
St Petersburg, FL 33707

Annual Reports

Report Year	Filed Date
2014	01/02/2014
2015	02/25/2015
2016	02/05/2016

Document Images

02/05/2016 – ANNUAL REPORT	View image in PDF format
02/25/2015 – ANNUAL REPORT	View image in PDF format
01/02/2014 – ANNUAL REPORT	View image in PDF format
02/08/2013 – ANNUAL REPORT	View image in PDF format
01/25/2012 – ANNUAL REPORT	View image in PDF format
04/05/2011 – ANNUAL REPORT	View image in PDF format
04/13/2010 – ANNUAL REPORT	View image in PDF format
04/14/2009 – ANNUAL REPORT	View image in PDF format

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

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st. petersburg parks & recreation

Date Received: 12/8/16
Check or Cash: 330
Application #: 87
Packet: D
Permit #: 19250

Event Title: 2017 St. Petersburg Wanderlust 108 Phone No.: (704) 999-7584 Fax No.:

Entity Name: Wanderlust Festival, LLC Federal I.D. Number:

Event Date(s): ~~3/18 or 3/19 or 4/1 or 4/2~~ 09/16/17 Location: 26-4718851

Day 1 of Event: Time Gates Open: 7:30 am Ending Time: 5:00 pm

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

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

Application Prepared by: Brian Preyers Phone: (704) 999-7584

Title: Senior Event Manager Cell Phone: (704) 999-7584

Address: 26 Dobbin St City: Brooklyn State: NY Zip: 11222

Email Address: brian_p@wanderlust.com

Additional Contact Person: Heather Story Day Phone: (646) 943-3174

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.

Wanderlust 108, "a mindful triathlon", is a one-day, ticketed event series consisting of a large- scale yoga class, 5K run, meditation/speaker session, and early evening musical performance. The event features a Kula Market with sponsor, vendor, and organic food tents along with interactive Acroyoga, Hooping, and Aerial areas. The goal of the event is to create a joyful, community-focused event around mindful living: yoga, organics, sustainability, ethical consumption and the arts.

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

Wanderlust 108, "a mindful triathlon", will showcase local organic food vendors and sustainable businesses. Wanderlust also brings a dedicated following of mindful and sustainable patrons from all areas of the surrounding city and states.

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

Does your group presently have liability insurance? [X] YES [ ] NO How much?

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

Will there be an admission / registration fee? [X] YES [ ] NO Advanced Fee: $35 - 50 Day of: $50

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

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

What is the estimated attendance for this event? Spectators 2000 Participants Last Year's Total Attendance

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 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:	Brian Preyers	Title:	Senior Event Manager	Date:	11-9-16
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 if paid.**

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

PLEASE ATTACH THE FOLLOWING

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

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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

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

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

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

Yes / TBD

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

Name: Wanderlust Festival, LLC Phone: (704) 999-7584

Address (including zip): 26 Dobbin St, Brooklyn, NY 11222

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

DJ/Ipod, spoken word
1 Stage
2 Yoga performers

List Vending Products. Name & Provider.

Sponsorship materials
Merchandise
Food and Beverage

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.

To teach and promote yoga, meditation, sustainable living and organic lifestyles and community

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

Pre-event day load-in between 7am - 11 pm
Post event load-out between 5pm - 11 pm

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: Brian Preyers Title: Senior Event Manager Date: 11-9-16

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.**

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www.stpete.org

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: Wanderlust Festival, LLC

Name of Responsible Party (President or CEO ONLY): Sean Hoess

Title of Responsible Party: CEO

Physical Address of Responsible Party: 26 Dobbin St, Brooklyn, NY 11222

Phone Number of Responsible Party: (212) 766-8040

Email Address of Responsible Party: brian_p@wanderlust.com

For-profit (Employee Identification Number)

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

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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 Ema

Denis W. Burns

From: Brian Preyers <brian_p@wanderlust.com>
Sent: Wednesday, November 09, 2016 1:54 PM
To: Denis W. Burns
Subject: Re: City of St Pete Application
Attachments: 108PET17_ADA Wanderlust Application.pdf; 108PET17_Wanderlust Parks & Rec Application.pdf

Categories: Follow-up

Hi Denis,

Can we connect today about availability for the parks we discussed? 704-999-7584. Also, here are the two applications you sent my way that I thought could help move things along.

Thanks,
Brian

--

Brian Preyers
Senior Event Manager
704.999.7584
wanderlust.com

On Oct 25, 2016, at 11:47 AM, Denis W. Burns <Denis.Burns@stpete.org> wrote:

Brian.

Per our conversation, I have attached the application. Please look over and complete so I can have other committee members give me their input.

Denis Burns
Parks & Recreation Supervisor II. Special Events
City of St. Petersburg
1400 19th Street North, St. Petersburg, FIL 33713
727-892-5197 / Cell: 727-235-5379 / Fax: 727-892-5868
Denis.Burns@stpete.org

Please note all emails are subject to public records law.

Your Sunshine City

<ADA Packet v2.pdf><Co-Sponsored Application 2016 - 2017 v2.pdf><Downtown Parking Map.pdf><Insurance Information.pdf><Outdoor Assembly Permit Application 101315.pdf><Police Dept. Street Closure Permit Application.pdf>

FLORIDA DEPARTMENT of STATE DIVISION OF CORPORATIONS

Sunbiz.org Division of CORPORATIONS

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Foreign Limited Liability Company
WANDERLUST FESTIVAL, LLC

Filing Information

Document Number	M11000000730
FEI/EIN Number	26-4718851
Date Filed	02/14/2011
State	VA
Status	INACTIVE — Notified 1/11/17
Last Event	REVOKED FOR ANNUAL REPORT
Event Date Filed	09/25/2015
Event Effective Date	NONE

Principal Address

300 WEST 6TH STREET
SUITE 2100
AUSTIN, TX 78701

Changed: 04/24/2012

Mailing Address

300 WEST 6TH STREET
SUITE 2100
AUSTIN, TX 78701

Changed: 04/24/2012

Registered Agent Name & Address

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

Authorized Person(s) Detail

Name & Address

Title MGR

C3 PRESENTS, LLC
300 WEST 6TH STREET STE. 2100
AUSTIN, TX 78701

Title MGR

STARR HILL PRESENTS, LLC
321 E. MAIN STREET, SUITE 500
CHARLOTTESVILLE, VA 22902

Title MGR

VELOUR REWARDING INC.
26 DOBBIN STREET, 3RD FLOOR
BROOKEYN, NY 11222

Annual Reports

Report Year	Filed Date
2012	04/24/2012
2013	04/11/2013
2014	01/13/2014

Document Images

01/13/2014 -- ANNUAL REPORT	View image in PDF format
04/11/2013 -- ANNUAL REPORT	View image in PDF format
04/24/2012 -- ANNUAL REPORT	View image in PDF format
02/14/2011 -- Foreign Limited	View image in PDF format

st. petersburg parks & recreation

Contract/Permit

Contract #: 19250
Date: 10 Jan 2017

User: DWBurns
Status: Tentative

WANDERLUST FESTIVAL, LLC
BRIAN PREYERS
26 DOBBINS ST
BROOKLYN NY 11222 USA

Primary #: (704) 999-7584
Secondary #: (727)
Other #: ()

Purpose of Use: WANDERLUST FESTIVAL

Expected: 2,000

Co-Sponsored Event

Contract Balance $330.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: Starting: Fri 15 Sep 17 06:00 am Ending: Sun 17 Sep 17 12:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Fri	15 Sep 2017	06:00 AM	$0.00	$300.00	$0.00	$300.00
Vinoy Park		17 Sep 2017	12:00 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 (Vinoy)	54:00	1	$300.00	$0.00	$300.00
		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

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

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

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st. petersburg parks & recreation

Date Received: 1/11/17
Check or Cash: Invoice
Application #: 88
Packet: D
Permit #: 19330

Event Title: Lionfish Safari | Phone No.: (321) 695-2669 | Fax No.:

Entity Name: Reef Monitoring, Inc. | Federal I.D. Number: 27-2970872

Event Date(s): 09/09/2017-09/10/2017 | Location: North Straub Park

Day 1 of Event: 09/09/2017 | Time Gates Open: 10:00 a.m. | Ending Time: 5:00 p.m.

Day 2 of Event: 09/10/2017 | Time Gates Open: 10:00 a.m. | Ending Time: 5:00 p.m.

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

Application Prepared by: Meaghan Faletti | Phone: (321) 695-2669

Title: Event Coordinator | Cell Phone: (321) 695-2669

Address: PO Box 548 | City: Tarpon Springs | State: FL | Zip: 34688

Email Address: meaghan.faletti@reefmonitoring.org

Additional Contact Person: Cory Trier | Day Phone: (260) 610-1028

What month/year were you incorporated as nonprofit? January 2011

List all 501(c)3 entities that will benefit from this event. Reef Monitoring, 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 lionfish tournament and educational festival will give the community a fun opportunity to learn about the threat of invasive species and the marine environment in general. Family friendly activities will provide a fun way to learn about these topics, while lionfish tasting opportunities will allow the public to participate directly in lionfish control. The local diving community has been very enthusiastic in past tournament years, with hundreds of participants involved, and will allow them a chance to contribute their efforts to both invasive lionfish control, and public outreach.

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

The festival will be an opportunity for local chefs to demonstrate their skills in preparing an exotic fish, the invasive lionfish, for the public to sample. This will allow them to promote local businesses and restaurants, and inspire the public to stimulate the market for lionfish. This will also be a great networking opportunity for local wholesale dealers (fish markets) to meet the local diving community and establish connections for moving lionfish out of the water and on to the dinner plate.

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. http://www.reefmonitoring.org/lionfish-safari.html

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

What is the estimated attendance for this event? Spectators 5000 Participants 200 Last Year's Total Attendance 500

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:	Meaghan Faletti	Title:	Event Coordinator	Date:	01/09/2017
Co-Sign:		Title:		Date:	

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

Condition		Obligation
[X] Public Invited		General Liability Insurance
[X] Located in Park		Park Permit
[X] Vending Product / Merchandise Sales		Occupational License
[X] Vending Food / Beverage		Health Inspection
[X] Vendors / Exhibitors	How many? 21 - 30 Vendors / Exhibitors	
[X] Vending Beer / Wine		Alcohol Permit Additional Insurance Required
[X] Erecting Tents - Larger than 10ft x 12ft	How many? 2-3	Temporary Structure Permit
[X] Fence Installation	What type?	Temporary Structure Permit
[ ] Other Structures	What structure?	Temporary Structure Permit
[ ] Open Flame Food Preparation		Fire Inspection Permit
[ ] Pyrotechnics		Fireworks Permit
[X] Require Street Closure		Parade or Street Closure Permit(s)
[ ] VIP Area		
[ ] Staging	[ ] Professional [ ] Showmobile [ ] Other	
[X] Amplified Sound	[ ] Performers [ ] Announcement Only	
[X] Security	[ ] Daytime - Private [X] Overnight - Private [X] Event Time Frame - SPPD	
[X] Sanitary Facilities - Port-O-Lets	Regular Units 8 Disabled Units 2 Hand Washing 3	
[ ] Off-site Parking / Shuttle		
[ ] Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

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: Reef Monitoring, Inc. Phone:

Address (including zip): PO Box 548 Tarpon Springs, FL 34688

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: Meaghan Faletti Title: Event Coordinator Date: 01/09/2017

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.**

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Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Reef Monitoring, Inc.

Name of Responsible Party (President or CEO ONLY): Heyward Mathews

Title of Responsible Party: President

Physical Address of Responsible Party: 109 Maplewood Ave. Clearwater, FL 33765

Phone Number of Responsible Party: (727) 799-4326

Email Address of Responsible Party: heyward.mathews@reefmonitoring.org

Nonprofit (Employee Identification Number): 27-2970872

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

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

Name of Event: Lionfish Safari
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: Meaghan Faletti Date: 01/09/2017

Print Application

Submit Application by Email

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

DEPARTMENT OF THE TREASURY

Date: JAN 07 2011

REEF MONITORING INC
109 MAPLEWOOD AVE
CLEARWATER, FL 33765

Employer Identification Number:
27-2970872
DLN:
200319179
Contact Person:
REGINA M PARKER ID# 31274
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:
June 28, 2010
Contribution Deductibility:
Yes
Addendum Applies:
No

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.

REEF MONITORING INC

Sincerely,

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

FLORIDA DEPARTMENT of STATE DIVISION OF CORPORATIONS

Sunbiz.org Division of CORPORATIONS

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Not For Profit Corporation
REEF MONITORING INC.

Filing Information

Document Number	N10000006247
FEI/EIN Number	27-2970872
Date Filed	06/28/2010
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	12/29/2010
Event Effective Date	NONE

Principal Address

109 MAPLEWOOD AVE
CLEARWATER, FL 33765

Mailing Address

PO Box 548
Tarpon Springs, FL 34688

Changed: 01/09/2017

Registered Agent Name & Address

MATHEWS, HEYWARD DR.
109 MAPLEWOOD AVE
CLEARWATER, FL 33765

Officer/Director Detail

Name & Address

Title President

MATHEWS, HEYWARD DR.
109 MAPLEWOOD AVE
CLEARWATER, FL 33765

Title VP

LARA, MONICA DR.
2071 HILLWOOD DR
CLEARWATER, FL 33763

Title Treasurer

PATTERSON, SEAN
1537 Ember Ln
Tarpon Springs, FL 34689

Title Secretary

Barbara, Lauren Brittany
230 Arbor Glen Drive
Palm Harbor, FL 34683

Title Director

Trier, Grant C
860 Island Way
Clearwater, FL 33767

Annual Reports

Report Year	Filed Date
2015	04/30/2015
2016	03/31/2016
2017	01/09/2017

Document Images

01/09/2017 -- ANNUAL REPORT	View image in PDF format
03/31/2016 -- ANNUAL REPORT	View image in PDF format
04/30/2015 -- ANNUAL REPORT	View image in PDF format
01/15/2014 -- ANNUAL REPORT	View image in PDF format
04/03/2013 -- ANNUAL REPORT	View image in PDF format
02/16/2012 -- ANNUAL REPORT	View image in PDF format
03/06/2011 -- ANNUAL REPORT	View image in PDF format
12/29/2010 -- Amendment	View image in PDF format
06/28/2010 -- Domestic Non-Profit	View image in PDF format

Contract/Permit

st. petersburg parks & recreation

Contract #: 19330
Date: 18 Jan 2017

User: DWBurns
Status: Firm

REEF MONITORING INC.
MEAGHAN FALETTI
PO BOX 548
TARPON SPRINGS FL 34688 USA

Primary #: (321) 695-2665
Secondary #: (727)
Other #: ()

Purpose of Use: LIONFISH SAFARI

Expected: 5,000

Co-Sponsored Event

Contract Balance $430.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: Starting: Wed 06 Sep 17 06:00 am Ending: Mon 11 Sep 17 12:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
North Straub Park	Wed	06 Sep 2017	06:00 AM	$0.00	$400.00	$0.00	$400.00
Park		11 Sep 2017	12:00 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	126:00	2	$400.00	$0.00	$400.00
		2	$400.00	$0.00	$400.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By:(Sign Name) _____

(Print Name) MEAGHAN FALETTI

REEF MONITORING 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

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st. petersburg parks & recreation

Date Received: 1/10/17
Check or Cash:
Application #: 39
Packet: A
Permit #: 19301

Event Title: One Step Closer to the Cure 2017 Phone No.: 863 381-2034 Fax No.: 727 499-1999

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

Event Date(s): September 23, 2017 Location: Albert Whitted Park - 480 Bayshore Dr. SE St. Pete., Fl

Day 1 of Event: 9/23/2017 Time Gates Open: 5:00 a.m. Ending Time: 11:30 a.m.

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

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

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

Title: President Cell Phone: Same

Address: P.O. Box 48787 City: St. Pete. State: Fl Zip: 33743-878

Email Address: ccarlan@cmocf.org

Additional Contact Person: Diane Prince Day Phone: 727 522-9471 Ext.224

What month/year were you incorporated as nonprofit? 2003

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

Name of the for-profit entity? None

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

CMOCF assists women in the Tampa Bay Area who are in cancer treatment with bills for rent, mortgages, car payments and other personal expenses and uses the One Step Event as a fund raiser to secure these funds for assistance. In 2016 we provided $70,589.00 in assistance to women in treatment.
We invite out of towners to participate and stay in hotels in St. Pete. We also advertise the course which is on St. Pete's great waterfront and entice participants to enjoy this great asset.

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

We advertise nation wide and encourage runners to participate and visit St. Petersburg's beautiful and fun downtown and waterfront course. We partner with hotels near the downtown area for discounts for 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? 1,000,000.00

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: $25-40.00 Day of: $30-50.00

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

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

What is the estimated attendance for this event? Spectators 50-100 Participants 1700 Last Year's Total Attendance 1500

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

Recreation Equipment

Showmobile (Yes/No)

Bleacher(s) needed. Each bleacher approx. 180 people) none

Tables (6 ft) # needed Chairs # needed

Public Address System yes

# of portable risers needed (4 in. x 8 in. x 16 in. sections) 2

Special Events Facilities

- [x] 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:	Claudette M. Carlan	Title:	President	Date:	01/12/2017
Co-Sign:		Title:		Date:	

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

Condition		Obligation
[X] Public Invited		General Liability Insurance
[X] Located in Park		Park Permit
[ ] Vending Product / Merchandise Sales		Occupational License
[ ] Vending Food / Beverage		Health Inspection
[ ] Vendors / Exhibitors	How many?	
[ ] Vending Beer / Wine		Alcohol Permit Additional insurance Required
[ ] Erecting Tents - Larger than 10ft x 12ft	How many?	Temporary Structure Permit
[ ] Fence Installation	What type?	Temporary Structure Permit
[ ] Other Structures	What structure?	Temporary Structure Permit
[ ] Open Flame Food Preparation		Fire Inspection Permit
[ ] Pyrotechnics		Fireworks Permit
[X] Require Street Closure		Parade or Street Closure Permit(s)
[ ] VIP Area		
[ ] Staging	[ ] Professional [ ] Showmobile [ ] Other	
[ ] Amplified Sound	[ ] Performers [ ] Announcement Only	
[X] Security	[ ] Daytime - Private [ ] Overnight - Private [ ] Event Time Frame - SPPD	
[X] Sanitary Facilities - Port-O-Lets	Regular Units 6 Disabled Units 2 Hand Washing	
[X] Off-site Parking / Shuttle		
[ ] Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? ☐ YES ☐ NO

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

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

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

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

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

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

DJ and Musicians 1 Stage

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.

Announcements and recognition of Sponsors

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

1/22/2017 - Setting up tents and tables and chairs 12:00 noon - 5:30 p.m.
1/23/2017 - Early registration and final preparation of course 5:00 a.m.

Other Comments: Please describe your fee structure.

3 different runs/walks - $25.00 for adults and $15.00 for children - 1 mile walk
5K walk/run $35-40 for adults and $15.00 children under 18 years old
10K walk/run $45 for adults and $20.00 children under 18 years old.
Additional $5-10 for late fees, week before and day of 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: Claudette M. Carlan Title: President Date: 1/12/2017

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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* **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.**

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www.stpete.org

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Celma Mastry Ovarian Cancer Foundation

Name of Responsible Party (President or CEO ONLY): Claudette M. Carlan

Title of Responsible Party: President

Physical Address of Responsible Party: P.O. Box 48787 - St. Petersburg, Fl 33743-8787

Phone Number of Responsible Party: 863 381-2034

Email Address of Responsible Party: ccarlan@cmocf.org

Nonprofit (Employee Identification Number): 33-1023477

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

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www.stpete.org

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

Name of Event: One Step Closer to the Cure 2017
Date(s) of Event: 9/23/2017 -

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

		Amount
1.	Sponsors	$38,500.00
2.	Donations	$20,000.00
3.	Participants	$45,000.00
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$103,500.00

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

1.	Insurance	$600.00
2.	Shirts and Medals	$24,000.00
3.	Rentals - Tents, Chairs, etc.	$6,000.00
4	St. Pete. City - including police and park	$17,000.00
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$47,600.00
	TOTAL NET INCOME	$55,900.00

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

1.	Financial Assistance to Ovarian Cancer patients in treatment	$55,900.00
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	$55,900.00

Prepared by: Claudette M. Carlan Date:

Print Application

Submit Application by Email

st. petersburg parks & recreation

Contract/Permit

Contract #: 19301
Date: 12 Jan 2017

User: SCTegard
Status: Firm

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

Primary #: (863) 381-2034
Secondary #: ()
Other #: ()

Purpose of Use: Celma Mastry One Step Closer **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: Sat 16 Sep 17 06:00 am Ending: Sat 16 Sep 17 03:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Sat	16 Sep 2017	06:00 AM	$0.00	$230.00	$0.00	$230.00
Park			03:00 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
Saturday, Sep 2,2017	$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) CLAUDETTE CARLAN

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

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

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.

Detail by FEI/EIN Number

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

Filing Information

Document Number	N02000002758
FEI/EIN Number	33-1023477
Date Filed	04/08/2002
State	FL
Status	ACTIVE
Last Event	CORPORATE MERGER
Event Date Filed	11/30/2015
Event Effective Date	NONE

Principal Address

2801 ANVIL STREET NORTH
SAINT PETERSBURG, FL 33710

Changed: 02/16/2010

Mailing Address

2801 ANVIL STREET NORTH
SAINT PETERSBURG, FL 33710

Changed: 02/16/2010

Registered Agent Name & Address

MASTRY, CONSTANTINE E
8360 73RD COURT
PINELLAS PARK, FL 33781

Name Changed: 04/14/2009

Address Changed: 04/14/2009

Officer/Director Detail

Name & Address

Title VPSD

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

Title P

CARLAN, CLAUDETTE
4309 DEERWOOD DR
ZOLPHO SPRINGS, FL 33890

Title VD

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

Title TRD

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

Annual Reports

Report Year	Filed Date
2014	01/09/2014
2015	01/08/2015
2016	01/23/2016

Document Images

01/23/2016 -- ANNUAL REPORT	View image in PDF format
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04/14/2009 -- ANNUAL REPORT	View image in PDF format
01/08/2008 -- ANNUAL REPORT	View image in PDF format
03/07/2007 -- ANNUAL REPORT	View image in PDF format
03/17/2006 -- ANNUAL REPORT	View image in PDF format
01/11/2005 -- ANNUAL REPORT	View image in PDF format
02/06/2004 -- ANNUAL REPORT	View image in PDF format
03/17/2003 -- ANNUAL REPORT	View image in PDF format
03/17/2003 -- Name Change	View image in PDF format
04/08/2002 -- Domestic Non-Profit	View image in PDF format

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1/10/17
Check or Cash:
Application #: 89
Packet: A
Permit #: 19301

Event Title: One Step Closer to the Cure 2017 Phone No.: 863 381-2034 Fax No.: 727 499-1999

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

Event Date(s): September 23, 2017 Location: Albert Whitted Park - 480 Bayshore Dr. SE St. Pete., Fl

Day 1 of Event: 9/23/2017 Time Gates Open: 5:00 a.m. Ending Time: 11:30 a.m.

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

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

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

Title: President Cell Phone: Same

Address: P.O. Box 48787 City: St. Pete. State: Fl Zip: 33743-878

Email Address: ccarlan@cmocf.org

Additional Contact Person: Diane Prince Day Phone: 727 522-9471 Ext.224

What month/year were you incorporated as nonprofit? 2003

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

Name of the for-profit entity? None

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

CMOCF assists women in the Tampa Bay Area who are in cancer treatment with bills for rent, mortgages, car payments and other personal expenses and uses the One Step Event as a fund raiser to secure these funds for assistance. In 2016 we provided $70,589.00 in assistance to women in treatment.
We invite out of towners to participate and stay in hotels in St. Pete. We also advertise the course which is on St. Pete's great waterfront and entice participants to enjoy this great asset.

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

We advertise nation wide and encourage runners to participate and visit St. Petersburg's beautiful and fun downtown and waterfront course. We partner with hotels near the downtown area for discounts for 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? 1,000,000.00

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: $25-40.00 Day of: $30-50.00

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

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

What is the estimated attendance for this event? Spectators 50-100 Participants 1700 Last Year's Total Attendance 1500

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

Recreation Equipment

Showmobile (Yes/No)

Bleacher(s) needed. Each bleacher approx. 180 people) none

Tables (6 ft) # needed Chairs # needed

Public Address System yes

# of portable risers needed (4 in. x 8 in. x 16 in. sections) 2

Special Events Facilities

- [x] 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:	Claudette M. Carlan	Title:	President	Date:	01/12/2017
Co-Sign:		Title:		Date:	

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,
727-B93-7766 or EMAIL: StPeteEvents@stpete.org

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☐ Vending Product / Merchandise Sales		Occupational License
☐ Vending Food / Beverage		Health Inspection
☐ Vendors / Exhibitors	How many?	
☐ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☐ Erecting Tents - Larger than 10ft x 12ft	How many?	Temporary Structure Permit
☐ Fence Installation	What type?	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☐ Staging	☐ Professional ☐ Showmobile ☐ Other	
☐ Amplified Sound	☐ Performers ☐ Announcement Only	
☒ Security	☐ Daytime - Private ☐ Overnight - Private ☐ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 6 Disabled Units 2 Hand Washing	
☒ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? ☐ YES ☐ NO

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

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

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

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

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

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

DJ and Musicians 1 Stage

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.

Announcements and recognition of Sponsors

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

1/22/2017 - Setting up tents and tables and chairs 12:00 noon - 5:30 p.m.
1/23/2017 - Early registration and final preparation of course 5:00 a.m.

Other Comments: Please describe your fee structure.

3 different runs/walks - $25.00 for adults and $15.00 for children - 1 mile walk
5K walk/run $35-40 for adults and $15.00 children under 18 years old
10K walk/run $45 for adults and $20.00 children under 18 years old.
Additional $5-10 for late fees, week before and day of 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: Claudette M. Carlan Title: President Date: 1/12/2017

Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

st.petersburg
www.stpete.org

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Celma Mastry Ovarian Cancer Foundation

Name of Responsible Party (President or CEO ONLY): Claudette M. Carlan

Title of Responsible Party: President

Physical Address of Responsible Party: P.O. Box 48787 - St. Petersburg, Fl 33743-8787

Phone Number of Responsible Party: 863 381-2034

Email Address of Responsible Party: ccarlan@cmocf.org

Nonprofit (Employee Identification Number): 33-1023477

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

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www.stpete.org

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

Name of Event: One Step Closer to the Cure 2017
Date(s) of Event: 9/23/2017 -

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

		Amount
1.	Sponsors	$38,500.00
2.	Donations	$20,000.00
3.	Participants	$45,000.00
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$103,500.00

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

1.	Insurance	$600.00
2.	Shirts and Medals	$24,000.00
3.	Rentals - Tents, Chairs, etc.	$6,000.00
4	St. Pete. City - including police and park	$17,000.00
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$47,600.00
	TOTAL NET INCOME	$55,900.00

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

1.	Financial Assistance to Ovarian Cancer patients in treatment	$55,900.00
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	$55,900.00

Prepared by: Claudette M. Carlan Date:

Print Application

Submit Application by Email

Contract/Permit

st. petersburg parks & recreation

Contract #: 19301
Date: 12 Jan 2017

User: SCTegard
Status: Firm

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

Primary #: (863) 381-2034
Secondary #: ()
Other #: ()

Purpose of Use: Celma Mastry One Step Closer

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: Sat 16 Sep 17 06:00 am Ending: Sat 16 Sep 17 03:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Sat	16 Sep 2017	06:00 AM	$0.00	$230.00	$0.00	$230.00
Park			03:00 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
Saturday, Sep 2,2017	$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) CLAUDETTE CARLAN

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

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

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.

Detail by FEI/EIN Number

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

Filing Information

Document Number	N02000002758
FEI/EIN Number	33-1023477
Date Filed	04/08/2002
State	FL
Status	ACTIVE
Last Event	CORPORATE MERGER
Event Date Filed	11/30/2015
Event Effective Date	NONE

Principal Address

2801 ANVIL STREET NORTH
SAINT PETERSBURG, FL 33710

Changed: 02/16/2010

Mailing Address

2801 ANVIL STREET NORTH
SAINT PETERSBURG, FL 33710

Changed: 02/16/2010

Registered Agent Name & Address

MASTRY, CONSTANTINE E
8360 73RD COURT
PINELLAS PARK, FL 33781

Name Changed: 04/14/2009

Address Changed: 04/14/2009

Officer/Director Detail

Name & Address

Title VPSD

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

Title P

CARLAN, CLAUDETTE
4309 DEERWOOD DR
ZOLPHO SPRINGS, FL 33890

Title VD

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

Title TRD

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

Annual Reports

Report Year	Filed Date
2014	01/09/2014
2015	01/08/2015
2016	01/23/2016

Document Images

01/23/2016 -- ANNUAL REPORT	View image in PDF format
11/30/2015 -- Merger	View image in PDF format
01/08/2015 -- ANNUAL REPORT	View image in PDF format
01/09/2014 -- ANNUAL REPORT	View image in PDF format
04/12/2013 -- ANNUAL REPORT	View image in PDF format
01/05/2012 -- ANNUAL REPORT	View image in PDF format
01/05/2011 -- ANNUAL REPORT	View image in PDF format
02/16/2010 -- ANNUAL REPORT	View image in PDF format
04/14/2009 -- ANNUAL REPORT	View image in PDF format
01/08/2008 -- ANNUAL REPORT	View image in PDF format
03/07/2007 -- ANNUAL REPORT	View image in PDF format
03/17/2006 -- ANNUAL REPORT	View image in PDF format
01/11/2005 -- ANNUAL REPORT	View image in PDF format
02/06/2004 -- ANNUAL REPORT	View image in PDF format
03/17/2003 -- ANNUAL REPORT	View image in PDF format
03/17/2003 -- Name Change	View image in PDF format
04/08/2002 -- Domestic Non-Profit	View image in PDF format

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1/13/17
Check or Cash:
Application #: 90
Packet: C
Permit #: 19327

Event Title: ~~2016~~ 2017 Tampa Bay Walk for Children with Apraxia of Speech | Phone No.: 727-204-5170 | Fax No.:

Entity Name: CASANA Childhood Apraxia of Speech Association of North America | Federal I.D. Number: 25-1858159

Event Date(s): May 13, 2017 | Location: Flora Wylie Park

Day 1 of Event: May 13, 2017 | Time Gates Open: 8:00am | Ending Time: 1:00pm

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

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

Application Prepared by: Rachel Anderson | Phone:

Title: Event Coordinator | Cell Phone: 727-204-5170

Address: 5523 18th ST NE | City: St Petersburg | State: FL | Zip: 33703

Email Address: apraxiatampabay@gmail.com

Additional Contact Person: Justin LeWinter | Day Phone: 412-455-5085

What month/year were you incorporated as nonprofit? January 2000

List all 501(c)3 entities that will benefit from this event. CASANA ans St. Petersburg SERTOMA Club

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 2017 Tampa Bay Walk for Children with Apraxia will contribute to funds provided by the St/ Petersburg SERTOMA Noon Club in covering the costs of expensive speech evaluations at All Children's Hospital Speech and Language Outpatient Clinic in St. Petersburg for low income families and families without insurance. Funds raised through the walk will also provide direct support to local children through individual therapy grants and awards of iPads as communication tools. Families within a walk community have precedence for receiving grant funds, conference scholarships and iPads. The Walk for Apraxia event brings together children, families, service providers and school programs from across Central and West/South West Florida. Having the City of St. Petersburg Co-Sponsor the walk event with SERTOMA and CASANA will; enhance their image by connecting community providers and families while raising awareness and educating our community about the rare disorder of apraxia.

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

Families from around the Central and West/South West region of Florida will come to attend the event. Families will be staying in and around the area frequenting local businesses and restaurants. Funds raised will go to support local community families with a child affected by Apraxia.

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? Attached

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/$10 Day of: $25/$15

Please provide the website address for your event. TBA -

Please provide a phone number that can be advertised to the public. 727-204-5170

What is the estimated attendance for this event? Spectators | Participants 600 | Last Year's Total Attendance 500

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) 3

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:	Rachel Anderson	Title:	Event Coordinator	Date:	1/12/2017
Co-Sign:	Justin LeWinter	Title:	Event and Volunteer MGR	Date:	1/12/2017

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

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

Marketing: Please check all that apply.

☒ Invitations	☒ Radio
☒ Posters / Flyers	☒ Television
☒ Newspaper / Internet	☐ Remote Broadcast

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

Electrical Requirements:

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

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

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

Will you supply your own generators? ☐ YES ☒ NO

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

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

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

Name: Rachel Anderson/Justin LeWinter Phone: 727-204-5170

Address (including zip): 5523 18th St NE St. Petersburg, FL 33703

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.

A brief introduction by the walk coordinator explaining apraxia, SERTOMA and CASANA's role in funding research, providing resources, therapy grants, and communication devices will occur. We will award each child with apraxia a medal then begin the walk.

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

Families will park in the parking lot next to the park between 8:00am and 1:00pm.

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: Rachel Anderson Title: Event Coordinator Date: 1/12/2017

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.**

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www.stpete.org

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Childhood Apraxia of Speech of North America / SERTOMA Club of St. Petersburg

Name of Responsible Party (President or CEO ONLY): Sharon Gretz / Rob Shingler

Title of Responsible Party: Executive Director/Founder / President

Physical Address of Responsible Party: 416 Lincoln Ave, 2nd Floor, Pittsburgh, PA 15209

Phone Number of Responsible Party: 412-343-7102

Email Address of Responsible Party: sharong@apraxia-kids.org

Nonprofit (Employee Identification Number): EIN # 25-1858159 / EIN # 59-6213297

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

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www.stpete.org

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

Name of Event: Tampa Bay Walk for Children with Apraxia
Date(s) of Event: October 24, 2015 -

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

		Amount
1.	Online preregistration and donations	$10,000.00
2.	Day of registration and donations	$1,000.00
3.		
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$11,000.00

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

1.	Site rental	$650.00
2.	Permits/appliction	$230.00
3.	Port o Potties	$225.00
4	Table & chair rental	$896.00
5.	Tent rental	$1,420.00
6.	Food/beverages	$300.00
7.	DJ	$250.00
8.	Talent/entertainment	$0.00
9.	Event decor, give aways & supplies	$200.00
10.	Signage/banners	$0.00
11.	Tshirts	$3,500.00
12.	Medals	$200.00
	TOTAL OPERATING EXPENSES	$7,871.00
	TOTAL NET INCOME	$3,129.00

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

1.	80% of Net income goes to apraxia programs (therapy grants, Ipads program) and research	$6,000.00
2.	20% towards operational expenses	$5,000.00
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	$11,000.00

Prepared by: Rachel Anderson Date: Jan 12, 2017

Print Application

Submit Application by Email

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/8/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Simpson & McCrady LLC
310-330 Grant Street
Suite 1320
Pittsburgh PA 15219-2233

CONTACT NAME: Jean Kowalecki
PHONE (A/C, No, Ext): (412)261-2222 FAX (A/C, No): (412)261-3437
E-MAIL ADDRESS: jean@simpson-mccrady.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Philadelphia Indemnity Ins. Co	18058
INSURER B: Federal Insurance Company	20281
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Childhood Apraxia Speech Association of North America
416 Lincoln Avenue, 2nd Floor
Pittsburgh PA 15209

COVERAGES CERTIFICATE NUMBER: CL1652415179 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Special Event Liablity GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			PHPK1497495	5/23/2016	5/23/2017	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ Excluded
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	Accident & Health Liability			9907-78-30	5/23/2016	5/23/2017	Limit:	$25,000
							Deductible:	$100

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

City of St. Petersburg Parks and Recreation is included as an additional insureds as their interests may appear in the 2016 Tampa Bay Walk for Childhood Apraxia being held at Flora Wylie Park located at N. Shore Dr. NE in St. Petersburg, FL on October 22, 2016.

CERTIFICATE HOLDER

City of St. Petersburg Parks and Recreati
1400 19th Street North
St. Petersburg, FL 33713

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

Jean Kowalecki/JEAN

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

DEPARTMENT OF THE TREASURY

Date:
MAR 23 2005

CHILDHOOD APRAXIA OF SPEECH
ASSOCIATION OF NORTH AMERICA
1151 FREEPORT RD STE 243
PITTSBURGH, PA 15238-0000

Employer Identification Number:
25-1858159
DLN:
17053057729055
Contact Person:
PAULA J MOLL-MALONE ID# 31262
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated October 23, 2000, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:30 a.m. - 5:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,

Lois G. Lerner

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

State of Florida
Department of State

I certify from the records of this office that SERTOMA CLUB OF ST. PETERSBURG, INC. is a corporation organized under the laws of the State of Florida, filed on September 21, 1976.

The document number of this corporation is 736847.

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 April 7, 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 Seventh day of April, 2016

Ken Detzner

Secretary of State

Tracking Number: CC7663470590

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

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

To Whom It May Concern,

I am writing this letter in hopes that the application late fees be waived for our unique family event in order to allow us to schedule the 2017 Tampa Bay Walk for Children with Apraxia of Speech in May.

This will be the third year of us utilizing the beautiful Flora Wylie Park for this ever growing event which serves to raise awareness, build community and generate funds to support children With Apraxia of speech which is a rare neurological disorder which, among other things, impedes a child's ability to speak.

This event has typically been held in October, this is our 7th Year holding a walk in the Tampa area, but we are planning to move the event to May in order to coincide with National Apraxia Awareness Day as well as National Speech and Hearing month per the advice of some of our sponsors.

The event planners, including myself, would really love to host the walk at Flora Wylie again but in good conscience cannot commit to paying the late fee as all funds generated for and during the event support kids with Apraxia. Sue will confirm that we raise every single penny just to put the event on. As a parent that has a child affected by Apraxia I can attest this is a lonely, expensive and difficult journey. This event brings families together from all around the state to connect and support each other.

The location is perfect as it is beautiful, spacious and convenient to attendees that travel from all over the state plus it has a safe, short walk for young children – the honorees of the event. Having it along St. Pete's waterfront park has been such a big factor in families returning to the event.

Please consider waiving the late fees so that we can host our event this May. We look forward to your response and appreciate the City of St. Pete's ongoing support for our children and families.

Respectfully,

Rachel Anderson, Tampa Bay Walk for Children with Apraxia Coordinator

Contract/Permit

st. petersburg parks & recreation

Contract #: 19327
Date: 17 Jan 2017

User: SCTegard
Status: Firm

CHILDHOOD APRAXIA OF SPEECH ASSOCIATION
RACHEL ANDERSON
5523 18TH ST NE
ST PETERSBURG FL 33703 USA

Primary #: (727) 204-5170
Secondary #: ()
Other #: ()

Purpose of Use: Walk for Apraxia

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: Sat 13 May 17 06:00 am Ending: Sat 13 May 17 04:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Flora Wylie Park	Sat	13 May 2017	06:00 AM	$0.00	$230.00	$0.00	$230.00
Park			04:00 PM				

Additional Fees:

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	10:00	1	$30.00	$0.00	$30.00
Co-Sponsored Park Permit Fee	10:00	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
Saturday, Apr 29,2017	$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) RACHEL ANDERSON

CHILDHOOD APRAXIA OF SPEECH ASSOCIATION
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

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.

FLORIDA DEPARTMENT of STATE DIVISION OF CORPORATIONS

Sunbiz Division of CORPORATIONS

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by FEI/EIN Number

Foreign Not For Profit Corporation
CHILDHOOD APRAXIA OF SPEECH ASSOCIATION OF NORTH AMERICA, INC.

Filing Information

Document Number	F15000000979
FEI/EIN Number	25-1858159
Date Filed	03/06/2015
State	PA
Status	ACTIVE

Principal Address

416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

Mailing Address

416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

Registered Agent Name & Address

FROMKNECHT, JEFF
980 NORTH FEDERAL HIGHWAY, SUITE 110
BOCA RATON, FL 33432

Officer/Director Detail

Name & Address

Title D

GRETZ, SHARON
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

Title D

HENNESSY, KATHY
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

Title T

NOVAK, GARY
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

Title P

STURM, MARY
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

Title S

FREIBURGER, SUSAN
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

Title D

RAINESS, JEFF
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

Title Director

Zellers, Joshua
416 LINCOLN AVE, 2ND FLOOR
PITTSBURGH, PA 15209

Annual Reports

Report Year	Filed Date
2016	03/24/2016

Document Images

03/24/2016 -- ANNUAL REPORT View image in PDF format
03/06/2015 -- Foreign Non-Profit View image in PDF format

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 12/5/16
Check or Cash: Invoiced
Application #: 91
Packet: C
Permit #: 19338

Event Title: Komen Florida Suncoast Pink Stiletto | Phone No.: 823-0984 | Fax No.: 825-1599

Entity Name: Komen Florida Suncoast Affiliate of Susan G. Komen | Federal I.D. Number: 75-287-0702

Event Date(s): May 20, 2017 | Location: 1st. Ave. N between 1Street N and 3rd Street N

Day 1 of Event: 5/20/17 | Time Gates Open: 12:30pm | Ending Time: 6:00pm

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

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

Application Prepared by: SUSAN DANIELS | Phone: 727-820-7790

Title: Event Director | Cell Phone: 727-580-1896

Address: 1200 7th Ave N. | City: St. Pete | State: FL | Zip: 33705

Email Address: SUSAN.DANIELS@BAYCARE.ORG

Additional Contact Person: Gina Kravitz | Day Phone: 727-823-0984

What month/year were you incorporated as nonprofit? 1999

List all 501(c)3 entities that will benefit from this event. Numerous Local Breast Health Agencies

Name of the for-profit entity? NA

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

This Family Friendly Fun event will help raise awareness for breast cancer and encourage healthy life styles while having fun!

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

Participants and spectators will patronize many of the local businesses and money raised will remain in the local area for local health organizations to aid women with inadequate care

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.komensuncoast.org

Please provide a phone number that can be advertised to the public. 727-823-0984

What is the estimated attendance for this event? Spectators 100 Participants 500 Last Year's Total Attendance 45

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

Recreation Equipment

Showmobile (Yes/No) NO

Bleacher(s) needed. Each bleacher approx. 180 people) NO

Tables (6 ft) # needed NO Chairs # needed NO

Public Address System NO

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

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:	SUSAN DANIELS	Title:	Event Director	Date:	1-12-17
Co-Sign:	Gina Kravitz	Title:	Executive Director	Date:	1-12-17

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? ☑ YES ☐ NO

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

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

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

Name: Phone:

Address (including zip):

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

Sound for annoucements and streaming music for event

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.

Load in 8AM-12:30PM. 5/20/17 1st Ave N.

Other Comments: Please describe your fee structure.

Early Bird sign up $20, increase to $25
Kids Fairy Dust Dash 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:	SUSAN DANIELS	Title:	Event Director	Date:	1/12/16

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.**

st.petersburg
www.stpete.org

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Komen Florida Suncoast Affiliate of Susan G. Komen for the Cure

Name of Responsible Party (President or CEO ONLY): Gina Kravitz

Title of Responsible Party: Executive Director

Physical Address of Responsible Party: 1200 7th Ave N.

Phone Number of Responsible Party: 727-823-0984

Email Address of Responsible Party: Gina.Kravitz@komensuncoast.org

Nonprofit (Employee Identification Number): 75-287-0702

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

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www.stpete.org

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.	Entry Fees	$785
2.	Sponsorship	$1500
3.	Donations	$860.45
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$3,145.45

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

1.	City of St. Pete	$551.25
2.	City of St. Petersburg Permit Fees	$30.00
3.	Printing & Supplies	$489.19
4		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$1,070.44
	TOTAL NET INCOME	$2,075.01

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

1.	Florida Suncoast Community Grants Program	$1,556.26
2.	Komen National Breast Cancer Research Grants Program	$518.75
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	$2,075.01

Prepared by: Gina Kravitz Date: 1/11/17

GINA M KRAVITZ
P O BOX 21112
ST PETERSBURG, FL 33742

147

63-8291/2631-03

Jan. 12, 2017
Date

Pay to the Order of City of St. Petersburg | $ 30.00

Thirty + 00/100 Dollars

Security Features Details on Back.

grow financial federal credit union
TAMPA, FLORIDA

For Komen Stiletto Sprint Application Fee Gina Kravitz

MP

⑆263182914⑆0001502004697⑈00147

Global Headquarters
5005 LBJ Freeway, Suite 250 Dallas, Texas 75244
1-877 GO KOMEN
www.komen.org

Via: Email

January 4, 2016

Susan G. Komen ® Florida Suncoast Affiliate
205 Dr. Martin Luther King St. N., Suite 2-133
St. Petersburg, FL 33701

To Whom It May Concern:

Attached please find a copy of the Susan G. Komen Breast Cancer Foundation, Inc.'s original group 501(c)(3) exemption ruling. The Florida Suncoast Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. d/b/a Susan G. Komen Florida Suncoast, EIN #75-2870702, was included in the group exemption for the most recent tax year. To our knowledge, no action has been taken to revoke their group exemption.

Sincerely,

Miguel Perez
Vice President, Affiliate Network

MP/jm

Enclosures: Copy of Current 501(c)(3) Group Certification Letter
Copy of Original 501(c)(3) Group Exemption Letter
Florida Suncoast Affiliate - EIN Certificate

IRS Department of the Treasury
Internal Revenue Service

CINCINNATI OH 45999-0038

In reply refer to: 0248205449
July 21, 2015 LTR 4167C 0
75-1835298 000000 00
00019707
BODC: TE

SUSAN G KOMEN BREAST CANCER
FOUNDATION
SUSAN G KOMEN FOR THE CURE
% DR JUDITH SALERNO
5005 LBJ FREEWAY 250
DALLAS TX 75244-6125

004849

Employer Identification Number: 75-1835298
Group Exemption Number:
Person to Contact: Ms Chambers
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your July 10, 2015, request for information about your tax-exempt status.

Our records indicate that you were issued a determination letter in June 1992, 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.

Contributions or gifts by individuals to domestic fraternal societies, orders, or associations, operating under the lodge system, used exclusively for 501(c)(3) purposes are deductible under section 170(c)(4) of the Code. If solicitations are made for contributions or gifts by individuals for non-501(c)(3) purposes, the solicitation must include a statement indicating that these payments are not deductible as charitable contributions for Federal income tax purposes.

0248205449
July 21, 2015 LTR 4167C 0
75-1835298 000000 00
00019708

SUSAN G KOMEN BREAST CANCER
FOUNDATION
SUSAN G KOMEN FOR THE CURE
% DR JUDITH SALERNO
5005 LBJ FREEWAY 250
DALLAS TX 75244-6125

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

Sincerely yours,

Doris P. Kenwright

Doris Kenwright, Operation Mgr.
Accounts Management Operations 1

susan G. komen.

Headquarters
5005 LBJ Freeway, Suite 250 Dallas TX 75244
1-877-GO KOMEN (1-877-465-6636)
www.komen.org

December 15, 2014

Internal Revenue Service
Ogden, UT 84201-0023

Re: Susan G Komen Breast Cancer Foundation – 2014 Group Exemption Letter
EIN 75-1835298
Notice Number – CP 119
GEN Number – 7164

To Whom This May Concern:

Below is a summary of the changes that have been made directly on the group exemption form per the IRS instructions.

Address Changes
All subsidiaries should have the address below:

5005 LBJ Freeway, Suite 250
Dallas TX 75244

Removal from list

1. North Dakota Affiliate – EIN 26-4810260. This Affiliate is no longer active and needs to be removed from the list.

2. Aspen Chapter – EIN 84-1160739. This Affiliate has merged with the Denver Metropolitan Affiliate and needs to be removed from the list.

We appreciate your assistance with this matter. Please do not hesitate to give me a call should you have any questions at (972) 855-4381.

Sincerely,

Ria Williams

Ria Williams
Director, Financial Services
Susan G Komen

IRS Department of the Treasury
Internal Revenue Service
OGDEN, UT 84201-0023

Notice Date: 10-12-2014
CP Number: CP 119
Taxpayer Identification
Number: 75-1835298
GEN Number: 7164

SUSAN G KOMEN BREAST CANCER FOUNDATION
5005 LBJ FREEWAY 250
DALLAS TX 75244-6125

000106

Why Are You Getting This Notice?

As a holder of a group exemption letter, you are required to annually provide us with current information about each subordinate unit included under your ruling. This information will help us update our records.

What Do You Need To Do?

1. Review and make needed changes directly on the enclosed list of your subordinates to the:
   - Employer identification number (EIN)
   - Name
   - Chapter name or local number
   - Address (including state and ZIP Code)

2. Add new subordinates. For each subordinate added, include the information listed in #1, above. If a subordinate does not have an EIN, apply for one online, by telephone, fax, or by mail.
   - Online - Go to the IRS website at www.irs.gov/businesses and click on "Employer ID Numbers,"
   - Telephone - Call the IRS at 1-800-829-4933,
   - Fax - Fax the IRS at 801-620-3253, or
   - Mail - Complete Form SS-4 and mail it to the service center address for your state. See Form SS-4 instructions for more information.

3. Delete subordinates no longer included in the group exemption letter. If you delete subordinates, mark them on the listing as deleted and notify the deleted subordinates that they may be required to file federal tax returns and reports because they are no longer covered by a group exemption ruling.

4. If there are no changes to the enclosed list, sign the Declaration at the bottom of this notice and return it to us.

What Happens If You Don't Provide This Information?

If you do not submit the information required, your group exemption letter will be terminated. Your subordinates will have to file annual income tax returns. To reactivate the ruling, you will have to submit a new application for recognition of tax-exempt status for the group and pay the applicable user fee.

How Can You Get Forms, Instructions and Publications?

Forms, instructions and publications are available on our website at www.irs.gov or by calling the IRS Forms Distribution Center at 1-800-TAX-FORM (1-800-829-3676) (toll-free). Publication 557, Tax-Exempt Status for Your Organization, will assist you with tax-exempt organization questions. For more information about group exemption rulings and procedures, see the Publication 4573, Group Exemptions.

Where Should You Send the Information?

Mail your updated listing or signed Declaration (see the bottom of this page) to:

Department of Treasury
Internal Revenue Service
Ogden, UT 84201-0023

When Is Your Response Due?

The IRS must receive the updated information or signed Declaration 90 days before the end of your annual accounting period. Failure to reply could result in the loss of your group exemption letter.

How can you get help?

If you have any questions about this notice, write us at the address shown above, or call us at 801-620-6019. If the number is outside your local calling area, you will incur a long-distance charge.

Tear off Stub

BODCD-TE Mail Stop 6273

DECLARATION

CP Number: CP 119
Notice Date: 10-12-2014
EIN: 75-1835298

I declare that I have examined the subordinate listing referred to in this notice and, to the best of my knowledge, no subordinate names or addresses have changed and no subordinates were added or deleted from our group.

Signature: [illegible] Date: 12/15/14

Title: Director Financial Reporting

SUSAN G KOMEN BREAST CANCER FOUNDATION
5005 LBJ FREEWAY 250
DALLAS TX 75244-6125

Department of Treasury
Internal Revenue Service
Ogden, UT 84201-0023

SUBSIDIARY ORGANIZATION OF SUSAN G KOMEN BREAST CANCER FOUNDATION
GEN NUMBER 7164 CYCLE 201439

751835298	PARENT	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY 250 SUSAN G KOMEN FOR THE CURE	DALLAS	TX	75244-6125509	% MARK NADOLNY CFO 03
161389666	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5008 BRITTONFIELD PARKWAY CENTRAL NEW YORK AFFILIATE	EAST SYRACUSE	NY	13057-9248993	03
205956855	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY SUITE 250 UPPER CUMBERLAND AFFILIATE	DALLAS	TX	75244-6125509	03
223528454	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 NORTH JERSEY AFFILIATE	DALLAS	TX	75244-6125509	03
232657570	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 300 MULBERRY ST STE 305 NORTHEASTERN PENNSYLVANIA CHAPTER	SCRANTON	PA	18503-1233806	03
260056671	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION PO BOX 461236 NEBRASKA AFFILIATE	PAPILLION	NE	68046-1236365	03
~~264818260~~	~~SUB~~	~~NORTH DAKOTA AFFILIATE~~ ~~5005 LBJ FWY STE 250~~	~~DALLAS~~	~~TX~~	~~75244-6125509~~	~~03~~
330487943	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 ORANGE COUNTY AFFILIATE	DALLAS	TX	75244-6125509	03
330638911	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 SAN DIEGO CHAPTER	DALLAS	TX	75244-6125509	03
330802964	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 370 LB7 INLAND EMPIRE AFFILIATE	DALLAS	TX	75244-6144959	03
331114233	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE250 SOUTH DAKOTA AFFILIATE	DALLAS	TX	75244-6125509	03
341793460	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 NORTHEAST OHIO CHAPTER	DALLAS	TX	75244-6125509	03
364111723	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 CHICAGOLAND AREA CHAPTER	DALLAS	TX	75244-6125509	03
371286285	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 4700 N UNIVERSITY ST SPC 92 PEORIA MEMORIAL AFFILIATE	PEORIA	IL	61614-5849925	03

383437505	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 SOUTHWEST MICHIGAN AFFILIATE	DALLAS	TX	75244-6125509	03
411924790	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 301 S AVENUE MINNESOTA AFFILIATE	BLOOMINGTON	MN	55425-5527019	03
421438018	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION PO BOX 65664 DES MOINES CHAPTER	W DES MOINES	IA	50265-0664646	03
432052349	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 CENTRAL AND SOUTH JERSEY AFFILATE	DALLAS	TX	75244-6125509	03
481120492	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 MID-KANSAS CHAPTER	DALLAS	TX	75244-6125509	03
522053491	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 MARYLAND AFFILIATE	DALLAS	TX	75244-6125509	03
562583632	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 NORTHERN INDIANA AFFILIATE	DALLAS	TX	75244-6125509	03
562583638	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 MID-MISSOURI AFFILATE	DALLAS	TX	75244-6125509	03
562583644	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 SOUTHEAST GEORGIA AFFILIATE	DALLAS	TX	75244-6125509	03
562613151	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 CENTRAL WICONSIN AFFILIATE	DALLAS	TX	75244-6125509	03
562619425	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 GREATER ROANOKE VALLEY AREA	DALLAS	TX	75244-6125509	03
581959763	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION PO BOX 28405 GREATER ATLANTA AFFILIATE	ATLANTA	GA	30358-0405057	03
621671774	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 370 GREATER NASHVILLE CHAPTER	DALLAS	TX	75244-6144959	03
650254225	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY SUITE 250 SOUTH FLORIDA CHAPTER	DALLAS	TX	75244-6125509	03

680523074	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 26800 S TAMIAMI TRAIL SOUTHWEST FLORIDA AFFILIATE	BONITA SPRINGS	FL	34134-4349997	03
710724439	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 ARKANSAS CHAPTER	DALLAS	TX	75244-6125509	03
721222127	SUB	SUSAN G KOMEN BREAST CANCER 5005 LBY FWY STE 250 NEW ORLEANS CHAPTER	DALLAS	TX	75244-0000000	03
721436764	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 ACADIANA AFFILIATE	DALLAS	TX	75244-6125509	03
721562627	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 GREATER AMARILLO AFFILIATE	DALLAS	TX	75244-6125509	03
731372249	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 CENTRAL OKLAHOMA CHAPTER	DALLAS	TX	75244-6125509	03
742723408	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 200 EL PASO AFFILIATE	DALLAS	TX	75244-6100993	03
742856696	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FRWY STE 250 SAN ANTONIO CHAPTER	DALLAS	TX	75244-6125509	03
742906528	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION PO BOX 8504 CENTRAL TEXAS AFFILIATE	WACO	TX	76714-8504044	03
752356437	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 NORTH TEXAS AFFILIATE	DALLAS	TX	75244-6125509	03
752444724	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY 250 DALLAS COUNTY AFFILIATE	DALLAS	TX	75244-6125509	03
752445070	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY 250 TARRANT COUNTY AFFILIATE	DALLAS	TX	75244-6125509	03
752462834	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION INC 5005 LBJ FWY STE 250 GROUP RETURN	DALLAS	TX	75244-6125509	03
752509762	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 LUBBOCK AREA AFFILIATE	DALLAS	TX	75244-6125509	03

752764235	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY 250 TYLER CHAPTER	DALLAS	TX	75244-6125509	03
752844615	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 WABASH VALLEY AFFILIATE	DALLAS	TX	75244-6125509	03
752844621	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 NORTH MISSISSIPPI AFFILIATE	DALLAS	TX	75244-6125509	03
752844629	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 350 CHURCH STREET CONNECTICUT AFFILIATE	HARTFORD	CT	06103-1136991	03
752844630	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 280 ELMIRA AFFILATE	DALLAS	TX	75244-6100993	03
752844631	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 GRAND RAPIDS AFFILIATE	DALLAS	TX	75244-6125509	03
752844632	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY 250 GREATER EVANSVILLE AFFILIATE	DALLAS	TX	75244-6125509	03
752844634	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 GREATER KANSAS CITY AFFILIATE	DALLAS	TX	75244-6125509	03
752844635	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 HAWAII AFFILIATE	DALLAS	TX	75244-6125509	03
752844636	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 4446 HENDRICKS AVE STE 372 NORTH FLORIDA AFFILIATE	JACKSONVILLE	FL	32207-6369994	03
752844637	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 MAINE AFFILIATE	DALLAS	TX	75244-6125509	03
752844638	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 MIAMI AFFILIATE	DALLAS	TX	75244-6125509	03
752844639	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 MILWAUKEE AFFILIATE	DALLAS	TX	75244-6125509	03
752844649	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 2801 RICHMOND RD TEXARKANA AFFILIATE	TEXARKANA	TX	75503-2123011	03

752844650	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 ST LOUIS AFFILIATE	DALLAS	TX	75244-6125509	03	
752844651	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 COLUMBUS AFFILIATE	DALLAS	TX	75244-6125509	03	
752844652	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 4574 E BROADWAY BLVD SOUTHERN ARIZONA AFFILIATE	TUCSON	AZ	85711-3510748	03	
752844653	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 SHREVEPORT AFFILIATE	DALLAS	TX	75244-6125509	03	
752844654	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 625 N CASCADE AVE STE 110 COLORADO SPRINGS AFFILIATE	COLORADO SPGS	CO	80903-3271359	03	
752844655	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 LOW COUNTRY AFFILIATE	DALLAS	TX	75244-6125509	03	
752844656	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 NORTH CENTRAL ALABAMA AFFILIATE	DALLAS	TX	75244-6125509	03	
752844657	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 VERMONT-NEW HAMPSHIRE AFFILIATE	DALLAS	TX	75244-6125509	03	
752844658	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 WICHITA FALLS AFFILIATE	DALLAS	TX	75244-6125509	03	
752844659	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 GREATER RICHMOND VIRGINIA AFFILIATE	DALLAS	TX	75244-6125509	03	
752844660	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 QUAD CITIES AFFILIATE	DALLAS	TX	% MARTHA S WATTERS TREAS 75244-6125509	03	
752845061	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 2040 W BETHANY HOME RD STE 120 PHOENIX AFFILIATE	PHOENIX	AZ	85015-2445457	03	
752845062	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 OZARK AFFILIATE	DALLAS	TX	75244-6125509	03	
752845063	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 NORTHWEST OHIO AFFILIATE	DALLAS	TX	75244-6125509	03	

752845066	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY 250 NC TRIANGLE AFFILIATE	DALLAS	TX	75244-6125509	03
752845067	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 MONTANA AFFILIATE	DALLAS	TX	75244-6125509	03
752854955	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 KNOXVILLE AFFILIATE	DALLAS	TX	75244-6125509	03
752854957	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION INC 5005 LBJ FWY STE 250 CENTRAL FLORIDA AFFILIATE	DALLAS	TX	75244-6125509	03
752854959	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 505 EAST BLVD STE 101 CHARLOTTE AFFILIATE	CHARLOTTE	NC	28203-5106265	03
752854961	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 MASSACHUSETTS AFFILIATE	DALLAS	TX	75244-6125509	03
752854965	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ 250 BOISE IDAHO AFFILIATE	DALLAS	TX	75244-6125509	03
752854966	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 AUSTIN AFFILIATE	DALLAS	TX	75244-6125509	03
752854968	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 NORTHEASTERN NEW YORK AFFILIATE	DALLAS	TX	75244-6125509	03
752854969	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION INC 5005 LBJ FWY STE 250 LEXINGTON AFFILIATE	DALLAS	TX	75244-6125509	03
752854970	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 CENTRAL VALLEY AFFILIATE	DALLAS	TX	75244-6125509	03
752854972	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 BATON ROUGE AFFILIATE	DALLAS	TX	75244-6125509	03
752854973	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 UPSTATE SOUTH CAROLINA AFFILIATE	DALLAS	TX	75244-6125509	03
752854974	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 TULSA AFFILIATE	DALLAS	TX	75244-6125509	03

752854976	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 BAYOU REGION AFFILIATE	DALLAS	TX	75244-6125509	03
752854980	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 SOUTHEAST IOWA AFFILIATE	DALLAS	TX	75244-6125509	03
752855032	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FRWY 200 SALT LAKE CITY AFFILIATE	DALLAS	TX	75244-6100993	03
752855035	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY 250 NORTHERN NEVADA AFFILIATE	DALLAS	TX	75244-6125509	03
752855038	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY 250 GREATER CINCINNATI AFFILIATE	DALLAS	TX	75244-6125509	03
752855043	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 MADISON AFFILIATE	DALLAS	TX	75244-6125509	03
752855046	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 LOUISVILLE KENTUCKY AFFILIATE	DALLAS	TX	75244-6125509	03
752870702	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 FLORIDA SUNCOAST AFFILIATE	DALLAS	TX	75244-6125509	03
752875174	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 CENTRAL MISSISSIPPI STEEL MAGNOLIAS	DALLAS	TX	75244-6125509	03
752875175	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 CHATTANOOGA AFFILIATE	DALLAS	TX	75244-6125509	03
752875177	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 NORTH CAROLINA FOOTHILLS AFFILIATE	DALLAS	TX	75244-6125509	03
752875178	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 TIDEWATER AFFILIATE	DALLAS	TX	75244-6125509	03
752875179	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 401 CREEKSIDE DR WESTERN NEW YORK AFFILIATE	AMHERST	NY	14228-2040016	03
752881536	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 CENTRAL GEORGIA AFFILIATE	DALLAS	TX	75244-6125509	03

752885304	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 W LBJ FREEWAY STE 250 WEST VIRGINIA AFFILIATE	DALLAS	TX	75244-6125509	03
752891104	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 NORTH CAROLINA TRIAD AFFILIATE	DALLAS	TX	75244-6125509	03
752915870	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ PKWY STE 250 GREATER LANSING AFFILIATE	DALLAS	TX	75244-6125509	03
752941627	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FRWY SUITE 250 INDIANAPOLIS AFFILIATE	DALLAS	TX	75244-6125509	03
752942859	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 MEMPHIS MIDSOUTH AFFILIATE	DALLAS	TX	75244-6125509	03
752949264	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 125 S 9TH ST STE 202 PHILADELPHIA AFFILIATE	PHILA	PA	19107-5116522	03
760360372	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 HOUSTON AFFILIATE	DALLAS	TX	75244-6125509	03
810578449	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 EASTERN WASHINGTON AFFILIATE	DALLAS	TX	75244-6125509	03
810665396	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 1133 S BRADDOCK AVE STE 1A PITTSBURGH AFFILIATE	PITTSBURGH	PA	15218-1286114	03
~~841160739~~	~~SUB~~	~~SUSAN G KOMEN BREAST CANCER FOUNDATION~~ ~~5005 LBJ FWY STE 250~~ ~~ASPEN CHAPTER~~	~~DALLAS~~	~~TX~~	~~75244-6125509~~	~~03~~
841199858	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 DENVER METROPOLITAN AFFILIATE	DALLAS	TX	75244-6125509	03
841387410	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION PO BOX 20594 WYOMING CHAPTER	CHEYENNE	WY	82003-7013943	03
841689067	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION PO BOX 5835 TRI-CITIES AFFILIATE	KINGSPORT	TN	37663-0835351	03
850462625	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 6565 AMERICAS PKWY NE STE 930 CENTRAL NEW MEXICO AFFILIATE	ALBUQUERQUE	NM	87110-8148309	03

861102587	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION PO BOX 1116 SIOUXLAND AFFILIATE	SIOUX CITY	IA	51102-1116165	03
880372386	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 6940 ENCORE WAY LAS VEGAS CHAPTER	LAS VEGAS	NV	89119-0456403	03
911624040	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 PUGET SOUND CHAPTER	DALLAS	TX	75244-6125509	03
912049420	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 470 7TH AVE 7TH FLOOR GREATER NEW YORK CITY AFFILIATE	NEW YORK	NY	10018-7182075	03
931068897	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY SUITE 250 OREGON & SW WASHINGTON AFFILIATE	DALLAS	TX	75244-6125509	03
931225877	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 NORTHEAST LOUISIANA CHAPTER	DALLAS	TX	75244-6125509	03
943047626	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 150 POST ST STE 755 SAN FRANCISCO BAY AREA AFFILIATE	SAN FRANCISCO	CA	94108-4715803	03
943169358	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 SACRAMENTO VALLEY AFFILIATE	DALLAS	TX	75244-6125509	03
954582064	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 11845 W OLYMPIC BLVD STE 665W LOS ANGELES COUNTY CHAPTER	LOS ANGELES	CA	90064-5032939	03

751835298 SUBSIDIARY ORGANIZATION OF SUSAN G KOMEN BREAST CANCER FOUNDATION
GEN NUMBER 7164 SUBSIDIARY TOTAL IS 120 CYCLE 201439

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
1100 COMMERCE STREET
DALLAS, TX 75242-0000

DEPARTMENT OF THE TREASURY

Date: JUN 4 1992

Employer Identification Number:
75-1835298
Contact Person:
SHARI FLOWERS
Contact Telephone Number:
(214) 767-3526

SUSAN G KOMEN FOUNDATION
INC
5005 LBJ FREEWAY STE 730
DALLAS, TX 75244-6137

Addendum Applies:
No

Dear Applicant:

We have considered your application for a group exemption letter recognizing your subordinates as exempt from federal income tax under section 501(a) of the Internal Revenue Code as organizations of the type described in section 501(c)(3).

Our records show that you were recognized as exempt from federal income tax under section 501(c)(3) of the Code. Your exemption letter remains in effect.

Based on information you supplied, we recognize your subordinates whose names appear on the list you submitted as exempt from federal income tax under section 501(c)(3) of the Code.

Additionally, we have classified the organizations that you operate, supervise, or control, and that are covered by your notification to us, as organizations that are not private foundations because they are organizations of the type described in section 509(a)(1) of the Code.

Additionally, we have classified the organizations that you operate, supervise, or control, and that are covered by your notification to us, as organizations that are not private foundations because they are organizations of the type described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Code.

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

Your subordinates whose gross receipts each year are normally more than $25,000 are each required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the fifth month after the end of their annual accounting period. If you prefer, you may file a group return for those subordinates that authorize you in writing to include them in that return. If you are required to file Form 990 for your own activities, you must file a separate return and may not be included on any group return that you file for your subordinates. The law imposes a penalty of $10 a day when a return is filed late.

SUSAN G KOMEN FOUNDATION

unless there is reasonable cause for the delay. However, the maximum penalty imposed cannot exceed $5,000 or 5 percent of gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so your subordinates should make sure their returns are complete before filing them. Please advise your subordinates that, if they receive a Form 990 package in the mail, they should file the return even if their gross receipts do not exceed the $25,000 minimum. If not required to file, a subordinate should simply attach the label provided, check the box in the heading to indicate that its annual gross receipts are normally $25,000 or less, and sign the return. This will allow us to update our records to show that the subordinate is not required to file and to delete that subordinate from the list of organizations that will receive Form 990 packages in future years.

Your subordinates are not required to file federal income tax returns unless subject to the tax on unrelated business income under section 511 of the Code. Each organization subject to this tax must file Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your subordinates' present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

As of January 1, 1984, each of your subordinates is liable for social security taxes under the Federal Insurance Contributions Act on remuneration of $100 or more they pay to each of their employees during a calendar year. Your subordinates are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Each year, at least 90 days before the end of your annual accounting period, please send the items listed below to the Internal Revenue Service Center at the address shown below.

1. A statement describing any changes during the year in the purposes, character, or method of operation of your subordinates;

2. A list showing the names, mailing addresses (including Postal ZIP codes), actual addresses if different, and employer identification numbers of subordinates that, since your previous report:
   a. Changed names or address;
   b. Were deleted from your roster; or
   c. Were added to your roster.

3. For subordinates to be added, attach:
   a. A statement that the information on which your present group exemption letter is based applies to the new subordinates;
   b. A statement that each has given you written authorization to add its name to the roster;
   c. A list of those to which the Service previously issued exemption rulings or determination letters;
   d. A statement that none of the subordinates is a private foundation as defined in section 509(a) of the Code if the group exemption letter covers organizations described in

SUSAN G KOMEN FOUNDATION

section 501(c)(3);

e. The street address of each subordinate whose mailing address is a P.O. Box; and

f. The information required by Revenue Procedure 75-50, 1975-2 C.B. 587, for each subordinate that is a school claiming exemption under section 501(c)(3). Also include any other information necessary to establish that the school is complying with the requirements of Revenue Ruling 71-447, 1971-2 C.B. 230. This is the same information required by Schedule A, Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code.

4. If applicable, a statement that your group exemption number did not change since your previous report.

The above information should be sent, "Attention: Entity Control Unit," to the following address:

Internal Revenue Service Center
3651 S. Interregional Highway
Stop 6181 AUSC
Austin, Texas 78740

The service center that processes your returns will send you a Group Exemption Number. Your subordinates are required to include this number on each Form 990, Return of Organization Exempt From Income Tax, and Form 990-T, Exempt Organization Business Income Tax Return, that they file. Please advise your subordinates of this requirement and provide them with the Group Exemption Number.

If the heading of this letter indicates that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about the exempt status and foundation status of your subordinates, you should keep it for your records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Gary O. Booth

Gary O. Booth
District Director

Form **SS-4**

(Rev. February 1998)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
The Greater Tampa Bay Area Affiliate of the Susan G. Komen Breast Cancer Foundation,

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
ANDREW G. HALPERN, ESQ. ATTORNEY-IN-FACT

4a Mailing address (street address) (room, apt., or suite no.)
5005 LBJ FREEWAY-SUITE 250

5a Business address (if different from address on lines 4a and 4b)
SAME

4b City, state, and ZIP code
DALLAS TX 75244

5b City, state, and ZIP code

5 County and state where principal business is located
DALLAS COUNTY TEXAS

75-2844649

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶
SUSAN BRAUN, PRESIDENT - INTERNATIONAL HEADQUARTERS

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

- ☐ Sole proprietor (SSN)
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☒ Other nonprofit organization (specify) ▶ 501(C)(3) (enter GEN if applicable)
- ☐ Other (specify) ▶
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Other corporation (specify) ▶
- ☐ Trust
- ☐ Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: DELAWARE — Foreign country:

9 Reason for applying (Check only one box.) (see instructions)
- ☐ Banking purpose (specify purpose) ▶
- ☐ Started new business (specify type) ▶
- ☒ Changed type of organization (specify new type) ▶ INCORPORATION
- ☐ Purchased going business
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
9/30/99

11 Closing month of accounting year (see instructions)
DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶ N/A

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "0". (see instructions)* ▶

Nonagricultural	Agricultural	Household
0		

14 Principal activity (see instructions) ▶ PROMOTION OF RESEARCH, EDUCATION, AND STUDIES ON BREAST CANCER

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.
- ☐ Public (retail)
- ☐ Other (specify) ▶
- ☐ Business (wholesale)
- ☒ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code): 972-855-4347

Name and title (Please type or print clearly.) ▶ PATRICE PTOSI - CFO

Fax telephone number (include area code): 972-855-1605

Signature ▶ Patrice Ptosi

Date ▶ 10/28/99

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

st. petersburg parks & recreation

Contract/Permit

Contract #: 19338
Date: 18 Jan 2017

User: DWBurns
Status: Firm

SUSAN G KOMEN BREAST CANCER FOUNDATION
SUSAN DANIELS
PO BOX 12848
ST PETERSBURG FL 33733 USA

Primary #: (727) 823-0728
Secondary #: ()
Other #: ()

Purpose of Use: KOMEN STILETO RUN **Expected: 500** **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: Sat 20 May 17 09:00 am** **Ending: Sat 20 May 17 07:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Special Programs	Sat	20 May 2017	09:00 AM	$0.00	$0.00	$0.00	$0.00
Special Event			07:00 PM				

Additional Fees:

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

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
12 Jan 2017	$30.00	Check	Rental	2706660

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) **SUSAN DANIELS**

SUSAN G KOMEN BREAST CANCER FOUNDATION
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

_____ ☐ Approved or ☐ Rejected Date: _____
Supervisor II / Foreman

_____ ☐ Approved or ☐ Rejected Date: _____
Manager

st. petersburg parks & recreation

Contract/Permit

Contract #: 19338
Date: 18 Jan 2017

User: DWBurns
Status: Firm

_____ ☐ Approved or ☐ 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

st. petersburg parks & recreation

Contract #: 19338
Date: 18 Jan 2017

User: DWBurns
Status: Firm

SUSAN G KOMEN BREAST CANCER FOUNDATION
SUSAN DANIELS
PO BOX 12848
ST PETERSBURG FL 33733 USA

Primary #: (727) 823-0728
Secondary #: ()
Other #: ()

Purpose of Use: KOMEN STILETO RUN **Expected:** 500 **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:** Sat 20 May 17 09:00 am **Ending:** Sat 20 May 17 07:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Special Programs	Sat	20 May 2017	09:00 AM	$0.00	$0.00	$0.00	$0.00
Special Event			07:00 PM				

Additional Fees:

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

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
12 Jan 2017	$30.00	Check	Rental	2706660

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) SUSAN DANIELS

SUSAN G KOMEN BREAST CANCER FOUNDATION
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

_____ ☐ Approved or ☐ Rejected Date: _____
Supervisor II / Foreman

_____ ☐ Approved or ☐ Rejected Date: _____
Manager

st. petersburg parks & recreation

Contract/Permit

Contract #: 19338
Date: 18 Jan 2017

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.

FLORIDA DEPARTMENT of STATE DIVISION OF CORPORATIONS

Sunbiz.org Division of CORPORATIONS

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Foreign Not For Profit Corporation
FLORIDA SUNCOAST AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

Filing Information

Document Number	F99000006677
FEI/EIN Number	75-2870702
Date Filed	12/28/1999
State	DE
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	03/04/2002
Event Effective Date	NONE

Principal Address

5005 LBJ FREEWAY
SUITE 250
DALLAS, TX 75244

Changed: 04/27/2007

Mailing Address

5005 LBJ Freeway #250
Dallas, TX 75244

Changed: 04/30/2014

Registered Agent Name & Address

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

Officer/Director Detail

Name & Address

Title Director

Clark, Gail
205 Dr. Martin Luther King St. N
Suite 2-133
St Petersburg, FL 33701

Title TREA

Hochsprung, Anne
205 Dr. Martin Luther King St. N.,
Suite 2-133
St. Petersburg, FL 33701

Title Director

Degala, Lalitha
205 Dr. Martin Luther King St. N.,
Suite 2-133
St. Petersburg, FL 33701

Title Secretary

Lewis, Wayne
205 Dr. Martin Luther King St. N.
Suite 2-133
St. Petersburg, FL 33701

Title DIRE

Traugott, DeLana
205 Dr. Martin Luther King St. N
Suite 2-133
St. Petersburg, FL 33701

Title Director

Scott, Lauren
205 Dr. Martin Luther King St. N.,
Suite 2-133
St. Petersburg, FL 33701

Title President

Honeycutt, Teresa
205 Dr. Martin Luther King St. N
Suite 2-133
St. Petersburg, FL 33701

Title Director

Samaha, Cindi
205 Dr. Martin Luther King St. N.,
Suite 2-133
St. Petersburg, FL 33701

Annual Reports

Report Year	Filed Date
2014	04/30/2014
2015	04/29/2015
2016	05/09/2016

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

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st. petersburg parks & recreation

Date Received: 1/9/17
Check or Cash: Invoiced
Application #: 92
Packet: D
Permit #: 19393

Event Title: Junior League of St. Petersburg Back to School Care Fair Phone No.: 727-895-5018 Fax No.: 727-894-8065

Entity Name: Junior League of St. Petersburg Federal I.D. Number: 59-0759485

Event Date(s): July 28,2017 (set up0, July 29, 2017 (event day) Location: Enoch Davis Rec Center, 1111 18th Ave S, ST. Pete, 33705

Day 1 of Event: July 28, 2017 Time Gates Open: 8:00 am Ending Time: 5:00pm

Day 2 of Event: July 28,2017 Time Gates Open: 6:00 am Ending Time: 4:00 pm

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

Application Prepared by: Lauren Dupre Phone: 954-803-6647

Title: Junior League of St. Petersburg Back to School Care Fair Co-Chair Cell Phone: 954-803-6647

Address: 500 Dr. MLK Jr. Street Noth, Suite 201 City: St. Petersburg State: FL Zip: 33705

Email Address: carefair@jlstpete.org, laurencdupre@gmail.com

Additional Contact Person: Gigi Fleming- Office Manager for The Junior League Day Phone: 727-895-5018

What month/year were you incorporated as nonprofit? 12/03/1931

List all 501(c)3 entities that will benefit from this event. Clothes to Kids, Junior League's other Charitable projects

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.

We provide back-to-school and school sports physicals, eye/dental/hearing/vision screening, diabetes testing and school supplies free to any child school age in PInellas County. The event provides services that many families cannot afford, but are required by the Pinellas County School system for enrollment. The event helps to ensure that south Pinellas county school-ages childrenare prepared, health-wise for school and gives them a bonus of a quality backpack that many families cannot afford to purchase. School enrollment is also available at the event.

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

The event will better prepare St. Petersburg school-aged children health-wise for the first day of school, helping them to stay in school longer, leading to more hard working and prosperous lives as adults.

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 M per accord, $2M aggregate

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.jlstpete.org

Please provide a phone number that can be advertised to the public. 727-895-5018

What is the estimated attendance for this event? Spectators 300 Participants 1500 Last Year's Total Attendance 1800

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

Recreation Equipment

Showmobile (Yes/No) NO

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

Tables (6 ft) # needed 25 Chairs # needed 25

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 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:	Lauren Dupre	Title:	JLSP Care Fair CO-Chair	Date:	1/20/17
Co-Sign:		Title:		Date:	

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

PLEASE ATTACH THE FOLLOWING

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

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

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

Marketing: Please check all that apply.

☒ Invitations	☒ Radio
☒ Posters / Flyers	☒ Television
☒ Newspaper / Internet	☐ Remote Broadcast

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

Electrical Requirements:

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

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

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

N/A

Will you supply your own generators? ☐ YES ☒ NO

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

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

N/A

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

Name: Junior League of ST. Petersburg Phone: 727-895-5018

Address (including zip): 500 Dr. MLK Jr. Street North, Suite 201, St Petersburg, FL 33705

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

Sponsor Radio Station 8:00 AM-12:00 pm

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.

Announcements of games for the children by the radio station.

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

July 28, 2017 8 am-5 pm Unload event materials, school supplies, backpacks, curtains to create exam rooms, etc
July 29, 2017 8 am - 4pm Load up all left over materials and take down curtains

Other Comments: Please describe your fee structure.

All materials and fees are covered by donations of local organizations and by private donors.

Other comments:

N/A

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

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

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

Name: Lauren Dupre Title: JLSP Care Fair Co-Chair Elect Date: 1/20/17

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Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Junior League of St. Petersburg

Name of Responsible Party (President or CEO ONLY): June 2016-May 2017 Mary Reed, June 2017-May 2018 Brynne Gowens

Title of Responsible Party: President

Physical Address of Responsible Party: 500 Dr. MLK Jr. Street North, Suite 201, St. Petersburg, FL 33705

Phone Number of Responsible Party: 72-895-5018

Email Address of Responsible Party: carefair@jlstpete.org, president@jlstpete,org

Nonprofit (Employee Identification Number): 59-059485

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

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

Name of Event: JLSP Back to School Care Fair
Date(s) of Event: July 28,2017 - July 29, 2017

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

		Amount
1.	Donation- Tampa Bay Rays	$5,000.00
2.	Donation- Raymond James	$2,500.00
3.	JLSP Funsraisers	$6,360.00
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$13,860.00

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

1.	School Supplies	$10,000.00
2.	Medical Room Supplies (partitions, cleaning supplies, tables, etc)	$1,500.00
3.	Police	$750.00
4	Facility Rental and City Equipment Rental	$340.00
5.	Trolley Rental	$300.00
6.	Insurance	$300.00
7.	POrt-o-let Rental	$300.00
8.	Food and Beverage for Medical Volunteers	$150.00
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$13,640.00
	TOTAL NET INCOME	$220.00

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: Lauren Dupre Date: Jan 20, 2017

Print Application

Submit Application by Email

FLORIDA DEPARTMENT of STATE DIVISION OF CORPORATIONS

Sunbiz.org DIVISION of CORPORATIONS

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Not For Profit Corporation
THE JUNIOR LEAGUE OF ST. PETERSBURG FLA., INCORPORATED

Filing Information

Document Number	707142
FEI/EIN Number	59-0759485
Date Filed	04/14/1964
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	07/01/1991
Event Effective Date	NONE

Principal Address

500 DR. MARTIN LUTHER KING JR, ST NORTH
201
ST PETERSBURG, FL 33705

Changed: 01/22/2008

Mailing Address

500 DR. MARTIN LUTHER KING JR, ST NORTH
201
ST PETERSBURG, FL 33705

Changed: 01/22/2008

Registered Agent Name & Address

Fleming, Gigi
500 Dr MLK Jr St N
Suite 201
ST PETERSBURG, FL 33705

Name Changed: 04/22/2013

Address Changed: 04/22/2013

Officer/Director Detail

Name & Address

Title VP

Gowens, Brynne
500 DR. MARTIN LUTHER KING JR, ST NORTH
201
ST PETERSBURG, FL 33705

Title President

Reed, Mary
500 DR MLK JR ST N
ST. PETERSBURG, FL 33705

Title Treasurer

Gladysz, Erin
500 DR. MARTIN LUTHER KING JR, ST NORTH
201
ST PETERSBURG, FL 33705

Title Officer

Humlicek, Melanie
500 DR. MARTIN LUTHER KING JR, ST NORTH
201
ST PETERSBURG, FL 33705

Annual Reports

Report Year	Filed Date
2014	03/18/2014
2015	04/21/2015
2016	04/22/2016

Document Images

04/22/2016 -- ANNUAL REPORT	View image in PDF format
04/21/2015 -- ANNUAL REPORT	View image in PDF format
06/11/2014 -- AMENDED ANNUAL REPORT	View image in PDF format
03/18/2014 -- ANNUAL REPORT	View image in PDF format
04/22/2013 -- ANNUAL REPORT	View image in PDF format
04/27/2012 -- ANNUAL REPORT	View image in PDF format
04/27/2011 -- ANNUAL REPORT	View image in PDF format
04/27/2010 -- ANNUAL REPORT	View image in PDF format
04/07/2009 -- ANNUAL REPORT	View image in PDF format
07/16/2008 -- ANNUAL REPORT	View image in PDF format
01/22/2008 -- ANNUAL REPORT	View image in PDF format
01/27/2007 -- ANNUAL REPORT	View image in PDF format
01/19/2006 -- ANNUAL REPORT	View image in PDF format
04/25/2005 -- ANNUAL REPORT	View image in PDF format
04/22/2004 -- ANNUAL REPORT	View image in PDF format
04/21/2003 -- ANNUAL REPORT	View image in PDF format
03/06/2002 -- ANNUAL REPORT	View image in PDF format
04/25/2001 -- ANNUAL REPORT	View image in PDF format

Contract/Permit

st. petersburg parks & recreation

Contract #: 19393
Date: 23 Jan 2017

User: DWBurns
Status: Firm

JUNIOR LEAGUE OF ST PETERSBURG INC
KARA BOND
500 DR MARTIN L KING JR ST N STE 201
ST PETERSBURG FL 33705 USA

Primary #: (727) 895-5018
Secondary #: (727)
Other #: ()

Purpose of Use: BACK TO SCHOOL CARE FAIR **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: Fri 28 Jul 17 06:00 am Ending: Sat 29 Jul 17 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Enoch Davis Park	Fri	28 Jul 2017	06:00 AM	$0.00	$0.00	$0.00	$0.00
Park		29 Jul 2017	09:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	$30.00	$0.00	$30.00
				$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) KARA BOND

JUNIOR LEAGUE OF ST PETERSBURG INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

_____ Supervisor II / Foreman ☐ Approved or ☐ Rejected Date: _____

_____ Manager ☐ Approved or ☐ Rejected Date: _____

_____ Manager ☐ Approved or ☐ Rejected Date: _____

st. petersburg parks & recreation

Contract/Permit

Contract #: 19393
Date: 23 Jan 2017

User: DWBurns
Status: Firm

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

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.**

Event Listing

2017 - 2018

Application #	Event Name
1	Chillounge Night
2	St Pete Wine and Food
3	SPIFFS
4	Dragon Boat Races
5	Ribfest
6	Folkfest St Pete
7	Making Strides
8	Out of the Darkness Community Walk
9	Purplestride Run / Walk
10	Boley Centers Jingle Bell Run
11	St. Petersburg Holiday of the Arts
12	Aids Walk St Pete
13	SPCA Petwalk 3K
14	Komen Suncoast Race for the Cure
15	Shopapalooza
16	St. Pete Power and Sailboat Show
17	Craft Art Festival 2017

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

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st. petersburg parks & recreation

Date Received: 1/9/17
Check or Cash: 4422
Application #: (1)
Packet: A
Permit #: 19353

Event Title: 10th Annual Bert Smith St. Petersburg Chillounge Night
Phone No.: 941-448-0995 Fax No.:
Entity Name: Design O'Fresco Corp dba Chillounge Night
Federal I.D. Number: 76-0723028
Event Date(s): Saturday, November 18, 2017
Location: N. Straub Park

Day 1 of Event:	11/18/17	Time Gates Open:	6PM	Ending Time:	11PM
Day 2 of Event:		Time Gates Open:		Ending Time:	
Day 3 of Event:		Time Gates Open:		Ending Time:	

Application Prepared by: Rainer Scheer
Phone: 941-448-0995
Title: President/Owner
Cell Phone: 941-448-0995
Address: 4909 Gulf Dr. #1B
City: Holmes Beach
State: FL
Zip: 34217
Email Address: rainerscheer@yahoo.com
Additional Contact Person: Ralph Radtke
Day Phone: 941-400-8640

What month/year were you incorporated as nonprofit?

List all 501(c)3 entities that will benefit from this event. Creative Clay, Inc + Woodson Museum

Name of the for-profit entity? Design O'Fresco Corp. dba Chillounge Night

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

Provides a festive, classy event for downtown St. Petersburg. Bringing a variety of fine entertainment in a chic, stylish setting and ambiance. A premier social event for the community.

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

The event brings in excess of 2,000 to downtown St. Petersburg for a beautiful night of entertainment, food + drinks. The local community benefits from the overflow of attendees after the event to local eateries and drinking establishments. We work hard to provide an event that can be a destination event for the St. Pete hospitality industry

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

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

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

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

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

Please provide a phone number that can be advertised to the public. 941-448-0995

What is the estimated attendance for this event? Spectators 2200 Participants 120 Last Year's Total Attendance 1900

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

Recreation Equipment

Showmobile (Yes/No) No

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

Tables (6 ft) # needed No Chairs # needed No

Public Address System No

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

Special Events Facilities

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

☐ Non-City Locations

Which Location? N. Straub 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 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: (Rainer Scheer) Title: President/Dellignot Fresco Corp. Date: 1/9/17

X Co-Sign: Title: Date:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☐ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☐ Vendors / Exhibitors	How many?	
☒ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? Stage Canopy only	Temporary Structure Permit
☒ Fence Installation	What type? Bike Rack or 6' chain link	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☒ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☒ VIP Area		
☒ Staging	☒ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☒ Performers ☐ Announcement Only	
☒ Security	☐ Daytime - Private ☒ Overnight - Private ☒ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 15-20 Disabled Units 2 Hand Washing 1	
☒ Off-site Parking / Shuttle		
☒ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

☐ Invitations	☒ Radio	**City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.**
☒ Posters / Flyers	☒ Television	
☒ Newspaper / Internet	☒ Remote Broadcast	

Electrical Requirements:

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

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

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

Generator is provided for all stage lighting + sound requirements. Addtl power also provided for LED screen. All other uses utilize standard 110/120 amp located in the park

Will you supply your own generators? ☒ YES ☐ NO

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

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

Yes, the ability to sell distilled spirits in the park (alcohol waiver) for the day of event.

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

Name: Design O'Fresco Corp dba Chillounge Night Phone: 941-448-0995

Address (including zip): 4909 Gulf Dr. #113, Holmes Beach, FL 34217

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

1 stage; 2 live bands; easy listening/top 40/pop

List Vending Products. Name & Provider.

No vending products other than food + beverages, including alcohol

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

Cortney Wade, Inc. dba Catering by Lundy's
737 3rd Avenue North
St. Petersburg, FL 33701 727-824-0882 (Cortney Taylor)

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

Not Applicable

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

Load in: starts ~ 2PM on Fri. 11/17/17 by US Tent until about 9PM along w/ Lighting / Power / Production (need about 10 spaces avail. Fri on Bayshore) Bayshore will be closed day of event and provide suggested parking for vehicles. All furniture, food, entertainment, beverages setup Saturday 8AM-4PM)

Other Comments: Please describe your fee structure.

Fee/Pricing structure to be determined re: if partial or inclusive for food or not.
Tentatively 25.00 in advance online; 35.00 day of at the 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: X Rainer Scheer Title: President/Owner Date: 1/9/17

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. N. Straub Park

* 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.**

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Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Creative Clay, Inc.

Name of Responsible Party (President or CEO ONLY): Kim Dohrman

Title of Responsible Party: Executive Director / CEO

Physical Address of Responsible Party: 1114 Central Ave, St. Petersburg, FL 33705

Phone Number of Responsible Party: 727-825-0515

Email Address of Responsible Party: kim@creativeclay.org

Nonprofit (Employee Identification Number): 59-3338595

Name of the **For-profit** Corporation: Design O'Fresco Corp

Name of Responsible Party (President or CEO ONLY): Rainer Scheer

Title of Responsible Party: President

Physical Address of Responsible Party: 4909 GULF Dr #1B, Holmes Beach, FL 34217

Phone Number of Responsible Party: 941-448-0995

Email Address of Responsible Party: rainerscheer@yahoo.com

For-profit (Employee Identification Number) 76-0723028

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

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

Name of Event: 9th Annual Chillounge Night
Date(s) of Event: 11/19/16 -
orig. rained out

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

		Amount
1.	Cash Sponsorships	33,000
2.	Ticket Sales - online (39,300 + 3,500)	42,800
3.	Ticket Sales - Gate	5,100
4	Other income	2,200
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	83,100

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

1.	City Services/Permits/fees/related	7,500
2.	Staging/tents/tables	10,700
3.	Production/Lighting/Sound/Video	9,600
4	Equipment rental/props/generator/restrooms/misc.	5,575
5.	Entertainment (including fireworks)	7,500
6.	Promotional/signage/etc.	1,890
7.	Private Security	2,000
8.	Trucks/Transportation/Load/Unload (warehouse)	2,800
9.	Labor (day/night Labor; foreman; other	3,200
10.	Food related costs (Backstage/VIP)	4,300
11.	Misc other (insurance, etc.)	1,100
12.		
	TOTAL OPERATING EXPENSES	56,165
	TOTAL NET INCOME	26,935

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

1.	Furniture Rental + Mgmt. Fee	15,000
2.	Creatne Clay (Charity)	2,000
3.	Woodson Museum (charity)	1,000
4.	Net income retained by producer (furniture repair	8,935
5.	and to cover costs associated w/prior	
6.	Years rain out)	
	TOTAL ALLOCATION OF NET INCOME	26,935

Prepared by: Ralph Rattke 1/8/17 Date:

Print Application

Submit Application by Email

chillounge night®
The coolest outdoor lounge party

January 8, 2017

City Council City of St. Petersburg
PO Box 2842
St. Petersburg, FL 33731

Dear City Council Members:

Please use this letter as Chillounge Night's formal request to allow the sale of distilled spirits/hard liquor at the 10th Annual St. Petersburg Chillounge Night scheduled on Saturday, November 18, 2017 to be held at North Straub Park.

As the City has provided for in the nine previous St Petersburg Chillounge Nights, we respectfully request an exemption (or other appropriate action) to the ordinance prohibiting the sale of distilled spirits in N. Straub Park.

Chillounge Night is proud to come back to St. Petersburg again this year and we look forward to another wonderful event. We greatly appreciate the support we have received from the City and the community.

Should you have any questions, or if I can be of further assistance, please feel free to contact me at 941-448-0995.

Best regards,

Rainer Scheer
Founder
Chillounge Night

Contract/Permit

st. petersburg parks & recreation

Contract #: 19333
Date: 18 Jan 2017

User: DWBurns
Status: Firm

DESIGN O' FRESCO
RAINER SCHEER
4909 GULF DR STE 1B
HOLMES BEACH FL 34217 USA

Primary #: (941) 448-0995
Secondary #: ()
Other #: ()

Purpose of Use: CHILLOUNGE NIGHT

Expected: 2,300

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	Yes

Date(s) and Time(s) of Use: Starting: Thu 16 Nov 17 06:00 am Ending: Mon 20 Nov 17 12:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
North Straub Park	Thu	16 Nov 2017	06:00 AM	$0.00	$200.00	$0.00	$200.00
Park		20 Nov 2017	12:00 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	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	$30.00	$200.00	$200.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
18 Jan 2017	$30.00	Check	Rental	2710131

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) RAINER SCHEER

DESIGN O' FRESCO
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

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.

FLORIDA DEPARTMENT of STATE DIVISION OF CORPORATIONS

Sunbiz.org DIVISION of CORPORATIONS

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Profit Corporation
DESIGN OFRESCO CORP.

Filing Information

Document Number	P03000009921
FEI/EIN Number	76-0723028
Date Filed	01/21/2003
State	FL
Status	ACTIVE

Principal Address

4909 GULF DRIVE
#1B
HOLMES BEACH, FL 34217

Changed: 04/25/2011

Mailing Address

4909 GULF DRIVE
#1B
HOLMES BEACH, FL 34217

Changed: 04/25/2011

Registered Agent Name & Address

Scheer, Rainer
4909 Gulf Dr
Apt.1b
Holmes Beach, FL 34217

Name Changed: 04/29/2013

Address Changed: 04/29/2013

Officer/Director Detail

Name & Address

Title PD

SCHEER, RAINER
4909 GULF DRIVE #1B
HOLMES BEACH, FL 34217

Annual Reports

Report Year	Filed Date
2014	04/22/2014
2015	01/28/2015
2016	03/29/2016

Document Images

03/29/2016 -- ANNUAL REPORT	View image in PDF format
01/28/2015 -- ANNUAL REPORT	View image in PDF format
04/22/2014 -- ANNUAL REPORT	View image in PDF format
04/29/2013 -- ANNUAL REPORT	View image in PDF format
04/30/2012 -- ANNUAL REPORT	View image in PDF format
04/25/2011 -- ANNUAL REPORT	View image in PDF format
04/27/2010 -- ANNUAL REPORT	View image in PDF format
04/24/2009 -- ANNUAL REPORT	View image in PDF format
05/14/2008 -- ANNUAL REPORT	View image in PDF format
03/19/2007 -- ANNUAL REPORT	View image in PDF format
01/29/2007 -- ANNUAL REPORT	View image in PDF format
04/28/2006 -- ANNUAL REPORT	View image in PDF format
07/18/2005 -- ANNUAL REPORT	View image in PDF format
09/13/2004 -- ANNUAL REPORT	View image in PDF format
01/21/2003 -- Domestic Profit	View image in PDF format

Florida Department of State, Division of Corporations

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 12/15/16
Check or Cash: CG(2)
Application #: 2
Packet: A
Permit #: 19092

Event Title: St. Pete Wine and Food Festival Phone No.: 727-641-7978 Fax No.:

Entity Name: Beach Drive Events, LLC Federal I.D. Number: 47-3142928

Event Date(s): Nov. 2-5 , 2017 Location: Straub Park

Day 1 of Event: Friday Time Gates Open: 5:30 PM Ending Time: 10:00 PM

Day 2 of Event: Saturday Time Gates Open: 12:00 PM Ending Time: 10:00 PM

Day 3 of Event: Sunday Time Gates Open: 12:00 PM Ending Time: 10:00 PM

Application Prepared by: Matt Dieter Phone: 727-641-7978

Title: CEO Cell Phone: 727-641-7978

Address: 111 Bay Point Drive NE City: St. Petersburg State: FL Zip: 33704

Email Address: matt@beachdriveevents.com

Additional Contact Person: Dawna Stone Day Phone: 727-418-8641

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

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

Name of the for-profit entity? Beach Drive Events, LLC

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

For the third consecutive year our event will provide residents and visitors an upscale, well-organized and fun 4 day waterfront wine and food festival experience. Local restaurants, retailers and brewers will be primary participants. We highlight our waterfront, growing culinary and brewing scene and reputation as the art capital of the southeast. St. Pete's image is enhanced by showing it can host and sustain a world-class wine and food festival that's on par with longtime festivals hosted by larger cities. We will continue to show the country and the world just what makes St. Pete shine! Our second year event was incredibly well received and our restaurants, breweries, wineries and sponsors want to come back for year three.

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

The initial economic impact will be on the restaurants and businesses that people patronize before and after our events. We also will be providing local restaurants and retailers exposure to thousands of existing and potential customers. We expect as the event grows we will be able to significantly increase the out-of-area and international visitors who choose to attend the event. That will translate into "heads-in-beds" and positive national and international media exposure. With proper support, we think in time our event can be one of the largest and most economically valuable events hosted in the city of St. Petersburg.

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

Does your group presently have liability insurance? ☐ YES ☒ 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: Varies Day of:

Please provide the website address for your event. stpetewineandfoodfest.com

Please provide a phone number that can be advertised to the public. 727-201-9135

What is the estimated attendance for this event? Spectators Participants 8,000+ Last Year's Total Attendance 8000

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) TBD

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:	Matthew Dieter	Title:	President	Date:	12/13/16
Co-Sign:	John Collins	Title:	Executive Director	Date:	12/13/16

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 if paid.**

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

PLEASE ATTACH THE FOLLOWING

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

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

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
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? Over 30 Vendors / Exhibitors	
☒ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 6-10	Temporary Structure Permit
☒ Fence Installation	What type?	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☒ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☒ VIP Area		
☒ Staging	☒ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☐ Performers ☐ Announcement Only	
☒ Security	☒ Daytime - Private ☒ Overnight - Private ☒ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 32 Disabled Units 4 Hand Washing 10	
☒ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

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.

Some of our vendors may need higher power for their fryers and other cooking devices.

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: Matt Dieter Phone: 727-641-7978

Address (including zip): 111 Bay Point Drive NE, St. Petersburg, FL 33704

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

Soft rock and folk music, 1 stage with DJs. We may add a small live music stage with acoustic performers this year.

List Vending Products. Name & Provider.

A complete list of products will be provided once contracts with vendors have been signed.

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

St. Petersburg Arts Alliance
100 Second Ave. N, Ste 150
St. Petersburg, FL 33701 Phone: 727-518-5142

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

N/A

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

Load in: Monday October 30th at 9:00 AM
Load out: Monday November 6th at 9:00 AM (finished by end of day)

Other Comments: Please describe your fee structure.

We will have two levels for each event: regular and VIP. VIP tickets will cost $15-$25 more than a regular ticket and provide the user with access to our events 1 hour earlier than regular ticket holders.

Other comments:

We will also host our second annual Tacos & Tequila Fest on Thursday Nov. 2, 2017.

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: Matt Dieter Title: President Date: 12/13/16

Appendix A

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

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

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www.stpete.org

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: St. Petersburg Arts Alliance

Name of Responsible Party (President or CEO ONLY): John Collins

Title of Responsible Party: Executive Director

Physical Address of Responsible Party: 100 Second Ave. N, Ste 150

Phone Number of Responsible Party: 727-518-5142

Email Address of Responsible Party: john@stpeteartsalliance.org

Nonprofit (Employee Identification Number): 46-1335413

Name of the **For-profit** Corporation: Beach Drive Events, LLC

Name of Responsible Party (President or CEO ONLY): Matt Dieter

Title of Responsible Party: President

Physical Address of Responsible Party: 111 Bay Point Drive NE, St. Petersburg, FL 33704

Phone Number of Responsible Party: 727-641-7978

Email Address of Responsible Party: matt@beachdriveevents.com

For-profit (Employee Identification Number) 47-3142928

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

st.petersburg
www.stpete.org

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

Name of Event: St. Pete Wine and Food Festival
Date(s) of Event: N/A - N/A

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

		Amount
1.		$0.00
2.		
3.		
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$0.00

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

1.		$0.00
2.		
3.		
4		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$0.00
	TOTAL NET INCOME	$0.00

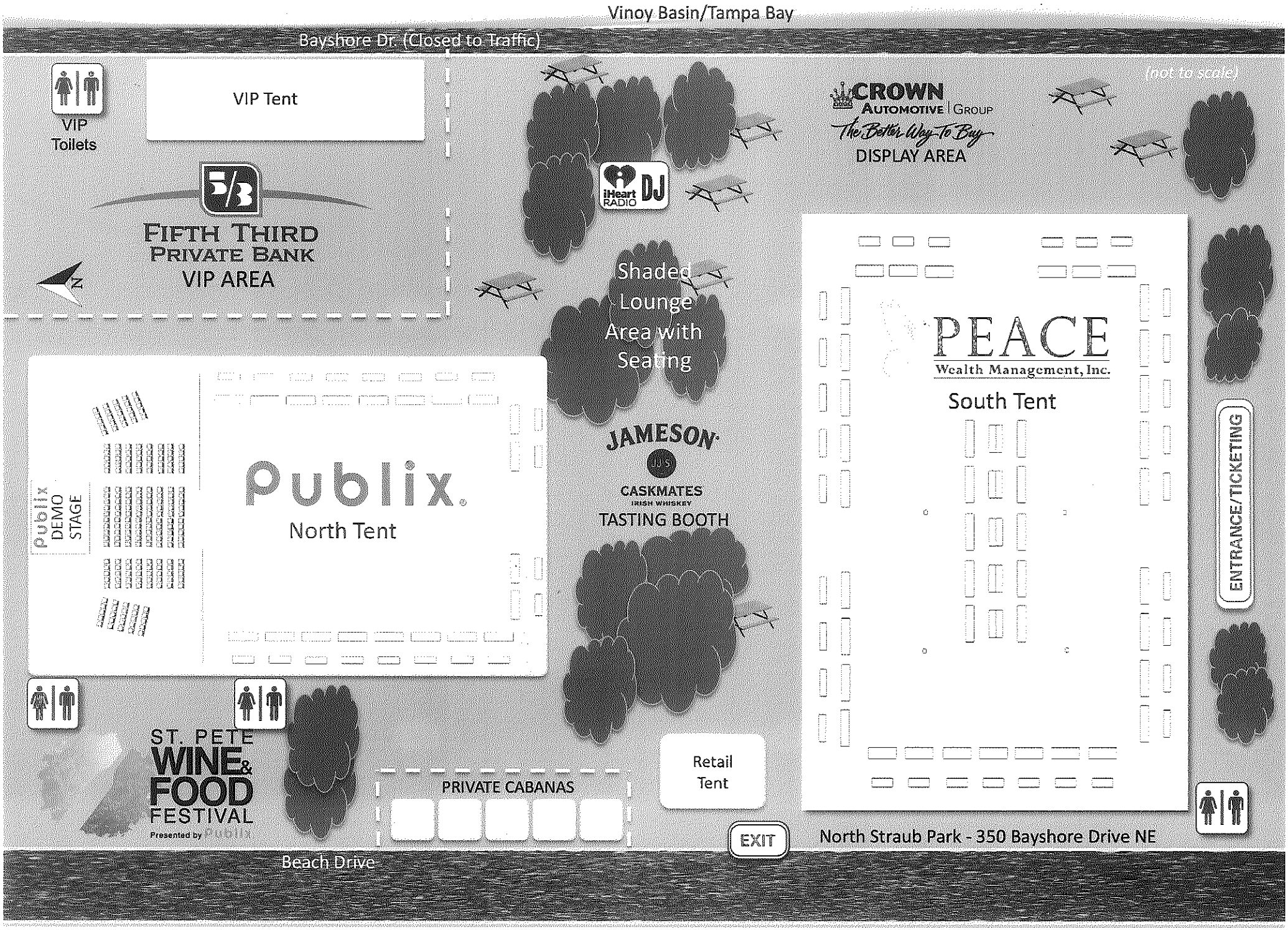
III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

1.		$0.00
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	$0.00

Prepared by: Matthew Dieter
Date: Dec 13, 2016

Print Application

Submit Application by Email


Vinoy Basin/Tampa Bay
Bayshore Dr. (Closed to Traffic)
(not to scale)
VIP Toilets
VIP Tent
FIFTH THIRD
PRIVATE BANK
VIP AREA
N
iHeart RADIO DJ
CROWN AUTOMOTIVE | GROUP
The Better Way To Buy
DISPLAY AREA
Shaded Lounge Area with Seating
PEACE
Wealth Management, Inc.
South Tent
ENTRANCE/TICKETING
Publix
North Tent
Publix DEMO STAGE
JAMESON
CASKMATES
IRISH WHISKEY
TASTING BOOTH
ST. PETE WINE & FOOD FESTIVAL
Presented by Publix
PRIVATE CABANAS
Retail Tent
EXIT
North Straub Park - 350 Bayshore Drive NE
Beach Drive

2017 St. Pete Wine & Food Festival Schedule

Date	Time	Event	Location
Thursday 11/2	**6:30-9:30 PM**	**Tacos & Tequila Fest**	**North Tent**
Friday 11/3	**5:30-10:00 PM**	**BEER Night St. Pete**	**Main Event Tents**
	5:30 PM	VIP Admission	Main Event Tents
	6:30 PM	General Admission	Main Event Tents
Saturday 11/4	**12:00- 5:00 PM**	**Grand Tasting**	**Main Event Tents**
	12:00 PM	VIP Admission	Main Event Tents
	1:00 PM	General Admission	Main Event Tents
	2:00-2:30 PM	Chef Seminar	Main Stage
	3:00-3:30 PM	Chef Seminar	Main Stage
	4:00-4:30 PM	Chef Seminar	Main Stage
Sunday 11/5	**12:00- 5:00 PM**	**Grand Tasting**	**Main Event Tents**
	12:00 PM	VIP Admission	Main Event Tents
	1:00 PM	General Admission	Main Event Tents
	2:00-2:30 PM	Chef Seminar	Main Stage
	3:00-3:30 PM	Chef Seminar	Main Stage

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

DEPARTMENT OF THE TREASURY

Date: FEB 28 2013

ST PETERSBURG ARTS ALLIANCE INC
100 SECOND AVE NORTH STE 150
ST PETERSBURG, FL 33701

Employer Identification Number:
46-1335413
DLN:
17053003318013
Contact Person:
ZENIA LUK ID# 31522
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:
October 18, 2012
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

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

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

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

Sincerely,

Holly O. Paz

Holly O. Paz
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

City of St. Petersburg

BEACH DRIVE EVENTS LLC
MATT DIETER
111 BAY POINT DR NE
ST PETERSBURG, FL 33704 USA

Receipt #: 2691372
User: DWBurns
Issued: Fri 16 Dec 16 08:36 am

Description		Amount
Previous Balance		$0.00
Payment:	Check	($30.00)
Balance		($30.00)

APPROVED REFUNDS ARE BY CHECK ONLY

City of St. Petersburg

BEACH DRIVE EVENTS LLC
MATT DIETER
111 BAY POINT DR NE
ST PETERSBURG, FL 33704 USA

Receipt #: 2691374
User: DWBurns
Issued: Fri 16 Dec 16 08:36 am

Description		Amount
Previous Balance		($30.00)
Payment:	Check	($600.00)
Balance		($630.00)

APPROVED REFUNDS ARE BY CHECK ONLY

Contract/Permit

st. petersburg parks & recreation

Contract #: 19092
Date: 16 Dec 2016

User: DWBurns
Status: Firm

BEACH DRIVE EVENTS LLC
MATT DIETER
111 BAY POINT DR NE
ST PETERSBURG FL 33704 USA

Primary #: (727) 641-1978
Secondary #: ()
Other #: ()

Purpose of Use: ST PETE FOOD AND WINE FESTIVAL

Expected: 8,000

Co-Sponsored Event

Contract Balance $0.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting: Mon 30 Oct 17 06:00 am** **Ending: Tue 07 Nov 17 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
North Straub Park	Mon	30 Oct 2017	06:00 AM	$0.00	$600.00	$0.00	$600.00
Park		07 Nov 2017	09:00 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	207:00	3	$600.00	$0.00	$600.00
		3	$600.00	$0.00	$600.00

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
16 Dec 2016	$30.00	Check	Rental	2691372
16 Dec 2016	$600.00	Check	Rental	2691374

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) MATT DIETER

BEACH DRIVE EVENTS LLC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

_____ 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.

Contract/Permit

st. petersburg parks & recreation

Contract #: 19092
Date: 16 Dec 2016

User: DWBurns
Status: Firm

BEACH DRIVE EVENTS LLC
MATT DIETER
111 BAY POINT DR NE
ST PETERSBURG FL 33704 USA

Primary #: (727) 641-1978
Secondary #: ()
Other #: ()

Purpose of Use: ST PETE WINE & FOOD FESTIVAL

Expected: 8,000

Co-Sponsored Event

Contract Balance $0.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: Starting: Mon 30 Oct 17 06:00 am Ending: Tue 07 Nov 17 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
North Straub Park	Mon	30 Oct 2017	06:00 AM	$0.00	$600.00	$0.00	$600.00
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		3	$600.00	$0.00	$600.00

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
16 Dec 2016	$30.00	Check	Rental	2691372
16 Dec 2016	$600.00	Check	Rental	2691374

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) MATT DIETER

BEACH DRIVE EVENTS LLC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

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.

Contract/Permit Amendment

Printed: 18 Jan 2017, 08:49 AM
User: dwbums

Rental #: 19092 | **Amendment # : 1**

BEACH DRIVE EVENTS LLC
111 BAY POINT DR NE
ST PETERSBURG FL 33704 USA

Amended: 18 Jan 2017

ST PETE WINE & FOOD FESTIVAL

Amendment Reason: **NAME UPDATE**

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: $ 630.00
Statementing: N/C

Payable By: N/C
Adj: N/C
Initial Pay: N/C
Contract Total: N/C

MATT DIETER — Date

Supervisor II / Foreman — ☐ Approved or ☐ Rejected — Date

Manager — ☐ Approved or ☐ Rejected — Date

Superindendent — ☐ Approved or ☐ Rejected — Date

FLORIDA DEPARTMENT of STATE DIVISION OF CORPORATIONS

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Limited Liability Company
BEACH DRIVE EVENTS, LLC

Filing Information

Document Number	L15000025862
FEI/EIN Number	47-3142928
Date Filed	02/11/2015
State	FL
Status	ACTIVE

Principal Address

111 BAY POINT DRIVE NE
ST. PETERSBURG, FL 33704

Mailing Address

111 BAY POINT DRIVE NE
ST. PETERSBURG, FL 33704

Registered Agent Name & Address

TK REGISTERED AGENTS, INC.
101 E KENNEDY BLVD STE 2700
TAMPA, FL 33602

Authorized Person(s) Detail

Name & Address

Title MGR

DIETER, MATT
111 BAY POINT DRIVE NE
ST. PETERSBURG, FL 33704

Title P

DIETER, MATT
111 BAY POINT DRIVE NE
ST. PETERSBURG, FL 33704

Title MGR

STONE, DAWNA
111 BAY POINT DRIVE NE
ST. PETERSBURG, FL 33704

Title ST

STONE, DAWNA
111 BAY POINT DRIVE NE
ST. PETERSBURG, FL 33704

Annual Reports

Report Year	Filed Date
2016	04/19/2016

Document Images

04/19/2016 – ANNUAL REPORT	View image in PDF format
02/11/2015 – Florida Limited Liability	View image in PDF format

FLORIDA DEPARTMENT of STATE DIVISION OF CORPORATIONS

Sunbiz.org Division of CORPORATIONS an official form of Florida website

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

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

Filing Information

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

Principal Address

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

Mailing Address

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

Changed: 08/12/2014

Registered Agent Name & Address

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

Address Changed: 08/12/2014

Officer/Director Detail

Name & Address

Title O

PAPICH, JOSEPH
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title O

KELLEY, DEBORAH
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title 0

LETIZIO, LISA
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title O

WOOD, RICHARD
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title Director

Ransdall, Sandra
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Title Director

McClellan, Duncan
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Title Director

Boss, Kristy
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Title Director

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

Title Director

Schrader, Stacia
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Annual Reports

Report Year	Filed Date
2013	08/12/2014
2015	01/10/2015
2016	02/10/2016

Document Images

02/10/2016 – ANNUAL REPORT	View image in PDF format
01/10/2015 – ANNUAL REPORT	View image in PDF format
08/12/2014 – REINSTATEMENT	View image in PDF format
10/18/2012 – Domestic Non-Profit	View image in PDF format

FLORIDA DEPARTMENT of STATE DIVISION OF CORPORATIONS

Sunbiz.org DIVISION of CORPORATIONS

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

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

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Mailing Address

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

Changed: 08/12/2014

Registered Agent Name & Address

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

Address Changed: 08/12/2014

Officer/Director Detail

Name & Address

Title O

PAPICH, JOSEPH
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title O

KELLEY, DEBORAH
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title 0

LETIZIO, LISA
100 SECOND AVE. NORTH, #150
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Title O

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

Title Director

Schrader, Stacia
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Annual Reports

Report Year	Filed Date
2013	08/12/2014
2015	01/10/2015
2016	02/10/2016

Document Images

02/10/2016 -- ANNUAL REPORT	View image in PDF format
01/10/2015 -- ANNUAL REPORT	View image in PDF format
08/12/2014 -- REINSTATEMENT	View image in PDF format
10/18/2012 -- Domestic Non-Profit	View image in PDF format

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1/2/17
Check or Cash: 165
Application #: 3
Packet: A
Permit #: 19334

Event Title: SPIFFS 43rd Annual International Folk Fair Phone No.: 727-552-1896 Fax No.: 727-552-1781

Entity Name: St. Petersburg International Folk Fair Society, Inc. (SPIFFS) Federal I.D. Number: 59-1674088

Event Date(s): Location: Vinoy Park

Day 1 of Event: Time Gates Open: 9 am Ending Time: 3 pm

Day 2 of Event: Time Gates Open: 9 am Ending Time: 3 pm

Day 3 of Event: Time Gates Open: 10 am Ending Time: 8 pm

Application Prepared by: Lotta Baumann Phone: 727-552-1896

Title: Executive Director Cell Phone: 727-804-3492

Address: 330 Fifth Street North City: St. Petersburg State: FL Zip: 33701

Email Address: folkfair@ij.net

Additional Contact Person: Penka Pesev-Lukac Day Phone: 727-552-1896

What month/year were you incorporated as nonprofit? 1975

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

Name of the for-profit entity? N/A

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

Folk Fair offers the opportunity to our community and to visitors to have a positive experience and enjoy the ethnic cultural richness of music, ethnic foods, arts and crafts of the area.

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

Folk Fair draws approximately 15,000 visitors. About half of them are students from the Tampa Bay area.

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

Does your group presently have liability insurance? ☒ YES ☐ 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://www.spiffs.org

Please provide a phone number that can be advertised to the public. 727-552-1896

What is the estimated attendance for this event? Spectators 15,000+ Participants 1,000 Last Year's Total Attendance 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)

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:	[signature]	Title:	Executive Director	Date:	1/4/17
Co-Sign:		Title:		Date:	

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 40+	
☒ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 40+	Temporary Structure Permit
☒ Fence Installation	What type? Chain link	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☒ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☐ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☒ Staging	☒ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☒ Performers ☐ Announcement Only	
☒ Security	☒ Daytime - Private ☒ Overnight - Private ☒ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 26 Disabled Units 6 Hand Washing 5	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

☒ Invitations	☒ Radio
☒ Posters / Flyers	☒ Television
☒ Newspaper / Internet	☐ Remote Broadcast

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

Electrical Requirements:

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

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

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

Will you supply your own generators? ☐ YES ☒ NO

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

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

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

Name: SPIFFS Phone: 727-552-1896

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

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

International/ethnic folk music on two stages. 30-40 performing groups and 4-S bands.

List Vending Products. Name & Provider.

SPIFFS member groups

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

SPIFFS

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

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

Our tent/fence contractor needs to start setting up on Saturday, October 21, 2017, in order to complete set-up by afternoon Tuesday, October 24, when our member groups begin set-up of their villages. Tear-down will be completed by Tuesday, October 31, 2017.

Other Comments: Please describe your fee structure.

Students: $6
Under 6: Free
Adults: $10
Military: $8

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: [illegible] Title: Executive Director Date: 1/4/17

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.**

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Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: St. Petersburg International Folk Fair Society, Inc. (SPIFFS)

Name of Responsible Party (President or CEO ONLY): Lotta Baumann

Title of Responsible Party: Executive Director

Physical Address of Responsible Party: 330 Fifth Street North, St. Petersburg, FL 33701

Phone Number of Responsible Party: 727-552-1896

Email Address of Responsible Party: folkfair@ij.net

Nonprofit (Employee Identification Number): 59-1674088

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

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www.stpete.org

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

Name of Event: SPIFFS 42nd Annual International Folk Fair
Date(s) of Event: Oct 27, 2016 - Oct 30, 2016

I. REVENUE SOURCES (attach sheet if more space is needed)	Amount
1. Grants/Sponsorships	$19,688.00
2. Ticket sales	$65,055.00
3. Souvenir progrsam	$3,140.00
4 Village space	$26,209.00
5. Outside vendors	$3,231.00
6. Beverage sales	$15,349.00
7. Miscellaneous	$1,530.00
8.	
TOTAL GROSS REVENUE	$134,202.00

II. EXPENSES (attach sheet if more space is needed)	
1. Wages	$990.00
2. Equipment/Park	$21,354.00
3. Stage/Sound	$12,954.00
4 Private security	$3,582.00
5. Marketing/Printing	$23,731.00
6. Liability insurance	$8,038.00
7. Beverages/Ice	$6,537.00
8. Student awards	$363.00
9. Park rental/City	$27,930.00
10. Miscellaneous	$4,156.00
11.	
12.	
TOTAL OPERATING EXPENSES	$109,635.00
TOTAL NET INCOME	$24,567.00

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)	
1. Operating funds for SPIFFS	$24,567.00
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	$24,567.00

Prepared by: Lotta Baumann Date: Jan 4, 2017

Print Application

Submit Application by Email

Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248222118
Jan. 11, 2008 LTR 4168C E0
59-1674088 000000 00 000
00009534
BODC: TE

ST PETERSBURG INTERNATIONAL FOLK
FAIR SOCIETY INC
550 5TH ST N
ST PETERSBURG FL 33701-2812300

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

Dear TAXPAYER:

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

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

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

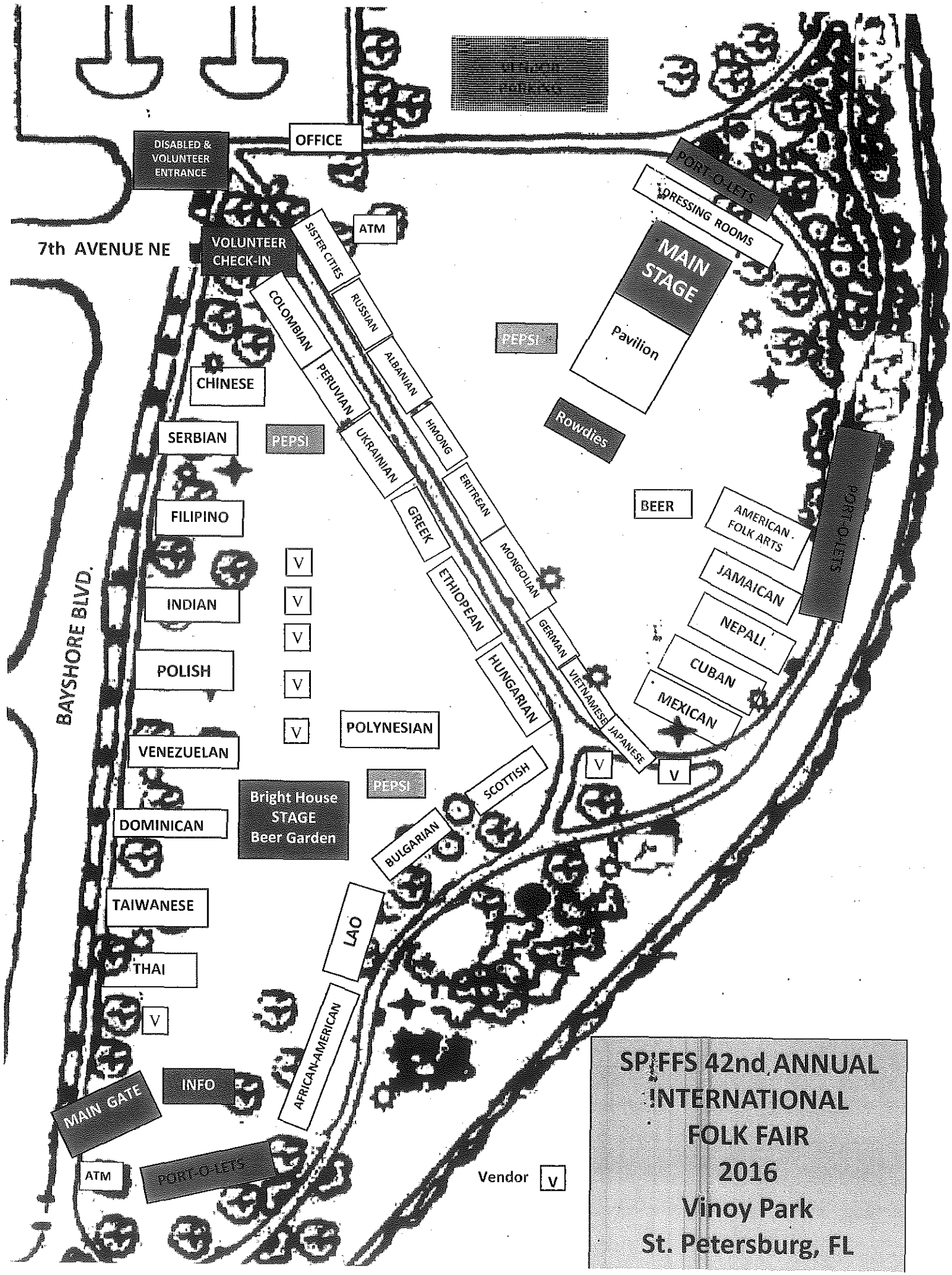
Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

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

Sincerely yours,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations 1


OFFICE
DISABLED & VOLUNTEER ENTRANCE
7th AVENUE NE
VOLUNTEER CHECK-IN
ATM
SISTER CITIES
RUSSIAN
ALBANIAN
HMONG
ERITREAN
MONGOLIAN
GERMAN
VIETNAMESE
JAPANESE
HUNGARIAN
ETHIOPEAN
GREEK
UKRAINIAN
PERUVIAN
COLOMBIAN
CHINESE
SERBIAN
FILIPINO
INDIAN
POLISH
VENEZUELAN
DOMINICAN
TAIWANESE
THAI
LAO
AFRICAN-AMERICAN
BULGARIAN
SCOTTISH
POLYNESIAN
PEPSI
PEPSI
PEPSI
Bright House STAGE Beer Garden
MAIN STAGE
Pavilion
Rowdies
PORT-O-LETS
DRESSING ROOMS
BEER
AMERICAN FOLK ARTS
JAMAICAN
NEPALI
CUBAN
MEXICAN
PORT-O-LETS
BAYSHORE BLVD.
MAIN GATE
INFO
ATM
PORT-O-LETS
V
Vendor V
SPIFFS 42nd ANNUAL INTERNATIONAL FOLK FAIR 2016 Vinoy Park St. Petersburg, FL

City of St. Petersburg

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

Receipt #: 2710143
User: DWBurns
Issued: Wed 18 Jan 17 09:05 am

Description	Amount
Previous Balance	$900.00
Applied To: 19334 - SPIFFS Vinoy Park - Vinoy Park October 23, 2017 1:00 pm to October 31, 2017 6:00 pm	$900.00
Payment: Check	($900.00)
Balance	$0.00

APPROVED REFUNDS ARE BY CHECK ONLY

Contract/Permit

st. petersburg parks & recreation

Contract #: 19334
Date: 18 Jan 2017

User: DWBurns
Status: Firm

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

Primary #: (727) 552-1896
Secondary #: ()
Other #: ()

Purpose of Use: SPIFFS

Expected: 15,000

Co-Sponsored Event

Contract Balance
$0.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: Starting: Mon 23 Oct 17 01:00 pm Ending: Tue 31 Oct 17 06:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Mon	23 Oct 2017	01:00 PM	$0.00	$900.00	$0.00	$900.00
Vinoy Park		31 Oct 2017	06:00 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 (Vinoy)	197:00	3	$900.00	$0.00	$900.00
		3	$900.00	$0.00	$900.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$930.00	$0.00	$930.00	$0.00	$930.00	$0.00	$0.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
18 Jan 2017	$30.00	Check	Rental	2710142
18 Jan 2017	$900.00	Check	Rental	2710143

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) LOTTA BAUMANN

ST PETERSBURG INTERNATIONAL FOLK FAIR
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

NORTHEAST EXCHANGE CLUB OF ST PETERSBURG
CHRIS TAYLOR
100 2ND AVE S STE 600
ST PETERSBURG, FL 33701 USA

Receipt #: 2710149
User: DWBurns
Issued: Wed 18 Jan 17 09:16 am

Description		Amount
Previous Balance		$0.00
Payment:	Check	($900.00)
Balance		($900.00)

APPROVED REFUNDS ARE BY CHECK ONLY

FLORIDA DEPARTMENT of STATE DIVISION OF CORPORATIONS

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Not For Profit Corporation
ST. PETERSBURG INTERNATIONAL FOLK FAIR SOCIETY, INC.

Filing Information

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

Principal Address

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

Changed: 06/02/2003

Mailing Address

330 FIFTH ST N
SAINT PETERSBURG, FL 33701

Changed: 05/30/2001

Registered Agent Name & Address

Parsons, William H
330 5TH STREET N
ST PETERSBURG, FL 33701

Name Changed: 05/16/2016

Address Changed: 04/22/2011

Officer/Director Detail

Name & Address

Title P

Pesev-Lukac, Penka
1244-35th Avenue N
SAINT PETERSBURG, FL 33704

Title VP

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

Title T

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

Title S

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

Title D

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

Title ED

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

Annual Reports

Report Year	Filed Date
2014	04/01/2014
2015	04/12/2015
2016	05/16/2016

Document Images

05/16/2016 – ANNUAL REPORT	View image in PDF format
04/12/2015 – ANNUAL REPORT	View image in PDF format
04/01/2014 – ANNUAL REPORT	View image in PDF format
04/22/2013 – ANNUAL REPORT	View image in PDF format
03/20/2012 – ANNUAL REPORT	View image in PDF format
04/22/2011 – ANNUAL REPORT	View image in PDF format
01/04/2010 – ANNUAL REPORT	View image in PDF format
05/01/2009 – ANNUAL REPORT	View image in PDF format
05/27/2008 – ANNUAL REPORT	View image in PDF format
08/17/2007 – ANNUAL REPORT	View image in PDF format
05/08/2007 – ANNUAL REPORT	View image in PDF format
08/14/2006 – ANNUAL REPORT	View image in PDF format
04/20/2005 – ANNUAL REPORT	View image in PDF format
05/03/2004 – ANNUAL REPORT	View image in PDF format
06/02/2003 – ANNUAL REPORT	View image in PDF format

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

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www.stpete.org

st. petersburg parks & recreation

Date Received: 1/9/17
Check or Cash: Invoiced
Application #: 4
Packet: A
Permit #: 19991

Event Title: THE ~~FIRST~~ 2nd ANNUAL DRAGON BOAT RACING FESTIVAL AT ST. Phone No.: 727-686-4761 Fax No.:

Entity Name: Lao Arts and Cultural Foundation, INC. Federal I.D. Number: N14000005015

Event Date(s): November 28th, 2017 Location: Elva Rouse Park or Albert Whitted Park

Day 1 of Event: 1 Time Gates Open: 10AM Ending Time: 8PM

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

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

Application Prepared by: Somdeth Inthalangsy Phone: 727-686-4761

Title: President Cell Phone: 727-686-4761

Address: 5975 Carrier St. N. City: St. Petersburg State: FL Zip: 33714

Email Address: isomdeth@gmail.com or Vinthalangsy@tampabay.rr.com

Additional Contact Person: Mr. Chantho Vorasane Day Phone: 727-518-5991

What month/year were you incorporated as nonprofit? May, 2014

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

Name of the for-profit entity? Lao Arts and Cultural Foundation

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

Exchange and preserve Lao arts and Cultural (or South east Asia Arts and Cultural) to other nationalities and Americans.

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

Will bring economic benefit and impact this event to St. Petersburg are:
- Diversity in to the city with Lao cultural and the money will filter locally to 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?

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: 9/24/2016

Please provide the website address for your event. WWW.LaoACF.com

Please provide a phone number that can be advertised to the public. 727-224-2686

What is the estimated attendance for this event? Spectators 1000 Participants 50 Last Year's Total Attendance None

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

Recreation Equipment

Showmobile (Yes/No) City Stage

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:	Somdeth Inthalangsy	Title:	Prsident	Date:	January 4th, 2017
Co-Sign:	Chantho Vorasane	Title:	Board of director	Date:	January 4th, 2017

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☐ Vendors / Exhibitors	How many? 1 - 15 Vendors / Exhibitors	
☒ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 1	Temporary Structure Permit
☒ Fence Installation	What type? City Steel Fence	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☐ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☐ Staging	☐ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☒ Performers ☐ Announcement Only	
☒ Security	☐ Daytime - Private ☐ Overnight - Private ☒ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 2 Disabled Units 1 Hand Washing	
☒ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

☒ Invitations	☐ Radio
☒ Posters / Flyers	☐ Television
☒ Newspaper / Internet	☐ Remote Broadcast

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

Electrical Requirements:

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

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

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

Live music band and Lao traditional dance

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: Lao Arts and Cultural Foundation Phone: 727-686-4761

Address (including zip): 5975 Carrier st. N. St. Petersburg, Fl 337114

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

Lao Live music 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.

United Oriental food

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

Lao traditional dance and Lao Budda region

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

In load by 7:00AM and Out load 7:00PM

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: Somdeth Inthalangsy Title: President Date: January 4th, 2017

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.

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

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

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

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

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www.stpete.org

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Lao Arts and Cultural Foundation

Name of Responsible Party (President or CEO ONLY): Somdeth Inthalangsy

Title of Responsible Party: President

Physical Address of Responsible Party: 5975 Carrier St. N. St. Petersburg, Fl 33714

Phone Number of Responsible Party: 727-686-4761

Email Address of Responsible Party: Vinthalangsy@tampabay.rr.com or Somdeth@CSJMarchitects.com

Nonprofit (Employee Identification Number): 47-1084767

Name of the **For-profit** Corporation: Lao Arts and Cultural Foundation

Name of Responsible Party (President or CEO ONLY): Chantho Vorasane

Title of Responsible Party: Board of director

Physical Address of Responsible Party: 5975 Carrier St. N. St. Petersburg, Fl 33714

Phone Number of Responsible Party: 727 518-5991

Email Address of Responsible Party: chanvrs@hotmail.com

For-profit (Employee Identification Number) 47-1084767

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

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www.stpete.org

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

Name of Event: THE FIRST ANNUAL DRAGON BOAT RACING

Date(s) of Event: September 24, 16 -

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: Somdeth Inthalangsy Date: January 4th, 2017

Print Application

Submit Application by Email

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1/8/17
Check or Cash: ✓
Application #: 5
Packet: A
Permit #: 19335

Event Title: Ribfest | Phone No.: 727-528-3828 | Fax No.:

Entity Name: Northeast Exchange Club of St Petersburg, FL Inc. | Federal I.D. Number: 59-2741305

Event Date(s): November 10th, 11th & 12th 2017 | Location: Vinoy Park

Day 1 of Event: Nov 10th | Time Gates Open: 11am | Ending Time: 11pm

Day 2 of Event: Nov 11th | Time Gates Open: 11am | Ending Time: 11pm

Day 3 of Event: Nov 12th | Time Gates Open: 11am | Ending Time: 9pm

Application Prepared by: Chris Taylor | Phone: 727-433-4227

Title: Exchange Club Member | Cell Phone: 727-433-4227

Address: 5447 Haines Rd, No. PMB 461 | City: St. Pete | State: FL | Zip: 33714

Email Address: Chris_Taylor2@aol.com

Additional Contact Person: John Ullrich | Day Phone: 727-798-8555

What month/year were you incorporated as nonprofit? Founded in 1972, Incorporated in 1986

List all 501(c)3 entities that will benefit from this event. Please see attached list

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.

Ribfest in well known in the region. It is an event run by an all volunteer organization that donates the proceeds to local charities. This Community Event adds to the quality of life in St. Pete by offering a signature event in the city for it's citizens and visitors to the area to experience. The $5,000,000 + raised over the last 27 years has added to the quality of services afforded by many organizations.

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

The estimated economic impact is over $7,000,000 annually. (Study completed in 2014 by Research Data Services Inc. of Tampa) The event brings people to the beautiful waterfront. Money is spent on hotels, restaurants and retail shopping. There is also a substantial amount spent on city services leading directly to increased employment. The "multiplier" effect continues to benefit our community well beyond our weekend.

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

Does your group presently have liability insurance? ☒ YES ☐ NO How much? As much required by city

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

Will there be an admission / registration fee? ☒ YES ☐ NO Advanced Fee: 25 Day of: 30

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

Please provide a phone number that can be advertised to the public. 727-528-3828

What is the estimated attendance for this event? Spectators 35000 Participants 300 Last Year's Total Attendance 35000

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) 4

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 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:	[illegible]	Title:	Robert Gardner	Date:	1/3/2017
Co-Sign:		Title:		Date:	

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 25 - 30 Vendors/ Exhibitors	
☒ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 30	Temporary Structure Permit
☒ Fence Installation	What type? wire	Temporary Structure Permit
☒ Other Structures	What structure? stage	Temporary Structure Permit
☒ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☒ VIP Area		
☒ Staging	☒ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☒ Performers ☐ Announcement Only	
☒ Security	☒ Daytime - Private ☒ Overnight - Private ☒ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 110 Disabled Units 8 Hand Washing 10	
☒ Off-site Parking / Shuttle		
☒ Semitruck / Tractor Trailer		

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.

Typically 50 amp 240 volt single 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? Jerry White of The Electric Com

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: Northeast Exchange Club of St. Petersburg, FL Inc. Phone: 727-528-3828

Address (including zip): 5447 Haines Rd, No. PMB 461 St. Petersburg, FL 33714

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

Rock (classic and contemporary) and country. Two stages - Main stage has about 8 bands through the weekend. South stage has 8 - 10 acts for the weekend.

List Vending Products. Name & Provider.

Ribs, Corn, soft drinks, salads, Ice Cream, wraps... various

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

We are the entity sponsoring the event.

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

n/a

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

Parks set up begins Sunday before. Vendors are allowed to load in the park starting on Thursday the 9th. Daily during the even all vehicles must be out by 11am (gate opening). Parking is needed for vendors by North shore pool and the parking lots along bay shore are used by volunteers and vendors. We are out of the park by the following Wednesday.

Other Comments: Please describe your fee structure.

Vendors pay a fee to participate and the public pays a gate fee to attend

Other comments:

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

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

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

Name: [signature] Title: Rbford Executive Date: 1/3/2017

Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

st.petersburg
www.stpete.org

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Northeast Exchange Club of St. Petersburg, FL Inc.

Name of Responsible Party (President or CEO ONLY): Lisa Hood

Title of Responsible Party: President

Physical Address of Responsible Party: 1968 Iowa Ave NE

Phone Number of Responsible Party: 727-430-1986

Email Address of Responsible Party: hoodla@aol.com

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

st.petersburg
www.stpete.org

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

Name of Event: Ribfest

Date(s) of Event: Nov 10th - Nove 12th 201

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.	See attached	
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	

Prepared by: Chris Taylor Date:

Print Application

Submit Application by Email

NORTHEAST EXCHANGE CLUB OF ST. PETERSBURG, FLORIDA, INC.
STATEMENT OF CASH RECEIPTS & DISBURSEMENTS
RIBFEST FUND

JULY 1, 2016 TO JUNE 30, 2017

					(thru Nov 30, 2016) 2016 TO 2017 TOTAL	(For the Year) 2015 TO 2016 TOTAL	
				REVENUE			REVENUE
GATES	FRIDAY			37,480.00			16,748.00
	SATURDAY			93,543.00			141,949.00
	SUNDAY			49,667.00	180,690.00	261,236.00	102,539.00
		Alcohol	PEPSI, CORN	TOTAL			TOTAL
OTHER	FRIDAY	60,984.00	6,852.00	67,836.00			33,636.00
	SATURDAY	145,257.00	16,355.00	161,612.00			213,967.00
	SUNDAY	84,090.00	8,563.00	92,653.00			153,483.00
	TOTAL	290,331.00	31,770.00	322,101.00	322,101.00	401,086.00	
SPONSOR					225,450.00	192,636.00	
VENDORS					81,950.00	76,900.61	
INTEREST INCOME					3,127.49	3,380.86	
QUARTERS FOR KIDS					29,280.00	35,669.07	
PRE-TICKETS					162,931.04	113,740.50	
PRE-TICKETS - CIRCLE K					166,750.00	135,810.54	
GRANTS - Visit St Pete					-	100,000.00	
MERCHANDISE, ETC					29,196.70	18,301.50	
	TOTAL REVENUE				1,201,476.23	1,338,761.08	
	DISBURSEMENTS						
COST OF BANDS							
DIRECT				590,276.77			312,900.00
INDIRECT -	STAGE			122,530.00			112,446.72
	TRAVEL			-			0.00
	RENT, LODGE & OTHER			20,267.12	733,073.89	451,471.70	26,124.98
SALES TAX & LICENSES					8,273.39	65,270.96	
INSURANCE					28,147.00	26,812.00	
VENDOR EXPENSE					3,500.00	3,619.13	
BEER, WINE & SPIRITS					46,195.50	72,984.50	
PEPSI & CORN					11,641.00	13,340.35	
TICKET COSTS & COMMISSIONS					31,675.02	9,033.83	
RENTALS					67,547.63	72,764.59	
PATCHES, SHIRTS & MERCHANDISE					13,655.96	15,502.67	
VOLUNTEER & VIP FOOD & OTHER COSTS					32,666.03	35,888.17	
EVENT DAY EXPENSE					23,404.60	33,207.19	
MISCELLANEOUS					1,826.58	9,909.27	
SECURITY, PARK COST & OTHER GOVERNMENT FEES					-	76,934.54	
ADVERTISING, COMMISSIONS & PRINTING					87,517.48	67,414.79	
	DISBURSEMENTS				1,089,124.08	954,153.69	
ESTIMATED EXCESS REVENUE (DISBURSEMENTS) WITN NET PAYABLES					112,352.15	384,607.39	

INTERNAL REVENUE SERVICE

DEPARTMENT OF THE TREASURY

Date: AUG 06 2001

Form:
990
Tax Period(s) Ended:
JUNE 30, 1999
In Reply Refer to:
TE:7954
Person to Contact/ID Number:
Terry Johnston 59-01170
Contact Telephone Number:
727-570-5526 Ext: 436

EXCHANGE CLUB OF NORTHEAST ST.
PETERSBURG, FL
100 2ND AVE SO STE 600
ST. PETERSBURG, FL 33701-4336

Dear Sir or Madam:

We are pleased to tell you that as a result of our examination for the above period(s) we will continue to recognize your organization as tax-exempt.

We have indicated below whether there is a change in your liability for the unrelated business income tax as provided by sections 511 through 515 of the Internal Revenue Code.

[X] There is no change.

Thank you for your cooperation.

Sincerely,

R. C. Johnson

R. C. Johnson
Director, EO Operations

Street, MC 4920 DAL
242

Letter 988(DO)(Rev. 2-90)

Internal Revenue Service
District Director

Department of the Treasury

- 1130
'LANTA, GA 30301-

ate: MAY 21 1987

Employer Identification Number:
59-2741305
Contact Person:
LILLIAN MCINTOSH
Contact Telephone Number:
(404) 331-0186

HE EXCHANGE CLUB OF NORTHEAST ST
PETERSBURG FLORIDA INC
O BOX 10942
T PETERSBURG, FL 33733

Internal Revenue Code
Section 501(c)(4)
Accounting Period Ending:
August 31
Form 990 Required:
Yes
Caveat Applies:
Yes

Dear Applicant:

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

Unless specifically excepted, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) for each employee to whom you pay $100 or more during a calendar year. And, unless excepted, you are also liable for tax under the Federal Unemployment Tax Act for each employee to whom you pay $50 or more during a calendar quarter if, during the current or preceding calendar year, you had one or more employees at any time in each of 20 calendar weeks or you paid wages of $1,500 or more in any calendar quarter. If you have any questions about excise, employment or other Federal taxes, please address them to this office.

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

The heading of this letter indicates whether you must file Form 990, Return of Organization Exempt from Income Tax. If Yes is indicated, you are only required to file Form 990 if your gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law provides for a penalty of $10 a day, up to a maximum of $5,000, when a return is filed late, unless there is reasonable cause for the delay. This penalty may also be charged if a return is not

Northeast Exchange Club's Ribfest
Rockin' Ribs Helpin' Kids

Northeast Exchange Club of St. Petersburg, Florida

RECEIVED
JAN 12 2017
CITY COUNCIL

January 3, 2017

Amy Foster, Council Chair
City of St Petersburg Florida
P.O. Box 2842
St. Petersburg, Florida 33731

Re: Request to sell "Hard Liquor" at Ribfest 2017

Dear Ms. Foster:

On November 10th, 11th and 12th of this year, the Northeast Exchange Club of St. Petersburg, Florida, Inc. (NEX) will be putting on its 28th Ribfest. NEX is in the process of obtaining the necessary permits to put on this event in the Vinoy Park.

As we did at Ribfest 2016, NEX is planning to sell "Hard Liquor" provided we can once again obtain sponsors for their products. On July 22, 2010 the City Council approved NEX to sell liquor product at Ribfest 2010 and subsequently allowed NEX to sell liquor products at Ribfest 2011, 2012, 2013, 2014, 2015 and 2016.

For the city, if there is anything else we need to do in order to sell "Hard Liquor" at Ribfest 2017, please do not hesitate to contact me. Thank you for your help in this matter.

Sincerely,

David S. Hood, Vice President, Ribfest Chair
Northeast Exchange Club of St. Petersburg Florida, Inc.

cc: Chris Taylor
Gail Clark
Tom Whiteman
John Ullrich

5447 Haines Road No. PMB 461, St. Petersburg, FL 33714

All Children's Hospital Foundation
500 Seventh Avenue South
P.O. Box 3142
St. Petersburg, FL 33731-3142
Phone 727-767-4199
Fax 727-767-4107
www.givetoallkids.org

all children's hospital
JOHNS HOPKINS MEDICINE

May 18, 2016

Mr. Kevin Yeager
Northeast Exchange Club of St. Petersburg, Florida, Inc.
PO Box 10942
Saint Petersburg, FL 33733-0942

Dear Kevin and Northeast Exchange Club Membership,

Your gift to Johns Hopkins All Children's Hospital is an investment in world-class pediatric medicine. On behalf of the Foundation, our doctors, nurses and the children we care for, I want to thank you for your generosity. Your support of our car seat program will act as powerful prevention of childhood death caused by car accidents. The parents of our community will be able to keep their kids safe regardless of their ability to pay for necessary, lifesaving items like car seats.

From our four newly formed institutes dedicated to cardiac care, neuroscience, cancer and blood disorders and maternal/fetal/neonatal health, to recruiting the best pediatric experts in the nation, you are making an impact on how we elevate and develop our brand of family-centered, genuine care. Being part of Johns Hopkins Health System—one of the most recognized and trusted health care systems in the world—ensures that we will continue to innovate and provide the very best care and the greatest possible outcomes for our patients.

This year we celebrate 90 years of excellence, but it is just the beginning of what we can accomplish. Creating an environment in which clinicians, learners and scientists come together to make care safer and cures achievable is our promise to you and to the families we serve. Thank you for standing alongside us these past 90 years to help provide expert care and safety for the kids of our community.

Sincerely,

Taylor Traviesa
Development Officer

Thank you! Will be in town soon to figure out committee meeting and tour dates!

Your **Children's Miracle Network** Hospital

Academy Prep

Center of St. Petersburg

April 11, 2016

Northeast Exchange Club of St. Petersburg
Ribfest
5447 Hanes Rd. N PMB 461
St. Petersburg, FL 33714

Dear Northeast Exchange Club Members,

On behalf of the Academy Prep Center of St. Petersburg community, please accept our appreciation for your gift of $18,000. Your generosity helps sustain our commitment to excellence in all aspects of the educational experience.

Given the multitude of worthy organizations that could benefit from your philanthropy, we are immensely grateful that you have chosen Academy Prep Center of St. Petersburg. We pledge to be careful stewards of your faith in our work, advancing APSP's commitment to developing thoughtful, responsible human beings within a rigorous yet supportive academic community.

Your investment will help us inspire, retain, and enable great students to pursue their dreams, and help us in our pursuit of the discoveries, innovations and solutions to society's changes. We are grateful for your support and commitment to serving our community.

We wish you much success with Ribfest 2016, and look forward to volunteering again this year.

Sincerely,

Leigh Gale
Grants Specialist

Thank you!

Jocelyn Lister
Development Manager

GIFT RECEIPT

Fund:	Donation	
Gift Date & Amount:	4/11/2016	$18,000

Academy Prep Center of St. Petersburg is a 501 (c) (3) nonprofit organization and acknowledges that no goods or services were provided to you in return for your contribution other than the joy of giving to an organization that helps transform our community. This letter is your receipt and should be kept with your tax records.

Joan Fortune Campus ▪ 2301 22nd Avenue South ▪ St. Petersburg, FL 33712

www.academyprep.org ▪ 727-322-0800 ▪ 727-328-8904 fax

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CASA
Community Action Stops Abuse

May 9, 2016

Ms. Dorothy Tadder
Northeast Exchange Club of St. Petersburg, Inc.
5447 Haines Rd No. PMB 461
St. Petersburg, FL 33714

Dear Ms. Tadder,

I would like to take this opportunity to personally extend my deepest appreciation for your donation to CASA from Ribfest 2015! We received your gift of **$5,000.00** towards CASA's programs and services on **4/11/2016**. We are extremely grateful for your generosity!

The devastating effects of domestic violence are very personal and difficult to put into words, but the loss of lives is all around us. Our local law enforcement receives well over a hundred calls related to domestic battery each week and approximately one person is killed every month (nationally, every day). Overall, domestic violence costs over $8 billion in medical expenses and lost productivity at work each year.

Supporting CASA is one of the most direct ways to speak out against domestic violence and help to rebuild lives. Offering thanks never feels like enough to recognize that you are helping to save lives.

Please feel free to contact me at 727-895-4912 if you have any questions or if you would like to schedule a tour.

Warm regards,

Shandra L. Riffey
Executive Director

Thank you so much for your generosity.
S.

P.S. Please visit our website at www.casa-stpete.org, where you can sign up for our e-newsletter and see the many ways you are transforming lives.

A copy of the official registration (CH###) and financial information may be obtained from the Division of Consumer Services on their website (www.800helpfla.com) or by calling toll-free 1-800-435-7352 within the state. Registration does not imply endorsement, approval, or recommendation by the state.

Please remember CASA's survivors of domestic violence in your will.

FCADV · Pinellas Community Foundation · LIVE UNITED · jwb Juvenile Welfare Board

P.O. Box 414 • St. Petersburg, FL 33731 • Tel: 727-895-4912 • Fax: 727-821-7101 • www.casa-stpete.org
24 Hour CASA Help Line: 727-895-4912, TTY: 727-828-1269

crea
tive
clay

1114 Central Avenue
St. Petersburg, Florida 33705
Phone: 727.825.0515
www.creativeclay.org

April 18, 2016

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Denise Lange
Jocelyn Lister (Past Chair)
Van Phrasavath
Matt Westerman

CEO
Kim Dohrman

Northeast Exchange
5447 Haines Road North
PMB 461
St. Petersburg, FL 33714

Dear Friends:

On behalf of our member artists, thank you for your support of Creative Clay Cultural Arts Center. Your recent gift in the amount of $2,500 for camp scholarships is extremely impactful and helps Creative Clay continue it's long-standing work in our community.

As you know, the mission of Creative Clay Cultural Arts Center is to provide expressive, educational, and vocational opportunities in the arts for people with obstacles to arts access. We provide outreach art experiences for individuals with developmental, physical and emotional disabilities as well as those in healthcare settings, children, and veterans.

Thank you again for your support. For more information on Creative Clay and the programs we provide, please visit our website at www.creativeclay.org.

Sincerely,

Kim

Kim Dohrman
Chief Executive Officer

Thank you all so very much!

Creative Clay's license number is CH-10535.
A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling 1-800-435-7352 within Florida. Registration does not imply endorsement, approval or recommendation by the state.

kindness of individuals like you. Thank you for your donation for children like Elijah, and all the other children served by Eckerd Kids. Together we can provide all children with a second chance.

For the children,

David Dennis
President and CEO

PS – If you want to read more success stories visit our website www.eckerd.org

Receipt: Northeast Exchange Club of St Petersburg

Gift Date	Designation	Amount
4/7/2016	Foster Parent Program- Pinellas & Pasco Counties	$2,000.00

Cash Contribution Total: $2,000.00

Thank you!

Family Promise®
of Pinellas County, Inc.

6201 22nd Ave N
St. Petersburg, FL 33710
www.familypromisepinellas.org
727-201-9571

June 28, 2016

Northeast Exchange Club
Of St. Petersburg, Florida Inc
Ribfest Account
5447 Haines RD N PMB 461
St. Petersburg, FL 33704

RE: Donation
Family Promise of Pinellas County, Inc.
FEIN 26-3550892

Thank you for your grant of $8,820 to Family Promise of Pinellas County, Inc. dated April 7, 2016. Your generous donation is a part of helping homeless children and their parents, right here in Pinellas County, gain independence.

For federal income tax purposes, the letter acknowledges your contribution. Family Promise of Pinellas County is a 501(c)(3) nonprofit organization. Your contribution is tax-deductible to the extent allowed by law. No goods or services were provided in exchange for your generous financial donation.

Please retain this letter as proof of your charitable contribution.

Thank you for helping us to help homeless families.

Sincerely,

Jennifer Sunshine
Executive Director

Habitat for Humanity® of Pinellas County

13355 49th Street North • Clearwater, FL 33762
727.536.4755 • FAX 727.209.2191 • www.HabitatPinellas.org

April 12, 2016

Northeast Exchange Club of St. Petersburg, Inc
5447 Haines Road N PMB 461
St. Petersburg, FL 33714

Dear Northeast Exchange Club of St. Petersburg, Inc,

The Williams family have a lot to celebrate, a place to call home. You see, just this week, Marques and Chrisseanda and their children received the keys to their new home. It's donors like you that make this possible!

Thank you for your recent generous gift of $2500 to Habitat for Humanity of Pinellas County on 4/7/2016. Your investment helps families in our community achieve what they thought was just a dream. Thanks to you, we will hand the keys to 45 struggling families by years end and look forward to celebrating with them as they start their new lives.

To date, Habitat Pinellas has completed 356 safe, affordable homes in our community. Your support allows us to remain focused on our mission to promote family stability through innovative housing solutions. Our overarching goal is to eliminate substandard housing throughout the county.

Let's build!

Thank you for the support!

Mike Sutton
Chief Executive Officer

P.S. Thought you would enjoy knowing that we are preparing to break ground on the Rosado home in St. Petersburg. People like you keep us building – thank you again!

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION FOR HABITAT FOR HUMANITY OF PINELLAS COUNTY, INC. (REGISTRATION NO. CH2456), MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-435-7352 WITHIN THE STATE OR VISITING THEIR WEBSITE, https://csapp.800helpfla.com/cspublicapp/giftgiversquery/giftgiversquery.aspx. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. Federal Tax ID #59-2509116.

CHARITY NAVIGATOR ★★★★ Four Star Charity

Make-A-Wish®
Central and Northern Florida
Suncoast Region
324 N. Dale Mabry Hwy., Ste. 203
Tampa, FL 33609
813 288-2600
813 288-2605 fax

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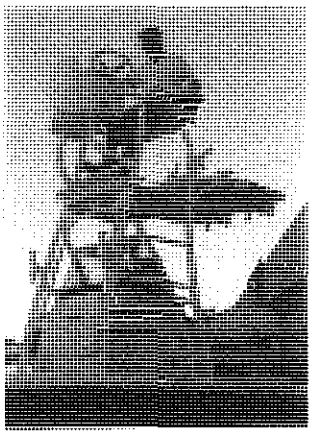
Lisa Andrews
Regional Director

May 12, 2016

Northeast Exchange Club of St Petersburg Florida, Inc.
5447 Haines Rd N Pmb 461
Saint Petersburg, FL 33714-1954

Dear Friends of Make-A-Wish:

You're creating hope, strength and joy for families who are grappling with the life-threatening illness of a child! Your donation in support of the 7th **Annual Wedges for Wishes Golf Tournament** will make wishes come true. Your $1,000.00 donation, received on 5/4/2016, will help Make-A-Wish allow kids to meet their favorite celebrities, send them on shopping sprees or cruises and ensure they have lasting memories to emotionally carry them through dark times as they fight for their young lives.



Because of you, wish kids like, Dylan will get to enjoy his dream boat after his long battle with leukemia. Thank you making it possible to share the power of a wish!®

Seventeen-year-old Dylan, who battled and survived leukemia, wished for a tower to be added to his 22-foot SeaHunt fishing boat. Last September, Dylan's family gathered at the Get-A-Way on Gandy to showcase Dylan's brand new boat tower. Dylan's father, Doug Dykens prepared a speech and described how much hope and joy talking about Dylan's future boat was for their family during the hard parts of Dylan's battle with leukemia.

"One night was particularly bad for Dylan, he was in a lot of pain and he was at a point where I think he couldn't see any bright future. We started talking about a bigger boat, a bay boat that would have a tower, jack plate and a new 4-stoke Yamaha. Dylan knew exactly what he wanted," said Doug Dykens, Dylan's father.

Complete with LED lights, a dual steering system and plenty-of-room for fishing pools, Dylan's custom boat tower was the finishing component of his "dream boat." The final product is exactly what he envisioned during the toughest moments of his treatments. Extraordinary things happen to very sick children when they are given permission to dream about something beyond their grasp. Through your support, we will be able to continue to help children like Dylan. On behalf of our staff and all the children we serve, please know your gift has made a difference.

Warmest wishes,

Kathryn Vroman

Kathryn Vroman
President & CEO

In compliance with regulations established by the Internal Revenue Service, we must state that we have not provided you with any goods or services in exchange for this contribution. Make-A-Wish of Central and Northern Florida is a 501(c)(3) nonprofit organization. Your contribution is tax deducible to the extent allowed by law. Please retain this document for your records. It is necessary so that you may take the federal income tax deduction for this contribution.

A copy of the official registration and financial information for Make-A-Wish® Central and Northern Florida (registration number SC-07620) may be obtained from the Division of Consumer Services by calling toll-free (800) 435-7352 within the state. Registration does not imply endorsement, approval or recommendation by the state. Make-A-Wish does not retain the services of external solicitors, fund raising consultants or telemarketing companies and 100% of your donation is received by our organization.

We Grow Great Grown-Ups.

POLICE ATHLETIC LEAGUE OF ST PETERSBURG, INC.
1450 16th Street North, St. Petersburg, Florida 33704 ★ Office: (727) 898-7188 ★ Fax: (727) 302-0055

April 8, 2016

Board and Membership
Northeast Exchange Club
5447 Haines Rd N
PMB 461
St. Petersburg, FL 33714

Dear NEX Board and Membership,
I just opened the letter from the Northeast Exchange Club with a check for $15,800 enclosed! I am not sure how to express our gratitude. Over the nearly 30 months I have been the Executive Director at PAL, the Northeast Exchange Club has been wonderful partner enabling us to reach so many more children, particularly those in need.

As you can imagine, parents are already seeking a safe place for their children for summer in the Midtown community. Having the funds provided by the Exchange Club gives us the confidence that we can provide for those that cannot afford to come to PAL. In fact, we now know for certainty that we can provide maximum assistance for over 75% of the children enrolling at Midtown because of your support!

We are planning other exciting programs for the Midtown location, and of course adding air conditioning to our Woodlawn facility has been a huge benefit. As we approach the 2016 summer, we are expecting 150 children between our two locations.

We see as our goal, to provide multiple opportunities to engage in activities for these youngsters so they can grow up safely and avoid the snares that catch so many of the area's youth and lead them into a life of crime. Thank you so much for your partnership with and for your confidence in PAL to help the kids Grow up to be Great Grown-ups.

Best wishes,

Doug Linder
Executive Director

cc: John Ullrich

Police Athletic League of St. Petersburg, Inc. is a nonprofit charitable organization. Federal ID: 59-2069508. Please note for IRS purposes your contribution is tax deductible to the extent of the law. [illegible]
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[illegible] OR RECOMMENDATION BY THE STATE. [illegible]
[illegible] AND ITS AUDIT INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE WITHIN THE STATE, REGISTRATION DOES NOT IMPLY [illegible]
[illegible] NOT APPROVED OR RECOMMENDED BY THE STATE. [illegible]

Ready for Life.
BEYOND FOSTER CARE

4000 Gateway Centre Blvd., Suite 200 • Pinellas Park, FL 33782
(727) 954-3989 • kmize@readyforlifepinellas.org • www.readyforlifepinellas.org

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Michelle Walag

April 19, 2016

NE Exchange Club of St. Petersburg, FL Inc.
PO Box 10942
St. Petersburg, FL 33733

Dear N.E. St. Pete Exchange Club Board & Members,

On behalf of the staff, board, volunteers and most importantly the young adults thank you SO much for your generous investment of $15,000.00 to Ready for Life. **Your generosity and constant support allows RFL to provide hope to young adults that have "aged out" of the foster Care system.** Your support has provided our organization the resources needed to continue to serve and expand services to such an amazing and resilient population.

As you know, Ready for Life has become an important organization in the care, development, and advocacy for youth who are aging out of foster care. Together we line beside these young adults and help them fill life skills and learning gaps; navigate obstacles they face as new adults on their own; and create a family-like sense of belonging they have been missing most of their lives.

"Over the past seven years you guys have had my back like the mothers I never had. Thank you so much for always being there for me and Aaryn. You both are my voice of reason when I need to plan my life or just cry. To be honest you both taught me it was ok to cry. I truly love RFL because they are my family."

Words cannot express how grateful we are for the amount of time, energy and financial support your members provide at Ribfest so that we can receive this kind of donation. Our community is stronger due to groups such as the NE St. Pete Exchange Club. Thank you again for including RFL and know that your investment is truly providing HOPE to so many young adults "aging out" of the foster care system.

Sincerely,

Kathy Mize Plummer
Executive Director

Thank you so much!

Donation details for your tax records.

No goods or services were received in consideration for this contribution.

Gift Date: 4/10/2016 $15,000.00

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE REGISTRATION NUMBER 26-4032979. RFL SOLICITS 100% OF ITS CONTRIBUTIONS AND DOES NOT CONTRACT PROFESSINAL SOLICITORS.

Mission:
To engage foster care youth, private citizens and public resources to assist Pinellas County foster youth in a successful transition to adulthood.

Shepherd's VILLAGE

A Christ-Centered Residential Ministry of

NewLife SOLUTIONS
Serving Tampa Bay by providing resources for life's decisions

1910 East Bay Drive, Largo, FL 33771
info@shepherdsvillage.com

(727) 216-1402 x508
www.shepherdsvillage.com

April 12, 2016

Northeast Exchange Club Of
St. Petersburg, Florida
5447 Haines No. PMB 461
St. Petersburg, FL 33714

Dear Northeast Exchange Club Board,

On the behalf of Shepherd Village, I would like to extend my most heartfelt thank you for your generous donation of $3,480.00 for two pairs of laundry units. The single mothers have greatly missed the convenience of doing their laundry at Shepherd's Village.

We would be happy to volunteer at the Ribfest in November, please let us know how we can serve. We look forward to seeing you then.

Thank you again for approving the funds for this project and helping the single-parent families at Shepherd's Village.

God bless,

Dr. Phyllis Alderman
Founder & Director

Pinellas Community Foundation

Shepherd's Village is a 501-C-3 not for profit organization. Shepherd's Village Inc. registers annually under Florida Statute 496. Statute 496.705 reads as follows: "A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. "The State of Florida Solicitation number for Shepherd's Village, Inc. is CH10301.

TWO MEN AND A TRUCK. "Movers Who Care."

We Grow Great Grown-Ups.

POLICE ATHLETIC LEAGUE OF ST PETERSBURG, INC.
1450 16th Street North, St. Petersburg, Florida 33704 ★ Office: (727) 893-7138 ★ Fax: (727) 502-0155

April 8, 2016

Board and Membership
Northeast Exchange Club
5447 Haines Rd N
PMB 461
St. Petersburg, FL 33714

Dear NEX Board and Membership,
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Best wishes,

Doug Linder
Executive Director

cc: John Ullrich

Police Athletic League of St. Petersburg, Inc. is a nonprofit charitable organization, Federal I.D. #59-1060508. Please note for IRS purposes your contribution is tax deductible to the extent of the law. "A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE." 800-435-7352.

SUNCOAST
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8550 Ulmerton Road, Suite 255 • Largo, FL 33771 • 727-582-3609
info@suncoastvoices.org • www.suncoastvoices.org

2016

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April 22, 2016

Northeast Exchange Club
5447 Haines Road N PMB 461
St. Petersburg FL 33714

Dear Friends at Northeast Exchange Club:

On behalf of Suncoast Voices for Children, I would like to thank you for your generous support and donation of $15,000.00. Your gift will truly make a difference in the lives of abused, abandoned and neglected children here in our local area. Making a difference in the lives of hurting children is what Suncoast Voices for Children has been doing for the past twelve years

Thanks to generous supporters and donors like your members, Suncoast Voices is helping to provide normalcy for this special group of underserved children. Our goal is for every child in the child dependency system to have everything required to meet their physical, psychological, social and educational needs so they will develop the skills necessary to transition to a productive adulthood. Our vision is that every child has that opportunity.

On behalf of the children we serve, thank you for sharing and promoting our vision through your support. Please use this letter as your gift receipt.

Sincerely,

Cynthia B. Faulhaber

Cynthia B. Faulhaber
President

No goods or services were received in consideration for this contribution. FEDERAL ID 20-1133518 A COPY OF THE OFFICIAL REGISTRATION (CH17978) AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800) 435-7352, WITHIN THE STATE, OR THE WEBSITE www.freshfromflorida.com. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.

Supported by:

Pinellas Community Foundation

COMMUNITY FOUNDATION

Please remember us in your will.

the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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600 1st Avenue N., Ste. 201
St. Petersburg, FL 33701
Phone: 727-895-9622

JIM & HEATHER GILLS YMCA
3200 1st Avenue S.
St. Petersburg, FL 33712
Phone: 727-328-9622

BARDMOOR YMCA & PRESCHOOL ACADEMY
8495 Bryan Dairy Road
Largo, FL 33777
Phone: 727-394-9622

CHILDS PARK YMCA
691 43rd Street S.
St. Petersburg, FL 33711
Phone: 727-209-9622

SPEER YMCA PRESCHOOL ACADEMY
2100 26th Ave. S.
St. Petersburg, FL 33712
Phone: 727-822-2156

HARBORDALE YMCA
2421 4th Street S.
St. Petersburg, FL 33705
Phone: 727-821-9348

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EX-OFFICIO
David W. Jezek
President/CEO

April 14, 2016

David Salverson
Northeast Exchange Club of St. Petersburg, Florida
100 2nd Ave S Ste. 600
St. Petersburg, FL 33701-4336

Dear David,

Thank you for your support of the 2016 YMCA Neighbor-to-Neighbor Christmas Program! Your gift of $5,000.00 helps provide the magic and nostalgia of the Christmas season for the underserved children and families of our community.

Embracing the true meaning of social responsibility, the YMCA of Greater St. Petersburg brought the spirit of Christmas to 1105 adults and youth in 2015, the 25th Anniversary of the program. Each family was eligible to receive a live tree, tree stand, decorations, a Publix gift card, and toys, books, games and bikes for the children.

Because our mission centers around strengthening community, we spread the joy all year long. In addition to the Christmas initiative, each child is receiving a full season of youth sports or swimming lessons, and each parent has access to free educational workshops.

As you know, the YMCA Neighbor-to-Neighbor Christmas Program exists because of the support of community advocates like you. When you give to the Y, you make a meaningful, enduring impact right in your own neighborhood.

Thank you for strengthening our community through your continued support of the Neighbor-to-Neighbor Christmas Program. We are better together.

For a better us.

Sincerely,

David W. Jezek
President/CEO

David,
We appreciate the ongoing support over the years from the Northeast Exchange Club. Together we can do so much more!
Thanks,

Please retain this letter for your tax records. The YMCA of Greater St. Petersburg is a non-profit organization which has not provided you with any goods or services in exchange for your gift.

TAMPA BAY WATCH
Restoring the Bay Every Day

3000 Pinellas Bayway South
Tierra Verde, FL 33715

Tel: 727.867.8166
Fax: 727.867.8188
TAMPABAYWATCH.ORG

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100% Total Recycled Fiber

April 11, 2016

Northeast Exchange Club of St. Petersburg, FL
c/o Gregory, Sharer & Stuart
100 2nd Ave South, Suite 600
St. Petersburg, FL 33701-4336

Dear Friends,

On behalf of the entire Tampa Bay Watch family, I thank you for your recent contribution. Your very generous gift, in the amount of $15,000, paid by check number 7180 and received on April 9, 2016, will make an immediate positive impact on our Estuary EDventures programs.

As you know, Tampa Bay Watch strives to provide free educational field trip opportunities to school children from economically disadvantaged schools. Just last year, and thanks to your support, Tampa Bay Watch provided 440 academically at-risk students and 49 educators the opportunity to participate in the Estuary EDventures program at no cost to the school. In our experience, many of these children have never had the opportunity to be on the water in a boat or explore the beach.

In addition, last year we engaged more than 7,400 students in hands-on restoration activities, and 1713 volunteers committed their time and talents to help us build 15,471 square feet of oyster shell bar, and plant more than 50,000 plugs of salt marsh to help restore seven miles of shoreline in Tampa Bay. A bay that provides approximately $22 billion to the region's economic value. Another reason your support is so critical to our mission to educate others in the value of a clean bay.

We are honored that you have once again chosen to invest in Tampa Bay Watch in such a significant way. Thank you for sharing our commitment to protecting and restoring our spectacular Bay waters and engaging our youth in hands-on environmental education to ensure our Bay is protected for future generations.

Sincerely,

Peter A. Clark
President

No goods or services were provided for this contribution. Retain this letter for tax purposes. 100% of each contribution supports Tampa Bay Watch, Inc. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION FOR TAMPA BAY WATCH, INC. (CH4736) MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.

Angels
Against Abuse, Inc.

April 13, 2016

Thank You

Sandra L. Kearney
Founder

Nicole Spinelli
Vice-President

Valerie Rankin
Secretary

Blakemore Kearney
Treasurer

Rebecca W. Hudson
General Counsel

Executive Board
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Sandra L. Kearney
Valerie Rankin
Nicole Spinelli

Northeast Exchange Club
Of St. Petersburg, FL
100 Second Avenue Suite 600
St Petersburg, FL 33701

To Whom It May Concern,

On behalf of Angels Against Abuse, Inc. we would like to thank the NE Exchange Club for their generous donation in the amount of $5000 to our organization. Last year the NE Exchange Club had requested that their donation to the Angels be used towards the Guardian ad Litem Gas Card Program, so if there is a designation for this year, please let me know so we can make sure it is properly applied. The Angels are so grateful to the Exchange Club for their years of support to our organization because without your support, we would not have been able to make the difference in the lives of the children and youth in our community who depend us who have been abused and neglected. Thanks to organizations like the NE Exchange Club, we can give these children HOPE for a better tomorrow. We hope we see some of you at this year's Blue Ribbon Gala April 30th. If you need details please let me know.

The NE Exchange Club has been one of the Angel's biggest supporters over the past and it is only because of this support that we can continue to sustain the programs we provide. From the bottom of our hearts "thank you".

Thank You

Sandy Kearney, Founder
Angels Against Abuse

Federal Tax ID#26-3694664
11300 4th Street North, Suite 200 . St. Petersburg, FL . 33716
Angels Against Abuse is a 501(c)(3) nonprofit organization, Federal Tax ID#26-3694664
Florida Dept of Agriculture & Consumer Services Registration No. CH29470

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USF: UNSTOPPABLE®

@00743447
64

Northeast Exchange Club
ATTN: Mr. Ken Haas, Treasurer
PMB 461
5447 Haines Road N
Saint Petersburg, FL 33714-1954

PLEASE SAVE THIS RECEIPT FOR TAX PURPOSES

NO GOODS OR SERVICES WERE PROVIDED IN EXCHANGE FOR THE GIFT AMOUNT OF YOUR CONTRIBUTION

Date: 04-07-2016 *Total Check or Cash amount* $2,000.00 *Gift # :* 2602179

Designation	*Gift Amount*
USF SP Family Study Center Operating Fund	$2,000.00

Your gift may be submitted for a matching gift from the state if the intended use specified for your gift is consistent with the criteria of one of the state's matching gift programs.

The University of South Florida Foundation, Inc. is a 501(c)(3) tax-exempt organization soliciting tax-deductible private contributions for the benefit of the University of South Florida. The Foundation is registered to solicit charitable contributions with the appropriate governing authorities in all states requiring registration. The organization is located at 4202 E. Fowler Ave., ALC 100, Tampa, FL 33620. Financial and other information about the University of South Florida Foundation's purpose, programs and activities can be obtained by contacting the Office of Donor Relations & Stewardship, 4202 E. Fowler Ave., ALC 100, Tampa, FL 33620 or by calling (813) 974-2035.

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CONTRIBUTIONS ARE DEDUCTIBLE FOR FEDERAL INCOME TAX PURPOSES IN ACCORDANCE WITH APPLICABLE LAW . **REGISTRATION IN A STATE DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION OF THE UNIVERSITY OF SOUTH FLORIDA FOUNDATION BY THE STATE .**

Northeast Exchange Club's Ribfest
Rockin' Ribs Helpin' Kids

Northeast Exchange Club of St. Petersburg, Florida

January 3, 2017

Amy Foster, Council Chair
City of St Petersburg Florida
P.O. Box 2842
St. Petersburg, Florida 33731

Re: Request to sell "Hard Liquor" at Ribfest 2017

Dear Ms. Foster:

On November 10th, 11th and 12th of this year, the Northeast Exchange Club of St. Petersburg, Florida, Inc. (NEX) will be putting on its 28th Ribfest. NEX is in the process of obtaining the necessary permits to put on this event in the Vinoy Park.

As we did at Ribfest 2016, NEX is planning to sell "Hard Liquor" provided we can once again obtain sponsors for their products. On July 22, 2010 the City Council approved NEX to sell liquor product at Ribfest 2010 and subsequently allowed NEX to sell liquor products at Ribfest 2011, 2012, 2013, 2014, 2015 and 2016.

For the city, if there is anything else we need to do in order to sell "Hard Liquor" at Ribfest 2017, please do not hesitate to contact me. Thank you for your help in this matter.

Sincerely,

David S. Hood, Vice President, Ribfest Chair
Northeast Exchange Club of St. Petersburg Florida, Inc.

cc: Chris Taylor
Gail Clark
Tom Whiteman
John Ullrich

5447 Haines Road No. PMB 461, St. Petersburg, FL 33714

EZShield™ Check Fraud Protection for Business

7212

NORTHEAST EXCHANGE CLUB
OF ST PETERSBURG FLORIDA INC
RIBFEST ACCOUNT
5447 HAINES RD N PMB 461
SAINT PETERSBURG, FL 33714

63-215-631

DATE 1/3/17

PAY TO THE ORDER OF City of St Petersburg $ 900.00

Nine hundred no/100 DOLLARS

Security Features Included. Details on Back.

SUNTRUST ACH RT 061000104

FOR Vinoy Park Permit. RibFest 2017 Todd R.

⑈0000721 2⑈ ⑆063102152⑆ 1000163125387⑈

Contract/Permit

st. petersburg parks & recreation

Contract #: 19335
Date: 18 Jan 2017

User: DWBurns
Status: Firm

NORTHEAST EXCHANGE CLUB OF ST PETERSBURG
CHRIS TAYLOR
100 2ND AVE S STE 600
ST PETERSBURG FL 33701 USA

Primary #: (727) 528-3828
Secondary #: ()
Other #: ()

Purpose of Use: RIBFEST

Expected: 35,000

Co-Sponsored Event

Contract Balance $0.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: Starting: Mon 06 Nov 17 06:00 am Ending: Tue 14 Nov 17 12:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Mon	06 Nov 2017	06:00 AM	$0.00	$900.00	$0.00	$900.00
Park		14 Nov 2017	12:00 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 (Vinoy)	198:00	3	$900.00	$0.00	$900.00
		3	$900.00	$0.00	$900.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$930.00	$0.00	$930.00	$0.00	$930.00	$0.00	($900.00)

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
16 Feb 2016	$930.00	Check	Rental	2501156

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 TAYLOR

NORTHEAST EXCHANGE CLUB OF ST PETERSBURG
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.

Turned in 1/11/17

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

Date Received: 1/6/17
Check or Cash: ~~Pending~~ Paid
Application #: 6
Packet: A
Permit #: 19331

Event Title: Folkfest St Pete 2017 Phone No.: (727) 825-0515 Fax No.: 825-0525
Entity Name: Creative Clay, Inc Federal I.D. Number:
Event Date(s): Nov. 4th & 5th, 2017 Location: Central Ave (between 11th & 13th)
Day 1 of Event: Nov 4th Time Gates Open: 10 am Ending Time: 10 pm
Day 2 of Event: Nov. 5th Time Gates Open: 10 am Ending Time: 8 pm
Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared by: Emily Turnage Phone: (727) 825-0515
Title: Director of Folkfest St. Pete Cell Phone: (727) 409-0986
Address: 1114 Central Ave City: St. Pete State: FL Zip: 33705
Email Address: Emily@creativeclay.org
Additional Contact Person: Kim Dohrman Day Phone: (727) 825-0515
What month/year were you incorporated as nonprofit? 5/1995
List all 501(c)3 entities that will benefit from this event. Creative Clay, 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.

Free music and art show that brings together people from all over the Southeast United States (Art collectors + music fans)
It also raises awareness about art accessibility and Creative Clay

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

Visitors from outside Tampa Bay Zip Codes
All visitors coming to the EDGE district to spend at local shops + restaurants. Awareness of St. Pete organizations and people.

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: N/A Day of: N/A
Please provide the website address for your event. www.folkfeststpete.org
Please provide a phone number that can be advertised to the public. (727) 825-0515
What is the estimated attendance for this event? Spectators 5,000 Participants 200 Last Year's Total Attendance 2,000

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

Recreation Equipment

Showmobile (Yes/No) Yes

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

Tables (6 ft) # needed 25 Chairs # needed 60

Public Address System No

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

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: Emily Turnage Title: Director Folklife Date: 1/9/17

Co-Sign: Kim Dehrman Title: Ex. Dir. of Creative City Date: 1/9/17

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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
☑ Public Invited		General Liability Insurance
☐ Located In Park		Park Permit
☐ Vending Product / Merchandise Sales		Occupational License
☐ Vending Food / Beverage		Health Inspection
☑ Vendors / Exhibitors	How many? 70	
☑ Vending Beer / Wine		Alcohol Permit Additional Insurance Required
☑ Erecting Tents - Larger than 10ft x 12ft	How many? 2 of 3	Temporary Structure Permit
☐ Fence Installation	What type?	Temporary Structure Permit
☑ Other Structures	What structure? 10 x 10 tents	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☑ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☑ Staging	☐ Professional ☐ Showmobile ☐ Other	
☑ Amplified Sound	☑ Performers ☐ Announcement Only	
☑ Security	☐ Daytime - Private ☒ Overnight - Private ☐ Event Time Frame - SPPD	
☑ Sanitary Facilities - Port-O-Lets	Regular Units 3 Disabled Units 1 Hand Washing 1	
☑ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

☐ Other:

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

Beer truck and Freeman's Ice Bin
Run on a Suncoast Rented Generator,
as does our sound system.

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? Ken Olsen Sound

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: Creative Clay Phone: (727) 805-0515

Address (including zip): 1114 Central Ave, St. Petersburg, FL 33705

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

1 stage, Folk, folk rock. 15-20 bands

List Vending Products. Name & Provider.

Folk art and crafts vended by the artists.

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

Creative Clay

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

Awareness and fundraising by donation for Creative Clay
Making the arts accessible.

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

Would like to close Central Ave by 2pm on
Friday for set-up.

Other Comments: Please describe your fee structure.

Admission by donation.
Vendors donate $150 to
participate.

Other comments:

Art festival, music festival, family
zone, food and drink!

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: Festival Dir. Date: 1/9/17

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 $1,000.00 late fee.

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

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

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

st.petersburg
www.stpete.org

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Creative Clay, Inc.

Name of Responsible Party (President or CEO ONLY): Kim Dohrman

Title of Responsible Party: Executive Director, CEO

Physical Address of Responsible Party: 1114 Central Ave, St. Pete, FL 33705

Phone Number of Responsible Party: (727) 825-0515

Email Address of Responsible Party: Kim@creativeclay.org

Nonprofit (Employee Identification Number): 59-3330595

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

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www.stpete.org

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.	Sponsors	$25,500.00
2.	Donations	$13,329.00
3.	Grants	$5,000.00
4	Booth Fees	$2,850.00
5.	Receipts at Event	$3,892.00
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$50,571.00

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

1.	City	$6,464.00
2.	Insurance and permits	$1,122.00
3.	Event Management	$829.00
4	Marketing	$8,369.00
5.	Equipment, Music, Sound, Beer, Security, Misc. Supplies	$21,751.00
6.		
7.		
8.		
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$38,535.00
	TOTAL NET INCOME	$12,036.00

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: Date:

Print Application

Submit Application by Email

st.petersburg

City of St. Petersburg

DESIGN O' FRESCO
RAINER SCHEER
4909 GULF DR STE 1B
HOLMES BEACH, FL 34217 USA

Receipt #: 2710131
User: DWBurns
Issued: Wed 18 Jan 17 08:42 am

Description	Amount
Previous Balance	$230.00
Applied To: 19333 - CHILLOUNGE NIGHT North Straub Park - Park November 16, 2017 6:00 am to November 20, 2017 12:00 pm	$30.00
Payment: Check	($30.00)
Balance	$200.00

APPROVED REFUNDS ARE BY CHECK ONLY

Contract/Permit

st. petersburg parks & recreation

Contract #: 19331
Date: 18 Jan 2017

User: DWBurns
Status: Firm

CREATIVE CLAY INC
KIM DOHRMAN
1124 CENTRAL AVE
ST PETERSBURG FL 33705 USA

Primary #: (727) 825-0515
Secondary #: ()
Other #: ()

Purpose of Use: FOLKFEST 2017

Expected: 5,000

Co-Sponsored Event

Contract Balance $0.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: Starting: Sat 04 Nov 17 10:00 am Ending: Sun 05 Nov 17 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Special Programs	Sat	04 Nov 2017	10:00 AM	$0.00	$0.00	$0.00	$0.00
Special Event		05 Nov 2017	09:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	$30.00	$0.00	$30.00
				$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	$30.00	$0.00	($340.00)

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
22 Feb 2013	$30.00	Check	Rental	1873007

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) **KIM DOHRMAN**

CREATIVE CLAY 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

_____ ☐ Approved or ☐ Rejected Date: _____
Supervisor II / Foreman

_____ ☐ Approved or ☐ Rejected Date: _____
Manager

st. petersburg parks & recreation

Contract/Permit

Contract #: 19331
Date: 18 Jan 2017

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.

FLORIDA DEPARTMENT of STATE DIVISION OF CORPORATIONS

Sunbiz.org Division of CORPORATIONS

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Not For Profit Corporation
CREATIVE CLAY INC.

Filing Information

Document Number	N95000002251
FEI/EIN Number	59-3338595
Date Filed	05/08/1995
State	FL
Status	ACTIVE

Principal Address

1114 CENTRAL AVE
SAINT PETERSBURG, FL 33705

Changed: 09/18/2013

Mailing Address

1114 CENTRAL AVE
SAINT PETERSBURG, FL 33705

Changed: 09/18/2013

Registered Agent Name & Address

DOHRMAN, KIMBERLY M
1114 CENTRAL AVENUE
SAINT PETERSBURG, FL 33705

Name Changed: 07/15/2011

Address Changed: 09/18/2013

Officer/Director Detail

Name & Address

Title CEO

DOHRMAN, KIMBERLY M
1114 CENTRAL AVENUE
SAINT PETERSBURG, FL 33705

Title President

Kennedy, Sean

1114 CENTRAL AVENUE
SAINT PETERSBURG, FL 33705

Title VP

Jackson, Melanie
1114 CENTRAL AVENUE
ST. PETE, FL 33705

Annual Reports

Report Year	Filed Date
2015	01/16/2015
2016	01/22/2016
2017	01/09/2017

Document Images

01/09/2017 -- ANNUAL REPORT	View image in PDF format
01/22/2016 -- ANNUAL REPORT	View image in PDF format
07/27/2015 -- AMENDED ANNUAL REPORT	View image in PDF format
01/16/2015 -- ANNUAL REPORT	View image in PDF format
01/30/2014 -- ANNUAL REPORT	View image in PDF format
09/18/2013 -- AMENDED ANNUAL REPORT	View image in PDF format
01/16/2013 -- ANNUAL REPORT	View image in PDF format
01/05/2012 -- ANNUAL REPORT	View image in PDF format
07/15/2011 -- Reg. Agent Change	View image in PDF format
06/22/2011 -- Reg. Agent Resignation	View image in PDF format
06/02/2011 -- ANNUAL REPORT	View image in PDF format
01/05/2011 -- ANNUAL REPORT	View image in PDF format
02/17/2010 -- ANNUAL REPORT	View image in PDF format
01/17/2009 -- ANNUAL REPORT	View image in PDF format
01/11/2008 -- ANNUAL REPORT	View image in PDF format
03/19/2007 -- ANNUAL REPORT	View image in PDF format
01/05/2006 -- ANNUAL REPORT	View image in PDF format
01/18/2005 -- ANNUAL REPORT	View image in PDF format
02/12/2004 -- ANNUAL REPORT	View image in PDF format
03/03/2003 -- ANNUAL REPORT	View image in PDF format
07/11/2002 -- ANNUAL REPORT	View image in PDF format
01/24/2001 -- ANNUAL REPORT	View image in PDF format
02/09/2000 -- ANNUAL REPORT	View image in PDF format
04/14/1999 -- ANNUAL REPORT	View image in PDF format
04/14/1998 -- ANNUAL REPORT	View image in PDF format
05/20/1997 -- ANNUAL REPORT	View image in PDF format
07/18/1996 -- ANNUAL REPORT	View image in PDF format
05/08/1995 -- DOCUMENTS PRIOR TO 1997	View image in PDF format

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

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www.stpete.org

st. petersburg parks & recreation

Date Received: 1/9/18
VISA ~~Check or Cash~~: $230.00
Application #: 7
Packet: A
Permit #: 19256

Event Title: Making Strides Against Breast Cancer | Phone No.: 727-812-7025 | Fax No.: 727-545-3753

Entity Name: American Cancer Society | Federal I.D. Number: 13-1788491

Event Date(s): October 14, 2017 | Location: Vinoy Park Mole

Day 1 of Event: October 13, 201 | Time Gates Open: 8AM | Ending Time: 6PM

Day 2 of Event: October 14, 201 | Time Gates Open: 6AM | Ending Time: 12PM

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

Application Prepared by: Cindi Crisci | Phone: 727-812-7025

Title: Community Manager | Cell Phone: 727-432-1622

Address: 4801 86th Avenue North | City: Pinellas Park | State: FL | Zip: 33712

Email Address: cindi.crisci@cancer.org

Additional Contact Person: Lynn Webb | Day Phone: 727-812-7011

What month/year were you incorporated as nonprofit? 1913

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

Name of the for-profit entity? n/a

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

Making Strides is our community's opportunity to honor breast cancer survivors, educate women and men about breast cancer prevention and early detection, and raise funds and awareness for the fight against breast cancer.

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

Event participants pay to park, meet for breakfast or lunch in downtown St. Petersburg, shop and utilize local hotels.

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

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

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.makingstrideswalk.org/pinellas

Please provide a phone number that can be advertised to the public. 727-546-9822

What is the estimated attendance for this event? Spectators Participants 6000 Last Year's Total Attendance 5000

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

Recreation Equipment

Showmobile (Yes/No) YES

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

Tables (6 ft) # needed 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:	Cynthia Crisci	Title:	Community Manager	Date:	12/19/16
Co-Sign:	Cathy Vallianatos	Title:	Sr. Manager, Community Event	Date:	12/19/16

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 if paid.**

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

PLEASE ATTACH THE FOLLOWING

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

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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? ☐ YES ☒ NO

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

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

Parade Permit will be needed from Police

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

Name: American Cancer Society Phone: 727-812-7011

Address (including zip): 4801 86th Avenue North, Pinellas Park, FL 33782

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

Deejay
Would like Showmobile please

List Vending Products. Name & Provider.

Complimentary giveaways, snacks and water provided by event sponsors

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

n/a

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

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

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

Tent and Table and sign set up on Friday. (10/13) Portable toilets, water and ice delivered on Friday. Storage unit (POD) delivered on Friday. Sponsors to unload prior to event on Saturday (7 AM)

Other Comments: Please describe your fee structure.

Donation type 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:	Cynthia Crisci	Title:	Community Manager	Date:	12/19/16

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.**

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Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: American Cancer Society

Name of Responsible Party (President or CEO ONLY): Ralph Devito

Title of Responsible Party: Florida Division CEO

Physical Address of Responsible Party: 4801 86th Avenue North, Pinellas Park, FL 33782

Phone Number of Responsible Party: 727-812-7025

Email Address of Responsible Party: cindi.crisci@cancer.org

Nonprofit (Employee Identification Number): 13-1788491

Name of the **For-profit** Corporation: N/A

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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

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

Name of Event: Making Strides Against Breast Cancer
Date(s) of Event: Oct 14, 2017 -

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

		Amount
1.	Sponsorship	$60,000.00
2.	Team Donations	$134,424.92
3.	Individual Walker Donations	$8,991.00
4	General Event Donations (Third Party Fundraisers)	$6,163.00
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$209,578.92

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

1.	Decorations and Signage	$906.00
2.	Print Materials and Event t-shirts	$2,668.71
3.	Rentals: Stage, table chairs, portable toilets	$3,453.00
4	Entertainment (DJ)	$350.00
5.	Logistics, Security, Site Fees (City)	$5,000.00
6.		
7.		
8.		
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$12,377.71
	TOTAL NET INCOME	$197,201.21

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: Cynthia Crisci Date: Dec 19, 2016

Print Application

Submit Application by Email

MAKING STRIDES
Against Breast Cancer®

American Cancer Society®

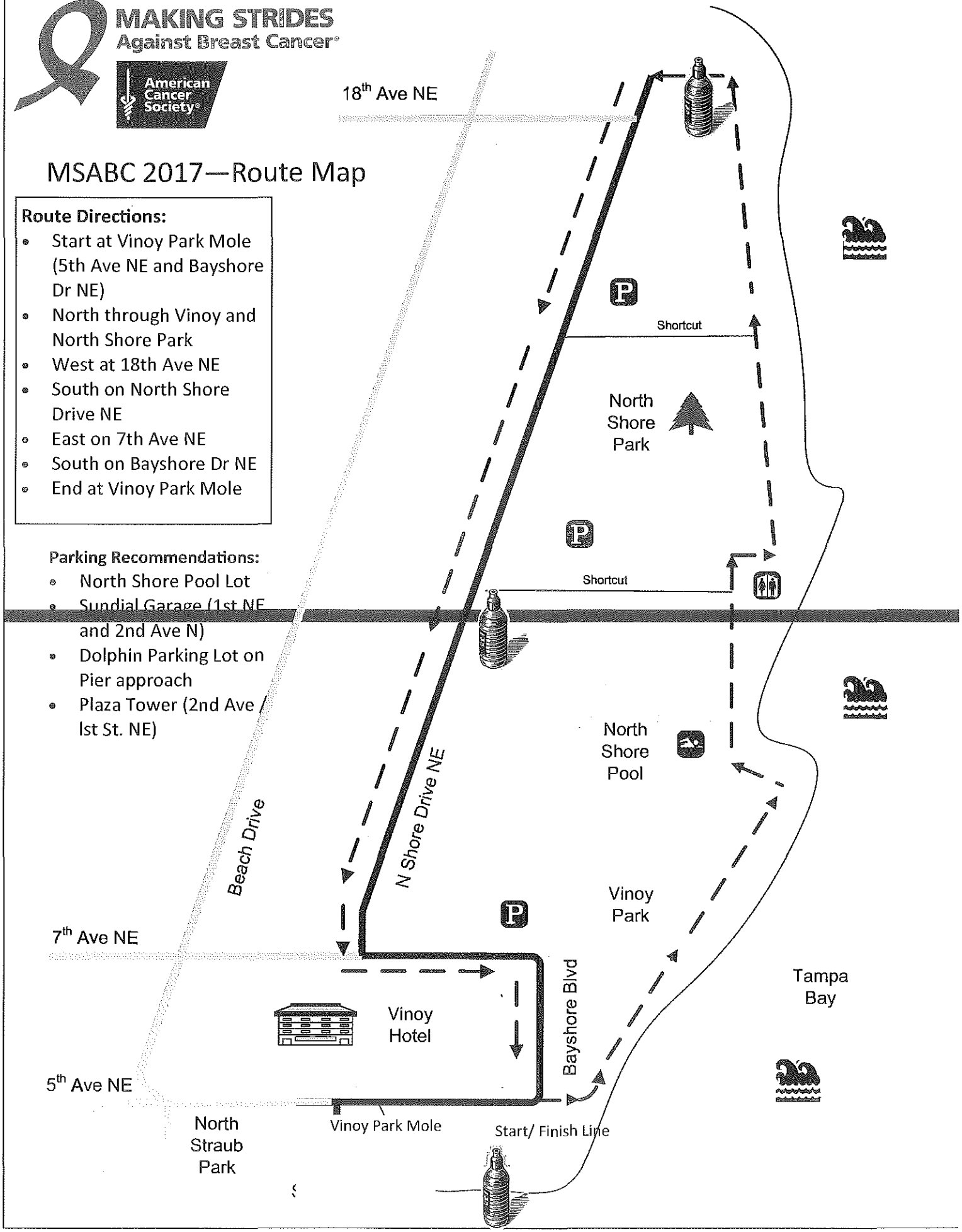
MSABC 2017—Route Map

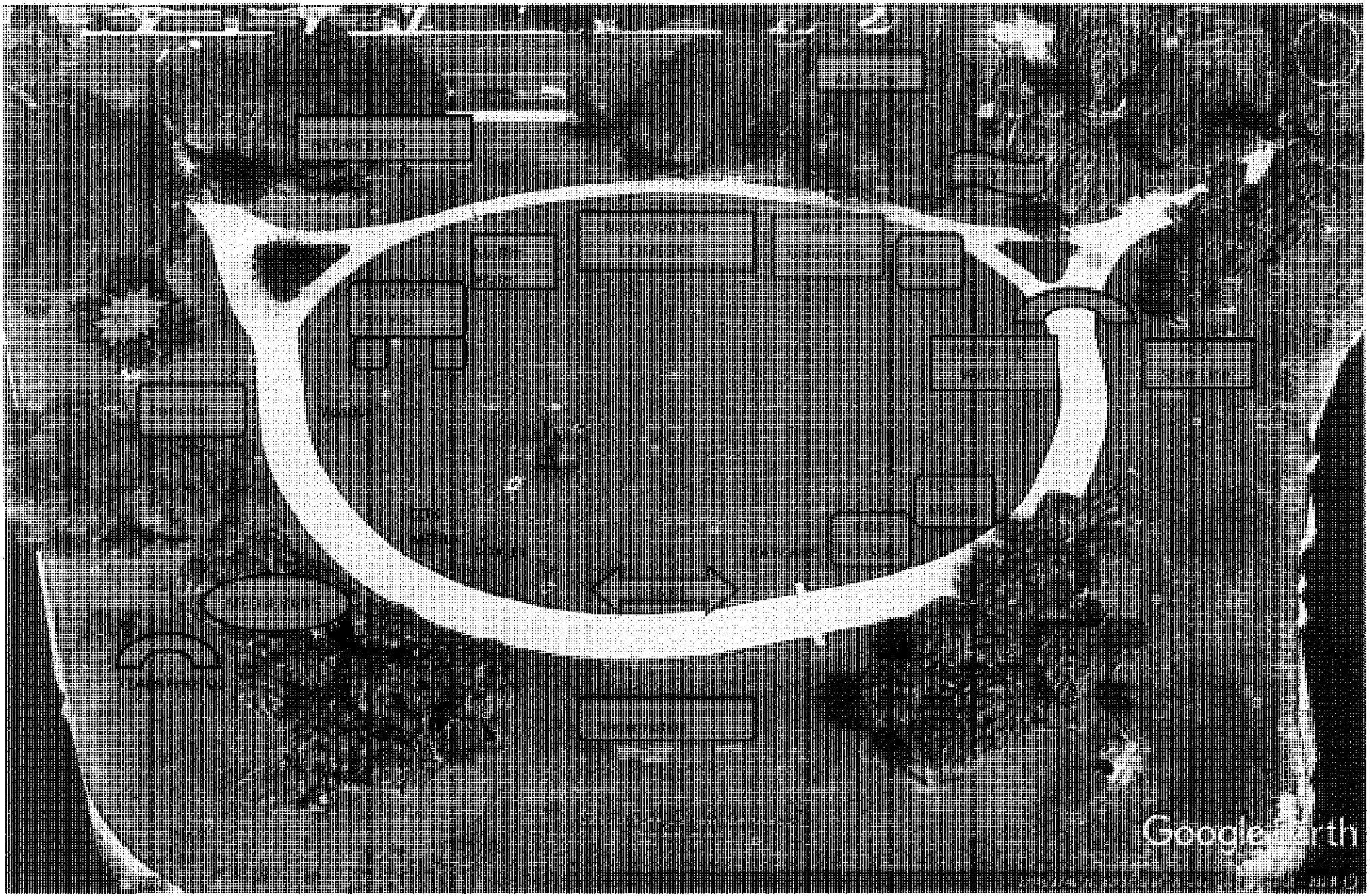
Route Directions:

- Start at Vinoy Park Mole (5th Ave NE and Bayshore Dr NE)
- North through Vinoy and North Shore Park
- West at 18th Ave NE
- South on North Shore Drive NE
- East on 7th Ave NE
- South on Bayshore Dr NE
- End at Vinoy Park Mole

Parking Recommendations:

- North Shore Pool Lot
- Sundial Garage (1st NE and 2nd Ave N)
- Dolphin Parking Lot on Pier approach
- Plaza Tower (2nd Ave / Ist St. NE)





2016 Making Strides Against Breast Cancer of Pinellas

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

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

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

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☑ Other (see instructions) ▶ Non Profit

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
250 Williams Street

Requester's name and address (optional)

6 City, state, and ZIP code
Atlanta, GA 30303

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

or

Employer identification number
1 3 - 1 7 8 8 4 9 1

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ Date ▶ 1-23-15

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

City of St. Petersburg

AMERICAN CANCER SOCIETY
MELISSA WEEST
4801 86TH AVE N
PINELLAS PARK, FL 33782 USA

Receipt #: 2705652
User: SCTegard
Issued: Tue 10 Jan 17 02:27 pm

Description	Amount
Previous Balance	$430.00
Applied To: 19256 - Making Strides Against Breast Cancer Vinoy Park - Mole October 13, 2017 8:00 am to October 14, 2017 3:00 pm	$230.00
Payment: Visa/MasterCard	($230.00)
Balance	$200.00

APPROVED REFUNDS ARE BY CHECK ONLY

Contract/Permit

st. petersburg parks & recreation

Contract #: 19256
Date: 10 Jan 2017

User: SCTegard
Status: Firm

AMERICAN CANCER SOCIETY
CINDI CRISCI
4801 86TH AVE N
PINELLAS PARK FL 33782 USA

Primary #: (727) 546-9822
Secondary #: ()
Other #: ()

Purpose of Use: Making Strides Against Breast Cancer **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: Fri 13 Oct 17 08:00 am** **Ending: Sat 14 Oct 17 03:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Fri	13 Oct 2017	08:00 AM	$0.00	$30.00	$0.00	$30.00
Mole			09:00 PM				
Vinoy Park	Sat	14 Oct 2017	06:00 AM	$0.00	$200.00	$0.00	$200.00
Mole			03:00 PM				

Additional Fees:

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	13:00	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	$230.00	$0.00	$200.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
10 Jan 2017	$230.00	Visa/MasterCard	Rental	2705652

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) CINDI CRISCI

AMERICAN CANCER SOCIETY
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

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.

Detail by Entity Name

Foreign Not For Profit Corporation
AMERICAN CANCER SOCIETY, INC.

Filing Information

Document Number	F01000002790
FEI/EIN Number	13-1788491
Date Filed	05/24/2001
State	NY
Status	ACTIVE
Last Event	CORPORATE MERGER
Event Date Filed	08/30/2012
Event Effective Date	09/01/2012

Principal Address

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

Changed: 04/06/2016

Mailing Address

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

Changed: 04/06/2016

Registered Agent Name & Address

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

Name Changed: 12/13/2012

Address Changed: 12/13/2012

Officer/Director Detail

Name & Address

Title Director

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

Document Images

04/06/2016 -- ANNUAL REPORT	View image in PDF format
03/30/2015 -- ANNUAL REPORT	View image in PDF format
04/03/2014 -- ANNUAL REPORT	View image in PDF format
03/22/2013 -- ANNUAL REPORT	View image in PDF format
12/13/2012 -- Reg. Agent Change	View image in PDF format
08/30/2012 -- Merger	View image in PDF format
03/14/2012 -- ANNUAL REPORT	View image in PDF format
03/03/2011 -- ANNUAL REPORT	View image in PDF format
02/23/2010 -- ANNUAL REPORT	View image in PDF format
03/30/2009 -- ANNUAL REPORT	View image in PDF format
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09/10/2005 -- ANNUAL REPORT	View image in PDF format
06/28/2005 -- Reg. Agent Change	View image in PDF format
11/05/2004 -- REINSTATEMENT	View image in PDF format
07/14/2003 -- ANNUAL REPORT	View image in PDF format
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

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 12/5/16
Check or Cash:
Application #: 8
Packet:
Permit #: 19268

Event Title: St. Petersburg AFSP Out of the Darkness Community Walk Phone No.: 407-415-8757 Fax No.: N/A

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

Event Date(s): October 21, 2017 Location: South Straub Park

Day 1 of Event: 10/21/2017 Time Gates Open: 7:00AM Ending Time: 1:00PM

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

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

Application Prepared by: Tara Sullivan Phone: 407-415-8757

Title: Central and Northern Florida Area Director Cell Phone: 407-415-8757

Address: PO Box 533754 City: Orlando State: FL Zip: 32853

Email Address: tsullivan@afsp.org

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

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

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

Name of the for-profit entity? N/A

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

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

The local chapters offers Youth Mental Health First Aid training which teaches adults that work with youth how to recognize and assist youth that may be in mental health crisis. AFSP Tampa Bay also sponsors safeTALK trainings which are educate those 15 years of age older how to become suicide alert and how to help during a crisis.

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

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

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

Does your group presently have liability insurance? ☒ 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.afsp.org/walks

Please provide a phone number that can be advertised to the public. 407-415-8757

What is the estimated attendance for this event? Spectators 100 Participants 600 Last Year's Total Attendance 800

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

Recreation Equipment

Showmobile (Yes/No) YES

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

Tables (6 ft) # needed 40 Chairs # needed 80

Public Address System

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

Special Events Facilities

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

☐ Non-City Locations

Which Location?

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

POLICE:	Public Safety Personnel, Marine Services
TRAFFIC:	Personnel, Equipment (cones, barricades, no parking signs)
FIRE:	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES:	On-site Presence, Logistics Help, Liaison with Other 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:	Tara	Title:	Central and Northern Florida	Date:	11/15/16
Co-Sign:	Thuy Huyng	Title:	Walk Chair	Date:	11/15/16

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 if paid.**

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

Condition		Obligation
☒ Public Invited		General Liability Insurance
☐ Located in Park		Park Permit
☐ Vending Product / Merchandise Sales		Occupational License
☐ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 11 - 20 Vendors / Exhibitors	
☐ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☐ Erecting Tents - Larger than 10ft x 12ft	How many?	Temporary Structure Permit
☐ Fence Installation	What type?	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☒ Staging	☐ Professional ☒ Showmobile ☐ Other	
☐ Amplified Sound	☒ Performers ☐ Announcement Only	
☐ Security	☐ Daytime - Private ☐ Overnight - Private ☐ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 2 Disabled Units 1 Hand Washing 1	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

☒ Invitations	☒ Radio
☒ Posters / Flyers	☒ Television
☐ Newspaper / Internet	☐ Remote Broadcast

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

Electrical Requirements:

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

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

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

Will you supply your own generators? ☐ YES ☒ NO

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

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

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

Name: Tara Sullivan Phone: 407-415-8757

Address (including zip): PO Box 533754, Orlando, FL 323853

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

Light Rock , Pop, Band DJ/Showmobile

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.

Encouragement to people walking with regards to surviving the loss of a loved one.

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

Load in on Saturday at 7:00am, Loud out by 1:00pm
We request 7 dedicated parking spaces along Bayshore Drive, for 1st Aid, Uhaul, and guest speaker.

Other Comments: Please describe your fee structure.

Free to attend and participate. Walkers are encouraged to raise funds to support their walk.

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: Tara Sullivan Title: Central and Northern Florida Date: 11/15/2016

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.**

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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

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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

Detail by FEI/EIN Number

Foreign Not For Profit Corporation
AMERICAN FOUNDATION FOR SUICIDE PREVENTION, INC.

Filing Information

Document Number	F05000000628
FEI/EIN Number	13-3393329
Date Filed	02/03/2005
State	DE
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	06/20/2012

Principal Address

120 Wall Street, FL 29
New York, NY 10005

Changed: 01/09/2017

Mailing Address

120 WALL ST., FL 29
New York, NY 10005

Changed: 01/09/2017

Registered Agent Name & Address

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470

Name Changed: 06/20/2012

Address Changed: 06/20/2012

Officer/Director Detail

Name & Address

Title Secretary

Killpack, Daniel
120 Wall Street, FL 29
New York, NY 10005

Annual Reports

Report Year	Filed Date
2015	01/12/2015
2016	08/17/2016
2017	01/09/2017

Document Images

01/09/2017 -- ANNUAL REPORT	View image in PDF format
08/17/2016 -- ANNUAL REPORT	View image in PDF format
01/12/2015 -- ANNUAL REPORT	View image in PDF format
04/17/2014 -- ANNUAL REPORT	View image in PDF format
06/24/2013 -- ANNUAL REPORT	View image in PDF format
06/20/2012 -- REINSTATEMENT	View image in PDF format
04/30/2009 -- Reinstatement	View image in PDF format
02/03/2005 -- Foreign Non-Profit	View image in PDF format

Florida Department of State, Division of Corporations

Contract/Permit

st. petersburg parks & recreation

Contract #: 19268
Date: 10 Jan 2017

User: SCTegard
Status: Firm

AMERICAN FOUNDATION FOR SUICIDE PREVENT
TARA SULLIVAN
PO BOX 533754
ORLANDO FL 32853 USA

Primary #: (813) 352-9890
Secondary #: ()
Other #: ()

Purpose of Use: Out of the Darkness Walk **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: Sat 21 Oct 17 06:00 am** **Ending: Sat 21 Oct 17 04:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
South Straub Park	Sat	21 Oct 2017	06:00 AM	$0.00	$230.00	$0.00	$230.00
Park			04:00 PM				

Additional Fees:

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	10:00	1	$30.00	$0.00	$30.00
Co-Sponsored Park Permit Fee	10:00	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
Saturday, Oct 7,2017	$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) TARA SULLIVAN

AMERICAN FOUNDATION FOR SUICIDE PREVENT
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

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st. petersburg parks & recreation

Date Received: 12/30/16
Check or Cash: 17288 $250.00 PA
Application #: 9
Packet: A
Permit #: 19166

Event Title: PurpleStride Tampa Bay 2017 | Phone No.: 310-725-0025 | Fax No.: 310-725-0029

Entity Name: Pancreatic Cancer Action Network | Federal I.D. Number: 33-0841281

Event Date(s): Oct. 27 (set up) - Oct. 28 (event) 2017 | Location: Albert Whitted Park

Day 1 of Event: 10/27/2017 | Time Gates Open: 8:00 AM | Ending Time: 6:00 PM

Day 2 of Event: 10/28/2017 | Time Gates Open: 4:30 AM | Ending Time: 3:00 PM

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

Application Prepared by: Jennifer Pear | Phone: 310-706-3339

Title: Event Manager | Cell Phone: 239-728-8950

Address: 1500 Rosecrans Ave. Ste. 200 | City: Manhattan Bch | State: CA | Zip: 90266

Email Address: jpear@pancan.org

Additional Contact Person: Jennifer McMillon | Day Phone: 310-725-0025

What month/year were you incorporated as nonprofit? 1999

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

Name of the for-profit entity? N/A

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

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

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

The unique course will highlight the beautiful waterfront in St. Petersburg. Many participants travel from across the state to participate and will require accommodations. Many participants also remain downtown after the event and patronize local businesses.

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

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

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

Will there be an admission / registration fee? ☒ YES ☐ NO Advanced Fee: 25 | Day of: 40

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

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

What is the estimated attendance for this event? Spectators 100 | Participants 1300 | Last Year's Total Attendance 1184

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 TBD Chairs # needed TBD

Public Address System No

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

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:	Jennifer Pear	Title:	Event Manager	Date:	12/13/2016
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 if paid.**

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

PLEASE ATTACH THE FOLLOWING

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

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

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

Condition		Obligation
[X] Public Invited		General Liability Insurance
[X] Located in Park		Park Permit
[ ] Vending Product / Merchandise Sales		Occupational License
[ ] Vending Food / Beverage		Health Inspection
[X] Vendors / Exhibitors	How many? 1 - 10 Vendors / Exhibitors	
[ ] Vending Beer / Wine		Alcohol Permit Additional insurance Required
[X] Erecting Tents - Larger than 10ft x 12ft	How many? 3-4	Temporary Structure Permit
[ ] Fence Installation	What type?	Temporary Structure Permit
[X] Other Structures	What structure? Race course start/finish line	Temporary Structure Permit
[ ] Open Flame Food Preparation		Fire Inspection Permit
[ ] Pyrotechnics		Fireworks Permit
[X] Require Street Closure		Parade or Street Closure Permit(s)
[X] VIP Area		
[X] Staging	[X] Professional [ ] Showmobile [ ] Other	
[X] Amplified Sound	[ ] Performers [X] Announcement Only	
[X] Security	[X] Daytime - Private [X] Overnight - Private [ ] Event Time Frame - SPPD	
[X] Sanitary Facilities - Port-O-Lets	Regular Units 12 Disabled Units 2 Hand Washing 2	
[ ] Off-site Parking / Shuttle		
[ ] Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Will you supply your own generators? ☐ YES ☐ NO

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

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

None that we are aware of at this time.

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

Name: Pancreatic Cancer Action Network Phone: 310-725-0025

Address (including zip): 1500 Rosecrans Ave. Ste. 200 Manhattan Beach, CA. 90266

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

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

List Vending Products. Name & Provider.

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

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

N/A

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

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

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

Set up will take place beginning at 9:00 a.m. (or earlier, if possible) the day prior (Friday) to the event on Saturday. Equipment crews will set up tents, tables, chairs, and portable restrooms on-site and the RV will park to store all event supplies. Staff will need four (4) parking spaces. Overnight security will arrive at 6:00 p.m. and need to park on-site as well. Event day set up will begin on Saturday at approximately 4:30 a.m. All vendors to pick up equipment after 11:00 a.m. Saturday. Portable restrooms to be picked up Monday.

Other Comments: Please describe your fee structure.

Adult Registration - $25 (Untimed)/$30 (Timed)
Youth Registration $15 (Untimed)/$20 (Timed)
Survivor and volunteer registration is always free.
Prices will increase as we get closer to event date with all prices increased by $10-$15 on event day.

Other comments:

This will be our 8th annual PurpleStride Tampa Bay. The event has raised over $1,2 million for the fight against pancreatic cancer. Community support has grown over the last several years, including corporate sponsorships, while attendance has remained steady. Marketing efforts are done on both a national level and a grassroots level through the help of volunteers.

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 ncluding, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge hat 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.

certify that the facts contained in this application are accurate.

Name:	Jennifer Pear	Title:	Event Manager	Date:	12/13/2016

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.**

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Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation:	Pancreatic Cancer Action Network
Name of Responsible Party (President or CEO ONLY):	Julie Fleshman
Title of Responsible Party:	President and CEO
Physical Address of Responsible Party:	1500 Rosecrans Ave. Ste. 200, Manhattan Beach, CA. 30266
Phone Number of Responsible Party:	310-725-0025
Email Address of Responsible Party:	scontreras@pancan.org
Nonprofit (Employee Identification Number):	33-0841281

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

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www.stpete.org

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

Name of Event: PurpleStride Tampa Bay 2016
Date(s) of Event: Oct 29, 2016 - Oct 29, 2016

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

		Amount
1.	Registration	$27,651.25
2.	Sponsorship	$40,875.00
3.	Donations	$134,736.87
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$203,263.12

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

1.	Advertising	$4,731.00
2.	Decor	$774.00
3.	Entertainment	$410.00
4	Equipment/Rentals	$7,233.00
5.	Food & Beverage	$1,255.00
6.	Giveaways	$3,281.00
7.	Postage	$276.00
8.	Printing & Copying	$1,822.00
9.	Professional Services	$6,367.00
10.	Supplies	$736.00
11.	T-Shirts	$7,347.00
12.	Venue	$260.00
	TOTAL OPERATING EXPENSES	$34,492.00
	TOTAL NET INCOME	$168,771.12

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

.	Pancreatic Cancer Action Network	$168,771.12
.		
.		
.		
.		
.		
	TOTAL ALLOCATION OF NET INCOME	$168,771.12

repared by: Jennifer Pear Date: 12/13/2016

Print Application

Submit Application by Email

Detail by Entity Name

Foreign Not For Profit Corporation
PANCREATIC CANCER ACTION NETWORK, INC.

Filing Information

Document Number	F05000001056
FEI/EIN Number	33-0841281
Date Filed	02/14/2005
State	CA
Status	ACTIVE

Principal Address

1500 ROSECRANS AVENUE
SUITE 200
MANHATTAN BEACH, CA 90266

Changed: 10/14/2010

Mailing Address

1500 ROSECRANS AVENUE
SUITE 200
MANHATTAN BEACH, CA 90266

Changed: 10/14/2010

Registered Agent Name & Address

LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS STE 400
FORT MYERSE, FL 33907

Name Changed: 09/07/2016

Address Changed: 09/07/2016

Officer/Director Detail

Name & Address

Title Secretary

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

Title P

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

Title Chairman

Laurie MacCaskill
10727 Wilshire Boulevard
802
Los Angeles, CA 90024

Title Director

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

Title Director

Terrence Meck
1201 Broadway
Suite 504
New York, NY 10001

Title Director

Jeanne Ruesch
One Primrose Street
Chevy Chase, MD 20815

Title CFO

Winston, Abigail
1500 ROSECRANS AVENUE
SUITE 200
MANHATTAN BEACH, CA 90266

Annual Reports

Report Year	Filed Date
2014	01/08/2014
2015	02/23/2015
2016	05/23/2016

Document Images

09/07/2016 -- Reg. Agent Change	View image in PDF format
05/23/2016 -- ANNUAL REPORT	View image in PDF format
02/23/2015 -- ANNUAL REPORT	View image in PDF format
01/08/2014 -- ANNUAL REPORT	View image in PDF format
01/23/2013 -- ANNUAL REPORT	View image in PDF format
01/03/2012 -- ANNUAL REPORT	View image in PDF format

01/04/2011 -- ANNUAL REPORT	View image in PDF format
10/14/2010 -- ANNUAL REPORT	View image in PDF format
01/04/2010 -- ANNUAL REPORT	View image in PDF format
01/14/2009 -- ANNUAL REPORT	View image in PDF format
09/04/2008 -- Reg. Agent Change	View image in PDF format
01/11/2008 -- ANNUAL REPORT	View image in PDF format
01/04/2007 -- ANNUAL REPORT	View image in PDF format
03/06/2006 -- ANNUAL REPORT	View image in PDF format
02/14/2005 -- Foreign Profit	View image in PDF format

Contract/Permit

st. petersburg parks & recreation

Contract #: 19166
Date: 30 Dec 2016

User: SCTegard
Status: Firm

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

Primary #: (301) 706-3339
Secondary #: ()
Other #: ()

Purpose of Use: PurpleStride TB 2017 **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:** Fri 27 Oct 17 08:00 am **Ending:** Sat 28 Oct 17 04:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Fri	27 Oct 2017	08:00 AM	$0.00	$30.00	$0.00	$30.00
Park			09:00 PM				
Albert Whitted Park	Sat	28 Oct 2017	06:00 AM	$0.00	$200.00	$0.00	$200.00
Park			04:00 PM				

Additional Fees:

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	13:00	1	$30.00	$0.00	$30.00
Co-Sponsored Park Permit Fee	10:00	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

Rental charges are due according to the following schedule:

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
30 Dec 2016	$230.00	Check	Rental	2699553

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) **JENNIFER PEAR**

PANCREATIC CANCER ACTION NETWORK
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

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

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

Receipt #: 2699553
User: SCTegard
Issued: Fri 30 Dec 16 03:59 pm

Description	Amount
Previous Balance	$0.00
Applied To: 19166 - PurpleStride TB 2017 Albert Whitted Park - Park October 27, 2017 8:00 am to October 28, 2017 4:00 pm	$230.00
Payment: Check	($230.00)
Balance	$0.00

APPROVED REFUNDS ARE BY CHECK ONLY

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

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st. petersburg parks & recreation

Date Received. 1/9/17
Check or Cash. Ck # 948 pd $30
Application #. 10
Packet. A
Permit #: 79267

Event Title: Boley Centers Jingle Bell Run | Phone No. 727-821-4819 | Fax No.: 727-822-6240

Entity Name: Boley Centers, Inc | Federal I D Number: 59-1290089

Event Date(s): 12-13-17 | Location: North Shore South Parking Lot

Day 1 of Event: 12/13/17 | Time Gates Open: 6 PM | Ending Time: 9 PM

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

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

Application Prepared by: Jenine Thornle | Phone: 727-821-4819

Title: Executive Assistant | Cell Phone: N/A

Address. 445 - 31st St. N | City: St Petersburg | State. FL | Zip: 33713

Email Address: jenine.thornley@boleycenters.org

Additional Contact Person: Jeri Flanagan | Day Phone: 727-224-8325

What month/year were you incorporated as nonprofit? 1970

List all 501(c)3 entities that will benefit from this event: Homeless Project

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.

Enhances City quality and image as a sports/healthy entity and adds to the lineup of holiday events.

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

Brings business throughout the downtown area and surrounding eating establishments.

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

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

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

Will there be an admission / registration fee? ☒ YES ☐ NO Advanced Fee $25.00 Day of $30.00

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

Please provide a phone number that can be advertised to the public. 727-821-4819, ext 5700

What is the estimated attendance for this event? Spectators 2,800 Participants 4,000 Last Year's Total Attendance 3,000

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

Recreation Equipment		Special Events Facilities	Non-City Locations
Showmobile (Yes/No)	TBD	Mahaffey Theater	Which Location?
# Bleacher(s) needed. Each bleacher approx. 180 people)		Coliseum	
Tables (6 ft) # needed	Chairs # needed	Sunken Gardens	
Public Address System		Boyd Hill	
# 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 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:	Vice President of Development	Date:	1-10-2017
Co-Sign:		Title:	President/CEO	Date:	1-10-2017

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☒ *Vending Product / Merchandise Sales*		*Occupational License*
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 2 to 5	
☐ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 3	Temporary Structure Permit
☒ Fence Installation	What type?	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☒ VIP Area		
☐ Staging	☐ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☐ Performers ☐ Announcement Only	
☒ Security	☐ Daytime - Private ☐ Overnight - Private ☒ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units Yes Disabled Units Yes Hand Washing Yes	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply

- ☐ Invitations
- ☒ Posters / Flyers
- ☒ Newspaper / Internet
- ☐ Radio
- ☐ Television
- ☐ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☐ YES ☐ NO

If YES, check all that apply ☐ RV'S ☐ Coffee Vendors ☐ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☐ Catering Trucks ☒ Other.

Please explain the details of the above items checked Tell us how much and what type of power they would require.

Will you supply your own generators? ☒ YES ☐ NO

Will your event have a licensed electrician on-site during the event? ☐ YES ☐ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain

No

If City permits, licenses, or services are required for event, who will pay for them?

Name. Boley Centers, Inc Phone:

Address (including zip). 445 - 31st St N, St Petersburg, FL 33713

Type of music, # of stages, and # of bands.

Approximately 15 bands playing holiday music along the course from 7 PM to 8.30 PM

List Vending Products. Name & Provider.

TBD

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

TBD

Explain subject/purpose of all speeches/demonstrations which will occur.

N/A

Discuss your load in/load out parking needs, include times and dates.

TBD & discussed with St. Petersburg Police Department

Other Comments. Please describe your fee structure.

Admission Fee. $25 Adults ($30 race night)
$20 Children ($25 race night)

Other comments.

The Jingle Bell Run is a non-competitive one (1) or three (3) mile fun run which takes participants along the City's beautiful waterfront.

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: Vice President of Development Date 1-10-2017

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.**

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Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Boley Centers, Inc

Name of Responsible Party (President or CEO ONLY) Gary MacMath

Title of Responsible Party President/CEO

Physical Address of Responsible Party 445 - 31st Street North, St Petersburg, FL 33713

Phone Number of Responsible Party 727-224-8329

Email Address of Responsible Party: gary.macmath@boleycenters org

Nonprofit (Employee Identification Number). 59-1290089

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

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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.	Donations	$423.20
2.	Sponsorships	$45,650.00
3.	Registrations	$35,150.00
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$81,223.20

II. EXPENSES (attach sheet if more space is needed)

1.	Total Operational Expenses	$218.52
2.	Advertising	$475.00
3.	Entertainment	$3,900.00
4	City of St. Petersburg Estimate	$7,500.00
5.	Food	$1,518.80
6.	Fundraising expenses	$3,463.45
7.	Fundraising equipment	$1,371.93
8.	Contract Service	$100.00
9.	Glow Necklaces	$552.00
10.	Printing	$2,174.94
11.	Jingle Bells/Elastic	$852.49
12.	Licenses/Permits	$30.00
	TOTAL OPERATING EXPENSES	$38,341.89
	TOTAL NET INCOME	$42,881.31

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

Contract/Permit

st. petersburg parks & recreation

Contract #: 19267
Date: 10 Jan 2017

User: SCTegard
Status: Firm

BOLEY CENTERS FOR BEHAVIORAL HEALTH CARE
JENINE THORNLEY
445 31ST ST N
ST PETERSBURG FL 33713 USA

Primary #: (727) 821-4819
Secondary #: ()
Other #: ()

Purpose of Use: Jingle Bell Run

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: Wed 13 Dec 17 06:00 am Ending: Wed 13 Dec 17 11:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
North Shore Park	Wed	13 Dec 2017	06:00 AM	$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	17:00	1	$30.00	$0.00	$30.00
Co-Sponsored Park Permit Fee	17:00	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
Wednesday, Nov 29,2017	$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) JENINE THORNLEY

BOLEY CENTERS FOR BEHAVIORAL HEALTH CARE
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name): _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

_____ 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.

Detail by Entity Name

Florida Not For Profit Corporation
BOLEY CENTERS, INC.

Filing Information

Document Number	718784
FEI/EIN Number	59-1290089
Date Filed	07/01/1970
State	FL
Status	ACTIVE
Last Event	AMENDED AND RESTATED ARTICLES
Event Date Filed	06/30/2015
Event Effective Date	NONE

Principal Address

445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Changed: 01/19/2009

Mailing Address

445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Changed: 01/19/2009

Registered Agent Name & Address

MACMATH, GARY
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Name Changed: 01/19/2009

Address Changed: 01/19/2009

Officer/Director Detail

Name & Address

Title President/CEO

MACMATH, GARY
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title COO, Corporate Secretary

NORDLINGER, MIRIAM
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

INCORVIA, SANDRA
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

MISIEWICZ, PAUL
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Chairman

ROSS, LORETTA
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

LOTT, MARTIN
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

POYNTER, SALLY
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

HEBERT, JOHN T
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

BUSSEY, RUTLAND
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

PITTS, BOB

445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

STRINGER, JOSEPH
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title DIRECTOR

SMITH, JOSEPH L
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

COLEY, LEONARD
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

DR. WALLACE, ROBERT
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

HUGHES, MARKUS, LIEUTENANT
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title FIRST VICE CHAIRMAN

McQueen, Maggi
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title SECOND VICE CHAIRMAN

PHARES, GAIL
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Annual Reports

Report Year	Filed Date
2016	02/01/2016
2016	04/26/2016
2016	09/16/2016

Document Images

12/02/2016 -- AMENDED ANNUAL REPORT	View image in PDF format
09/16/2016 -- AMENDED ANNUAL REPORT	View image in PDF format
04/26/2016 -- AMENDED ANNUAL REPORT	View image in PDF format
02/01/2016 -- ANNUAL REPORT	View image in PDF format
06/30/2015 -- Amended and Restated Articles	View image in PDF format
02/10/2015 -- ANNUAL REPORT	View image in PDF format
11/03/2014 -- AMENDED ANNUAL REPORT	View image in PDF format
03/24/2014 -- AMENDED ANNUAL REPORT	View image in PDF format
01/07/2014 -- ANNUAL REPORT	View image in PDF format
07/22/2013 -- AMENDED ANNUAL REPORT	View image in PDF format
01/30/2013 -- ANNUAL REPORT	View image in PDF format
01/10/2012 -- ANNUAL REPORT	View image in PDF format
02/04/2011 -- ANNUAL REPORT	View image in PDF format
02/05/2010 -- ANNUAL REPORT	View image in PDF format
01/19/2009 -- ANNUAL REPORT	View image in PDF format
01/28/2008 -- ANNUAL REPORT	View image in PDF format
02/07/2007 -- ANNUAL REPORT	View image in PDF format
03/27/2006 -- Name Change	View image in PDF format
02/13/2006 -- ANNUAL REPORT	View image in PDF format
03/02/2005 -- ANNUAL REPORT	View image in PDF format
03/05/2004 -- ANNUAL REPORT	View image in PDF format
02/24/2003 -- ANNUAL REPORT	View image in PDF format
04/30/2002 -- ANNUAL REPORT	View image in PDF format
07/26/2001 -- ANNUAL REPORT	View image in PDF format
04/24/2000 -- ANNUAL REPORT	View image in PDF format
05/10/1999 -- ANNUAL REPORT	View image in PDF format
03/06/1998 -- ANNUAL REPORT	View image in PDF format
02/28/1997 -- ANNUAL REPORT	View image in PDF format
04/24/1996 -- ANNUAL REPORT	View image in PDF format
01/27/1995 -- ANNUAL REPORT	View image in PDF format

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 12/30/16
Check or Cash: Pd $400 Ck 270990
Application #: 11 270991
Packet: A
Permit #: 19269

Event Title: 4th Annual St. Petersburg Holiday of the Arts
Phone No.: (941) 487-8061
Fax No.: (941) 346-0302

Entity Name: Paragon Fine Arts Festivals, Inc.
Federal I.D. Number: ~~56-2462971~~ 45-2779488

Event Date(s): December 15-17, 2017
Location: South Straub Park

Day 1 of Event: Dec 15 (setup) Time Gates Open: 10:00am Ending Time: 7:00pm
Day 2 of Event: Dec 16 (event) Time Gates Open: 10:00am Ending Time: 5:00pm
Day 3 of Event: Dec 17 (event) Time Gates Open: 10:00am Ending Time: 5:00pm

Application Prepared by: Bill Kinney
Phone: (941) 487-8061

Title: Event Director
Cell Phone: (631) 525-6736

Address: 1625 Keely Ln.
City: Sarasota
State: FL
Zip: 34232

Email Address: admin@paragonartfest.com

Additional Contact Person: Denise Maguire (President)
Day Phone: (941) 487-8061

What month/year were you incorporated as nonprofit? N/A

List all 501(c)3 entities that will benefit from this event. St. Petersburg Arts Alliance

Name of the for-profit entity? Paragon Fine Arts Festivals, Inc.

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.

There is immense aesthetic and cultural contribution to the community through the encounter with original, handmade fine art by artisans from around the country. Art enriches our lives. This experience introduces the residents of and visitors to St. Petersburg to a tapestry of extraordinary work they would otherwise not experience. It is in the heart of St. Petersburg, thus bringing event attendees to downtown St. Petersburg, Straub Park and the businesses (e.g., restaurants, galleries and shops) of the local downtown area.

Describe what economic benefit and impact this event will bring to St. Petersburg.

In 2014 we conducted a post-show survey of downtown businesses near the event site of Straub Park to assess how the event impacted local businesses. From our event in February 2014 businesses in the vicinity of Straub Park reported 15-300% increases in revenue stemming from the art festival. In addition, we project the artists in attendance at the event alone will contribute about 380 room nights in hotels and 1700 meals in local restaurants. We also do not compete with local food merchants in that we do not have food vendors onsite. We encourage local art galleries to have a presence at the event if they choose. They may find artisans from outside of St. Petersburg they wish to carry the work of in their galleries.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? ☒ YES ☐ NO How much? We set based on limits specified

Are there plans to sell or distribute beer/wine at your event? ☐ YES ☒ NO

Will there be an admission / registration fee? ☐ YES ☒ NO Advanced Fee: Day of:

Please provide the website address for your event. http://www.paragonartevents.com/S-58-St%2E+Petersburg+Holiday+of+the+Arts.htm

Please provide a phone number that can be advertised to the public. (941) 487-8061 (Paragon)

What is the estimated attendance for this event? Spectators 4000 Participants 120 Last Year's Total Attendance ~4000

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?

N/A

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE:	Public Safety Personnel, Marine Services
TRAFFIC:	Personnel, Equipment (cones, barricades, no parking signs)
FIRE:	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES:	On-site Presence, Logistics Help, Liaison with Other 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:	Bill Kinney (Paragon)	Title:	Event Director	Date:	12/27/2016
Co-Sign:	John Collins (St. Petersburg Arts Alliance)	Title:	Executive Director	Date:	12/27/2016

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 if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

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
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☐ Vending Product / Merchandise Sales		Occupational License
☐ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? Over 30 Vendors / Exhibitors	
☐ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☐ Erecting Tents - Larger than 10ft x 12ft	How many? None	Temporary Structure Permit
☐ Fence Installation	What type? N/A - none	Temporary Structure Permit
☐ Other Structures	What structure? N/A - none	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☐ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☐ Staging	☐ Professional ☐ Showmobile ☐ Other	
☐ Amplified Sound	☐ Performers ☐ Announcement Only	
☒ Security	☐ Daytime - Private ☒ Overnight - Private ☐ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 4 Disabled Units 1 Hand Washing 1	
☒ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

- ☐ Invitations
- ☒ Posters / Flyers
- ☒ Newspaper / Internet
- ☒ Radio
- ☒ Television
- ☐ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☐ YES ☒ NO

If YES, check all that apply. ☐ RV'S ☐ Coffee Vendors ☐ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☐ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

N/A

Will you supply your own generators? ☒ YES ☐ NO

Will your event have a licensed electrician on-site during the event? ☐ YES ☒ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

No

If City permits, licenses, or services are required for event, who will pay for them?

Name: Paragon Fine Arts Festivals Phone: (941) 487-8061

Address (including zip): 1625 Keely Ln., Sarasota, FL 34232

Type of music, # of stages, and # of bands.

N/A - no musical performances

List Vending Products. Name & Provider.

N/A - none provided/sold - only original artwork by the artists in attendance at the event

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

N/A

Explain subject/purpose of all speeches/demonstrations which will occur.

N/A

Discuss your load in/load out parking needs, include times and dates.

Load-in beginning at noon on Friday December 16, 2017. Artists will park at curb and dolly booths, displays and artwork into South Straub Park for setup. Will consider renting a Looper Trolley for shuttling artists from site to parking (e.g., Vinoy Park).

Other Comments: Please describe your fee structure.

N/A - no admission charged - the show is about artists selling their original handmade artwork to the public, pricing determined solely by the artisans.

Other comments:

None

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: Bill Kinney Title: Festival Director Date: 12-27-2016

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.**

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Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: St. Petersburg Arts Alliance

Name of Responsible Party (President or CEO ONLY): John Collins

Title of Responsible Party: Executive Director

Physical Address of Responsible Party: 100 Second Ave. N., Ste. 150, St. Petersburg, FL 33701

Phone Number of Responsible Party: (727) 518-5142

Email Address of Responsible Party: john@stpeteartsalliance.org

Nonprofit (Employee Identification Number): 46-1335413

Name of the **For-profit** Corporation: Paragon Fine Arts Festivals, Inc.

Name of Responsible Party (President or CEO ONLY): Bill Kinney

Title of Responsible Party: Event Director

Physical Address of Responsible Party: 1625 Keely Ln., Sarasota, FL 34232

Phone Number of Responsible Party: (941) 487-8061

Email Address of Responsible Party: admin@paragonartfest.com

For-profit (Employee Identification Number) 56-2462971

Please include a copy of the the current IRS Nonprofit Affidavit / For Profit

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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

st. petersburg parks & recreation

Contract/Permit

Contract #: 19269
Date: 10 Jan 2017

User: SCTegard
Status: Firm

PARAGON FINE ARTS FESTIVALS INC
BILL KINNEY
8258 MIDNIGHT PASS RD
SARASOTA FL 34242 USA

Primary #: (941) 487-8061
Secondary #: ()
Other #: ()

Purpose of Use: St. Petersburg Holicay of the Arts **Expected:** 0 Co-Sponsored Event

Contract Balance $430.00

Conditions of Use: Insurance Required

Other Information:

Use of beer and wine	No
Use of fencing	No
Use of liquor	No

Date(s) and Time(s) of Use: Starting: Fri 15 Dec 17 06:00 am Ending: Sun 17 Dec 17 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
South Straub Park	Fri	15 Dec 2017	06:00 AM	$0.00	$30.00	$0.00	$30.00
Park			09:00 PM				
South Straub Park	Sat	16 Dec 2017	06:00 AM	$0.00	$200.00	$0.00	$200.00
Park			09:00 PM				
South Straub Park	Sun	17 Dec 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	$0.00	$430.00	$0.00

Rental charges are due according to the following schedule:

Date	Amount
Friday, Dec 1,2017	$30.00
Saturday, Dec 2,2017	$200.00
Sunday, Dec 3,2017	$200.00

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) **BILL KINNEY**

PARAGON FINE ARTS FESTIVALS INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name): _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

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

PARAGON FINE ARTS FESTIVALS INC
BILL KINNEY
8258 MIDNIGHT PASS RD
SARASOTA, FL 34242 USA

Receipt #: 2709910
User: SCTegard
Issued: Tue 17 Jan 17 04:32 pm

Description	Amount
Previous Balance	$430.00
Applied To: 19269 - St. Petersburg Holicay of the Arts South Straub Park - Park December 15, 2017 6:00 am to December 17, 2017 9:00 pm	$30.00
Payment: Check	($30.00)
Balance	$400.00

APPROVED REFUNDS ARE BY CHECK ONLY

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City of St. Petersburg

PARAGON FINE ARTS FESTIVALS INC
BILL KINNEY
8258 MIDNIGHT PASS RD
SARASOTA, FL 34242 USA

Receipt #: 2709911
User: SCTegard
Issued: Tue 17 Jan 17 04:33 pm

Description	Amount
Previous Balance	$400.00
Applied To: 17242 - Seafood & Music Festival North Straub Park - Park March 24, 2017 10:00 am to March 26, 2017 5:00 pm	$200.00
Applied To: 19269 - St. Petersburg Holicay of the Arts South Straub Park - Park December 15, 2017 6:00 am to December 17, 2017 9:00 pm	$400.00
Payment: Check	($600.00)
Balance	$0.00

APPROVED REFUNDS ARE BY CHECK ONLY

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000002914

Entity Name: PARAGON FINE ARTS FESTIVALS, INC.

FILED
Apr 10, 2016
Secretary of State
CC9826581618

Current Principal Place of Business:

8258 MIDNIGHT PASS RD
SARASOTA, FL 34242

Current Mailing Address:

8258 MIDNIGHT PASS RD
SARASOTA, FL 34242

FEI Number: 45-2779488

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAGUIRE, DENISE
8258 MIDNIGHT PASS RD
SARASOTA, FL 34242 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	MAGUIRE, DENISE
Address	8258 MIDNIGHT PASS RD
City-State-Zip:	SARASOTA FL 34242

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DENISE MAGUIRE — PRESIDENT — 04/10/2016

Electronic Signature of Signing Officer/Director Detail — Date

Detail by Entity Name

Foreign Profit Corporation
PARAGON FINE ARTS FESTIVALS, INC.

Filing Information

Document Number	F14000002914
FEI/EIN Number	45-2779488
Date Filed	07/08/2014
State	NY
Status	ACTIVE

Principal Address

8258 MIDNIGHT PASS RD
SARASOTA, FL 34242

Mailing Address

8258 MIDNIGHT PASS RD
SARASOTA, FL 34242

Registered Agent Name & Address

MAGUIRE, DENISE
8258 MIDNIGHT PASS RD
SARASOTA, FL 34242

Officer/Director Detail

Name & Address

Title P

MAGUIRE, DENISE
8258 MIDNIGHT PASS RD
SARASOTA, FL 34242

Annual Reports

Report Year	Filed Date
2015	04/23/2015
2016	04/10/2016

Document Images

04/10/2016 -- ANNUAL REPORT	View image in PDF format
04/23/2015 -- ANNUAL REPORT	View image in PDF format
07/08/2014 -- Foreign Profit	View image in PDF format

Detail by Entity Name

Florida Not For Profit Corporation
ST. PETERSBURG ARTS ALLIANCE, INC.

Filing Information

Document Number	N12000009944
FEI/EIN Number	46-1335413
Date Filed	10/18/2012
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	08/12/2014

Principal Address

100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Mailing Address

100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33701

Changed: 08/12/2014

Registered Agent Name & Address

COLLINS, JOHN
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33701

Address Changed: 08/12/2014

Officer/Director Detail

Name & Address

Title O

PAPICH, JOSEPH
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title O

KELLEY, DEBORAH
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title 0

LETIZIO, LISA
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title O

WOOD, RICHARD
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title Director

Ransdall, Sandra
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Title Director

McClellan, Duncan
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Title Director

Boss, Kristy
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Title Director

Rolston, Jim
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Title Director

Schrader, Stacia
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Annual Reports

Report Year	Filed Date
2013	08/12/2014
2015	01/10/2015
2016	02/10/2016

Document Images

02/10/2016 -- ANNUAL REPORT	View image in PDF format
01/10/2015 -- ANNUAL REPORT	View image in PDF format
08/12/2014 -- REINSTATEMENT	View image in PDF format
10/18/2012 -- Domestic Non-Profit	View image in PDF format

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

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st. petersburg parks & recreation

Date Received: 1/6/17
Check or Cash: Ch 30 - Inv 300
Application #: 12
Packet: B
Permit #: 19271

Event Title: Tampa Bay AIDS Walk & 5k Run | Phone No.: 727-523-3419 | Fax No.: 727-523-3396

Entity Name: Empath Health - AIDS Service Association of Pinellas | Federal I.D. Number: 59-2862537

Event Date(s): | Location: Vinoy Park

Day 1 of Event: 12/9/2017 | Time Gates Open: 8:00am | Ending Time: 12:00pm

Day 2 of Event: | Time Gates Open: | Ending Time:

Day 3 of Event: | Time Gates Open: | Ending Time:

Application Prepared by: Rachel Lewis | Phone: 727-523-3419

Title: Special Events Coordinator | Cell Phone: 727-433-2829

Address: 5771 Roosevelt Blvd. | City: Clearwater | State: Fl | Zip: 33760

Email Address: rachellewis@empathhealth.org

Additional Contact Person: | Day Phone:

What month/year were you incorporated as nonprofit? 1987

List all 501(c)3 entities that will benefit from this event. Empath Health - AIDS Service Association of Pinellas

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 event will raise much needed funds for AIDS Service Association of Pinellas (ASAP) - which in return assist the people of Pinellas County, including St. Petersburg. ASAP provides a myriad of support services and referrals for the HIV/AIDS community. Services include: case management, food and personal needs pantry, children's program, prevention, testing and counseling, monthly client dinners, limited emergency financial assistance and much more. In Pinellas and surrounding counties our mobile unit provides free rapid HIV testing and prevention education.

Describe what economic benefit and impact this event will bring to St. Petersburg.

Over 750 people came out to last year's Tampa Bay AIDS Walk & 5k run. These participants get to see the beautiful parks and waterfront of St. Petersburg and often linger afterward to visit local stores and restaurants.

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: 25.00 Day of: 25.00

Please provide the website address for your event. www.aidswalktampabay.org

Please provide a phone number that can be advertised to the public. 727-523-3419

What is the estimated attendance for this event? Spectators 50 Participants 800 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)

Tables (6 ft) # needed 30 Chairs # needed 75

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:	Rachel Lewis	Title:	Special Events Coordinator	Date:	1/10/17
Co-Sign:		Title:		Date:	

NOTE: a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

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
☐ Public Invited		General Liability Insurance
☐ Located in Park		Park Permit
☐ Vending Product / Merchandise Sales		Occupational License
☐ Vending Food / Beverage		Health Inspection
☐ Vendors / Exhibitors	How many? 10-20	
☐ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☐ Erecting Tents - Larger than 10ft x 12ft	How many? 1	Temporary Structure Permit
☐ Fence Installation	What type?	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☐ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☐ Staging	☐ Professional ☐ Showmobile ☐ Other	
☐ Amplified Sound	☐ Performers ☐ Announcement Only	
☐ Security	☐ Daytime - Private ☐ Overnight - Private ☐ Event Time Frame - SPPD	
☐ Sanitary Facilities - Port-O-Lets	Regular Units 2 Disabled Units 1 Hand Washing 1	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

☐ Invitations	☐ Radio
☐ Posters / Flyers	☐ Television
☐ Newspaper / Internet	☐ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☐ YES ☐ NO

If YES, check all that apply. ☐ RV'S ☐ Coffee Vendors ☐ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☐ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Will you supply your own generators? ☐ YES ☐ NO

Will your event have a licensed electrician on-site during the event? ☐ YES ☐ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

If City permits, licenses, or services are required for event, who will pay for them?

Name: Suncoast Hospice Foundation Phone: 727-523-3419

Address (including zip): 5771 Roosevelt Blvd, Clearwater Fl 33760

Type of music, # of stages, and # of bands.

Hope to have a radio station out to the event again.

List Vending Products. Name & Provider.

Will not be selling any products.

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.

Any announcements will concern thanking the public for their support of the event and letting them know how much they raised

Discuss your load in/load out parking needs, include times and dates.

Load in- morning of at 6am - will bring truck into park to unload and move truck into parking lot. Load out - will move truck back into park to load all materials at about noon.

Other Comments: Please describe your fee structure.

It is free to walk and the 5k has a $25 admission rate.

Other comments:

We had such a great response from our 2016 walk. We were able to raise over our goal and all of our attendees throughly enjoyed being out at the park the day of.

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: Rachel Lewis Title: Special Events Coordinator Date: 1/10/17

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.**

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Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Empath Health

Name of Responsible Party (President or CEO ONLY): Rafael Sciullo

Title of Responsible Party: President and CEO of Empath Health

Physical Address of Responsible Party: 5771 Roosevelt Blvd, Clearwater, FL 33760

Phone Number of Responsible Party: 727-586-4432

Email Address of Responsible Party: rafaelsciullo@empathhealth.org

Nonprofit (Employee Identification Number): 59-2862537

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

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APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: Tampa Bay AIDS walk & 5k Run
Date(s) of Event: 12/10/2016 -

I. REVENUE SOURCES (attach sheet if more space is needed)

		Amount
1.	Sponsorship	$43,500
2.	Donations	$69,697
3.	5k Participation fee	$2,795
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	

II. EXPENSES (attach sheet if more space is needed)

1.	Printing	$397.19
2.	Advertising	$7,500
3.	Other	$5,500
4	Contract Services	$6,000
5.	Fees	$30
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.	AIDS Service Association of Pinellas	85,833
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	

Prepared by: Rachel Lewis Date: 1.10.17

Print Application

Submit Application by Email

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: February 19, 2002

Person to Contact:
Yvette Davis 31-07341
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
59-2862537

Aids Service Association of Pinellas Inc
300 E Bay Dr
Largo, FL 33770-3716 003

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in December 1988, granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its 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.

Aids Service Association of Pinellas Inc
59-2862537

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of $20 a day for each day you do not make these documents available for public inspection (up to a maximum of $10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

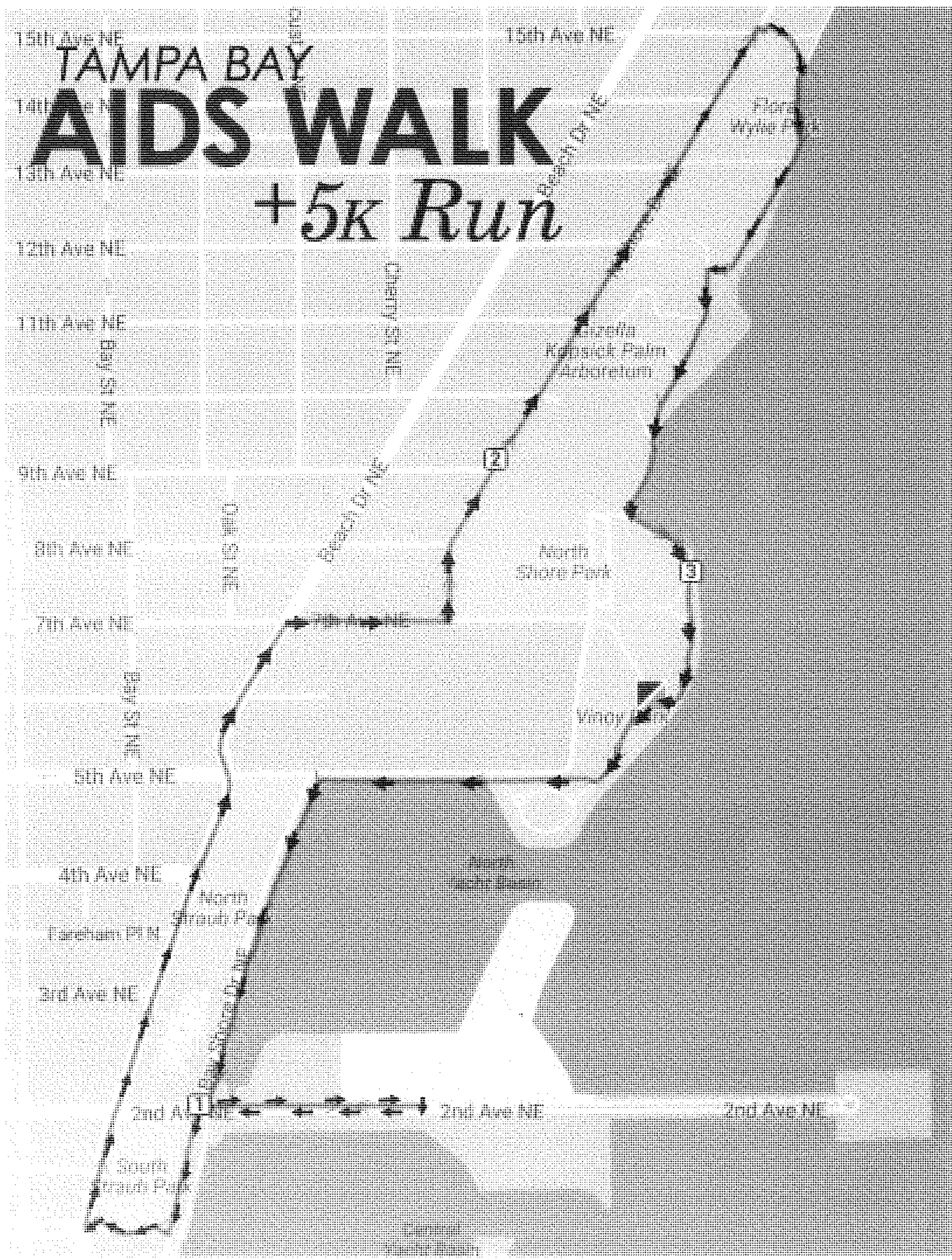
If you have any questions, please call us at the telephone number shown in the heading of this letter.

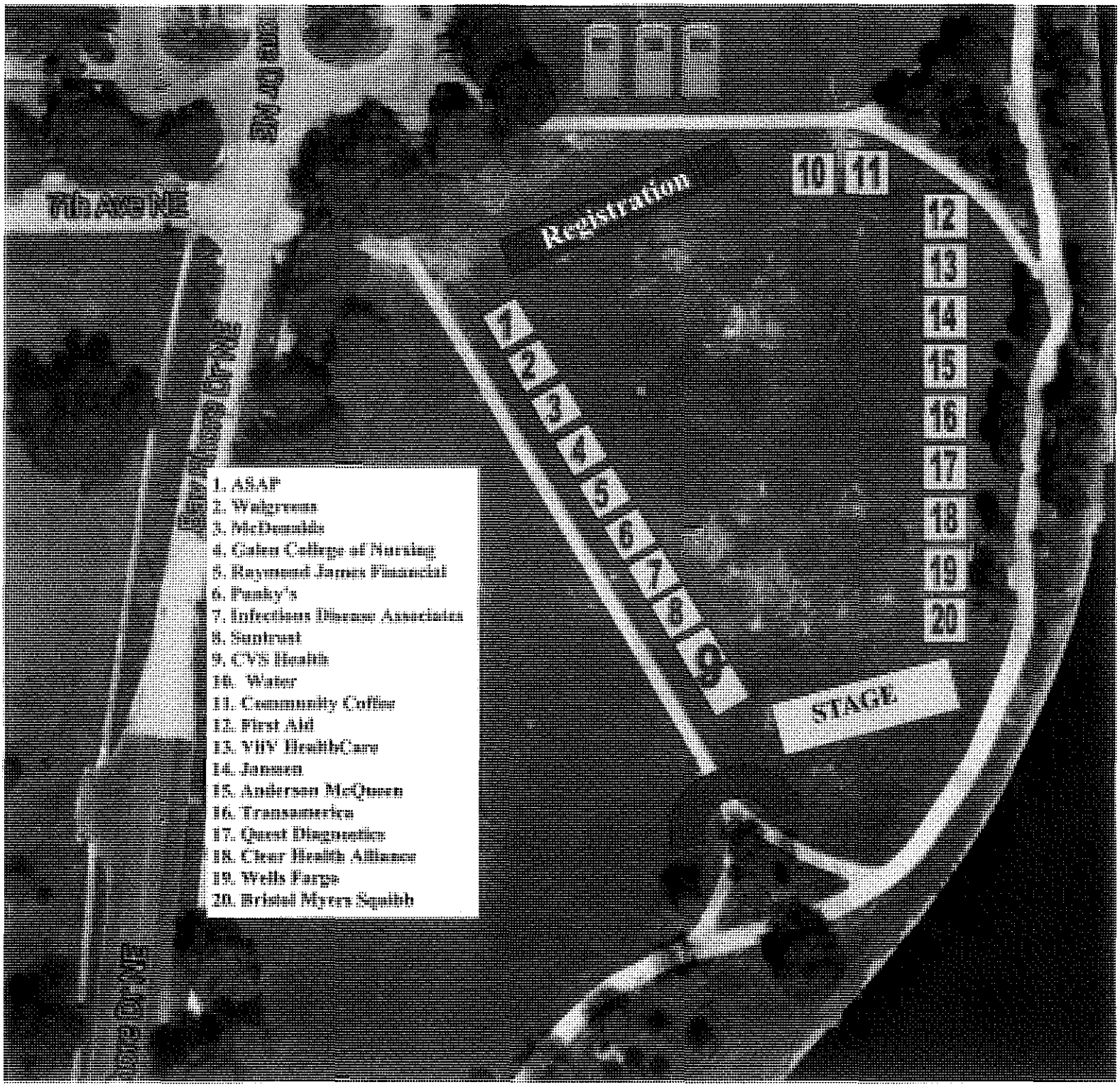
This letter affirms your organization's exempt status.

Sincerely,

John E. Ricketts

John E. Ricketts, Director, TE/GE
Customer Account Services


TAMPA BAY
AIDS WALK
+5K Run
15th Ave NE
13th Ave NE
12th Ave NE
11th Ave NE
Bay St NE
9th Ave NE
8th Ave NE
Oak St NE
Beach Dr NE
7th Ave NE
North Shore Park
5th Ave NE
4th Ave NE
3rd Ave NE
2nd Ave NE
1
2
3


TIPAWINE
Registration
STAGE
1. ASAP
2. Walgreens
3. McDonalds
4. Galen College of Nursing
5. Raymond James Financial
6. Punky's
7. Infectious Disease Associates
8. Sunbeat
9. CVS Health
10. Water
11. Community Coffee
12. First Aid
13. VHV HealthCare
14. Janssen
15. Anderson McQueen
16. Transamerica
17. Quest Diagnostics
18. Clear Health Alliance
19. Wells Fargo
20. Bristol Myers Squibb

Tampa Bay AIDS Walk & Fun Run
Timeline

6:00am	Set-up Begins
7:30am	Registration and Prizes ready to go
8:00am	Registration begins All vendors must be ready at 8am
8:30am	Mobile Testing unit open
9:00am	Opening Ceremonies
9:30am	Run Begins
9:50am	Walk begins
11:00am	Breakdown

st. petersburg parks & recreation

Contract/Permit

Contract #: 19271
Date: 11 Jan 2017

User: DWBurns
Status: Firm

THE HOSPICE OF THE FLORIDA SUNCOAST
RACHEL LEWIS
5771 ROOSEVELT BLVD
CLEARWATER FL 33760 USA

Primary #: (727) 523-3420
Secondary #: ()
Other #: ()

Purpose of Use: TAMPA BAY AIDS WALK & 5K **Expected:** 800 Co-Sponsored Event

Contract Balance $330.00

Conditions of Use: Insurance Required

Other Information:

Use of beer and wine	No
Use of fencing	No
Use of liquor	No

Date(s) and Time(s) of Use: Starting: Fri 08 Dec 17 06:00 am Ending: Mon 11 Dec 17 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Fri	08 Dec 2017	06:00 AM	$0.00	$300.00	$0.00	$300.00
Vinoy Park		11 Dec 2017	09:00 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 (Vinoy)	87:00	1	$300.00	$0.00	$300.00
		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	$330.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By:(Sign Name) _____

(Print Name) RACHEL LEWIS

THE HOSPICE OF THE FLORIDA SUNCOAST
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.

FLORIDA DEPARTMENT of STATE DIVISION OF CORPORATIONS

Sunbiz.org Division of CORPORATIONS

Department of State / Division of Corporations / Search Records / Detail By Documant Number /

Detail by Entity Name

Florida Not For Profit Corporation
EMPATH HEALTH, INC.

Filing Information

Document Number	N08000008790
FEI/EIN Number	26-3605761
Date Filed	09/19/2008
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	02/11/2015
Event Effective Date	NONE

Principal Address

5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

Changed: 01/14/2014

Mailing Address

5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

Changed: 01/14/2014

Registered Agent Name & Address

SCIULLO, RAFAEL J
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

Name Changed: 02/27/2013

Address Changed: 05/20/2013

Officer/Director Detail

Name & Address

Title Director

GAINES, MICHAEL (MIKE)
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

Title Chairman

HANLEY-CRABB, KELLI
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

Title Treasurer

WHETSTONE, CHARLES (CHAD)
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

Title President

SCIULLO, RAFAEL J
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

Title Secretary, Director

BROWN, SUSAN
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

Title Director

ETTEN, MARYJEAN
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

Title Vice Chair, Director

HAYES, BENJAMIN (BEN)
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

Title Director

BARMORE, PATRICK (PAT)
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

Title Director

Plaster, Linda J
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760

Annual Reports

Report Year	Filed Date
2014	01/14/2014
2015	02/16/2015
2016	01/29/2016

Document Images

01/29/2016 -- ANNUAL REPORT	View image in PDF format
02/16/2015 -- ANNUAL REPORT	View image in PDF format
02/11/2015 -- Name Change	View image in PDF format
01/14/2014 -- ANNUAL REPORT	View image in PDF format
05/20/2013 -- AMENDED ANNUAL REPORT	View image in PDF format
02/27/2013 -- ANNUAL REPORT	View image in PDF format
01/05/2012 -- ANNUAL REPORT	View image in PDF format
01/05/2011 -- ANNUAL REPORT	View image in PDF format
01/06/2010 -- ANNUAL REPORT	View image in PDF format
01/13/2009 -- ANNUAL REPORT	View image in PDF format
09/19/2008 -- Domestic Non-Profit	View image in PDF format

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

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st. petersburg parks & recreation

Date Received: 1/10/17
Check or Cash: Ch# 13953 Pd 2
Application #: 13
Packet: A
Permit #: 18297

Event Title: SPCA Tampa Bay Pet Walk | Phone No.: 727-586-3591 | Fax No.: 727-581-3764

Entity Name: SPCA Tampa Bay | Federal I.D. Number: 59-0715928

Event Date(s): Saturday, October 7, 2017 | Location: Vinoy Park

Day 1 of Event: Pet Walk | Time Gates Open: 8:30am | Ending Time: 12:00pm

Day 2 of Event: | Time Gates Open: | Ending Time:

Day 3 of Event: | Time Gates Open: | Ending Time:

Application Prepared by: Luan Dean | Phone: 727-586-3591 x122

Title: Director Mission Advancement | Cell Phone: 815-289-0345

Address: 9099 130th Avenue N | City: Largo | State: FL | Zip: 33773

Email Address: LDean@spcatampabay.org

Additional Contact Person: Lisa Richardson | Day Phone: 727-596-3591 113

What month/year were you incorporated as nonprofit? October, 1940

List all 501(c)3 entities that will benefit from this event. SPCA Tampa Bay

Name of the for-profit entity? N/A

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.

The Pet Walk is SPCA Tampa Bay's largest event of the year and one of the longest running walks in the state of Florida. We have consistently raised over $150,000 each year to benefit the rescue and protection of Pinellas County's homeless pets. Media Sponsors heavily promote this event, including several pre-walk events that are held at established restaurants in downtown St. Pete, which is a very "pet-friendly" community. Pet lovers are enthusiastic about patronizing businesses that recognize this relationship.

Describe what economic benefit and impact this event will bring to St. Petersburg.

This event, in its 27th year, attracts more than 2,500 people to the downtown area and generates high foot traffic to local businesses.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? ☒ YES ☐ NO How much? $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: $35 Day of:

Please provide the website address for your event. www.petwalk.org

Please provide a phone number that can be advertised to the public. 727-586-3591

What is the estimated attendance for this event? Spectators 700 Participants 1500 Last Year's Total Attendance 2200

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) Yes

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: [signature] Title: Dir Mission Advancement Date: 1-12-17

Co-Sign: Title: Date:

NOTE: a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

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
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☐ Vending Product / Merchandise Sales		Occupational License
☐ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? Over 30 Vendors / Exhibitors	
☐ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 9	Temporary Structure Permit
☐ Fence Installation	What type?	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☐ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☒ Staging	☐ Professional ☒ Showmobile ☐ Other	
☒ Amplified Sound	☒ Performers ☒ Announcement Only	
☐ Security	☐ Daytime - Private ☐ Overnight - Private ☐ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 9 Disabled Units 1 Hand Washing 2	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

☒ Invitations	☒ Radio
☒ Posters / Flyers	☒ Television
☒ Newspaper / Internet	☐ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☒ YES ☐ NO

If YES, check all that apply. ☒ RV'S ☐ Coffee Vendors ☒ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☐ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

The RV is used to tally the results as they come in and to provide someone overnight to watch over the set up.
The ice truck is to store the bags of ice for Saturday's walk.

Will you supply your own generators? ☒ YES ☐ NO

Will your event have a licensed electrician on-site during the event? ☐ YES ☒ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

No

If City permits, licenses, or services are required for event, who will pay for them?

Name: SPCA Tampa Bay Phone: 727-586-3591

Address (including zip): 9099 130th Avenue N., Largo, FL 33773

Type of music, # of stages, and # of bands.

Classic Rock and 90s music (family friendly)

List Vending Products. Name & Provider.

Vendors will be set up and allowed to sell their goods and services. They have not been secured but they consist of pet item vendors, groomers and other pet supply vendors.

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.

Speeches will include operational directions, a welcome, thank you to our sponsors, pet costume contest, SPCA adoption pet parade

Discuss your load in/load out parking needs, include times and dates.

We will need the lot on the Vinoy side of the park for reserved parking on Saturday morning, beginning at 6:00 a.m. Load in will begin on Friday morning at 9:00 a.m. and be complete by 5:00 p.m. on Friday afternoon. Vendors will arrive at 6:30 am on Saturday to begin set up. All set up and vehicles will be removed from park lawn by 8:00 a.m. (30 minutes before the event).

Other Comments: Please describe your fee structure.

$35/person donation to participate in the walk. Park is not fenced off.
$100/vendor for booth participation
Sponsorships range from $10,000 to $1,500.

All proceeds benefit SPCA Tampa Bay. The event is fully planned by SPCA Tampa Bay.

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: Susan Dean Title: Dir. Mission Advancement Date: 1-12-17

Appendix A

Co-Sponsored Event Park Fee Structure

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* **All first time entities requesting events will be required to complete a credit application.**

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www.stpete.org

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: SPCA Tampa Bay

Name of Responsible Party (President or CEO ONLY): Martha Boden

Title of Responsible Party: CEO

Physical Address of Responsible Party: 9099 130th Avenue N., Largo, FL 33773

Phone Number of Responsible Party: 727-596-3591

Email Address of Responsible Party: mboden@spcatampabay.org

Nonprofit (Employee Identification Number): 59-0715928

Name of the **For-profit** Corporation: NA

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

Please include a copy of the the current IRS Nonprofit Affidavit / For Profit

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APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: SPCA Tampa Bay Pet Walk and Internet Ca
Date(s) of Event: 10/7/2016 - 10/8/2016

I. REVENUE SOURCES (attach sheet if more space is needed)

		Amount
1.	Sponsorships	$82,000.00
2.	Registration	$106,000.00
3.	Vendors	$5,000.00
4	Donations	$10,000.00
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$203,000.00

II. EXPENSES (attach sheet if more space is needed)

1.	Printing & Publications	$6,000.00
2.	Rental	$10,000.00
3.	Mail Services	$1,200.00
4	Postage	$6,000.00
5.	Prizes & Promotions	$11,000.00
6.	Misc	$5,800.00
7.		
8.		
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$40,000.00
	TOTAL NET INCOME	$163,000.00

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

1.	Shelter Operations, Medical Services, Adoption Services, Kids Programs	$162,000.00
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	$162,000.00

Prepared by: Luan Dean Date: Jan 12, 2017

Print Application

Submit Application by Email

Internal Revenue Service

Date: September 8, 2005

SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS TAMPA BAY
FLORIDA INC
9099 130TH AVE N
LARGO FL 33773-1403

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Kathy Masters ID# 31-04015
Customer Service Representative
Toll Free Telephone Number:
8:30 a.m. to 5:30 p.m. ET
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
59-0715928

Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on July 29, 2005. We have updated our records to reflect the name change as indicated above.

In May 1974 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Janna K. Skufca

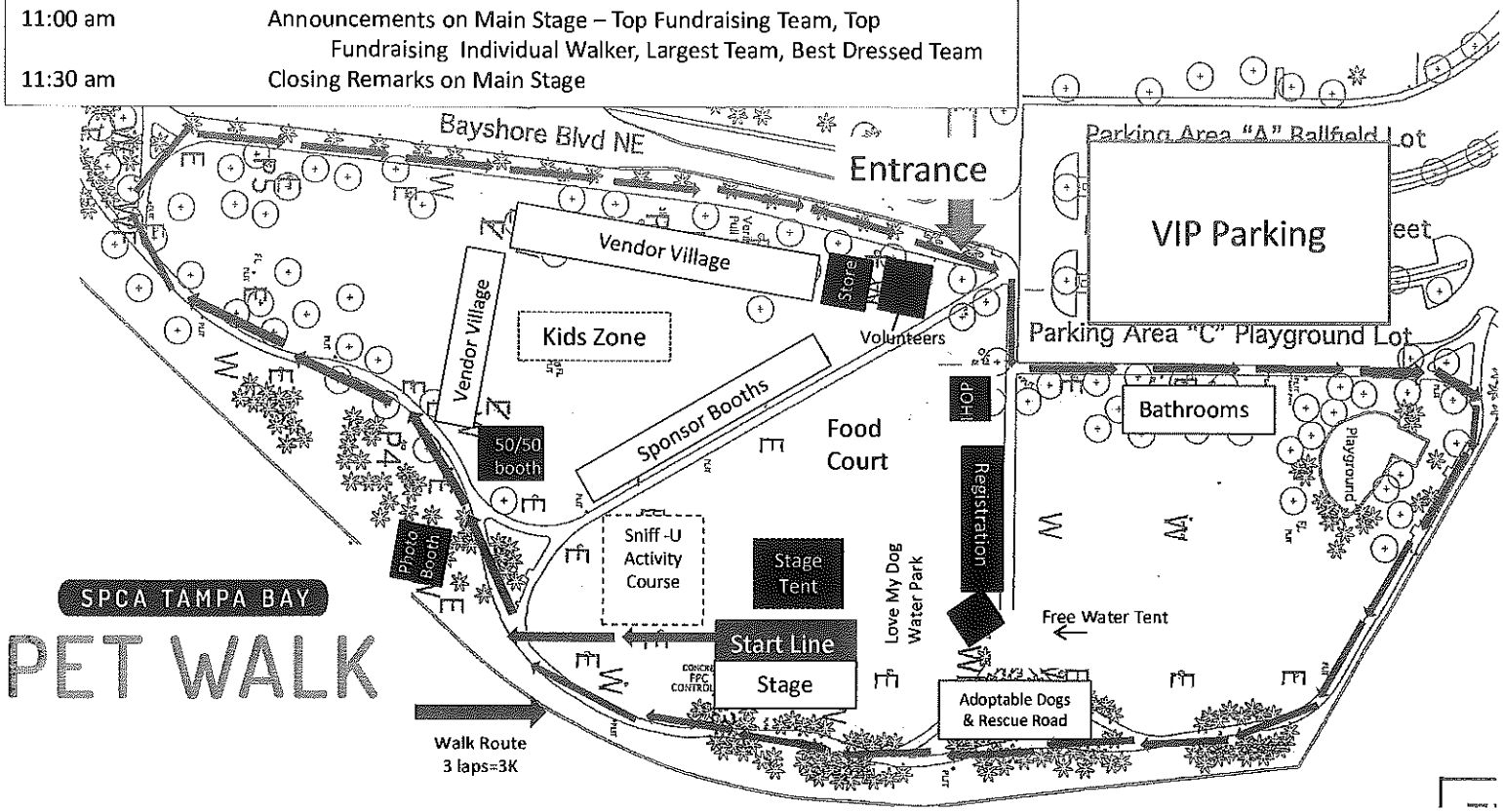
Janna K. Skufca, Director, TE/GE
Customer Account Services

2017
Will be very similar to this 2016 Map

SPCA Tampa Bay
26th Annual Pet Walk ~ Presented by Love My Dog
October 8, 2016 8:30 am – Noon

8:00 am – 10:30 am	Free IHOP Breakfast for Registered Walkers
8:30 am – 10:00 am	Pet Walk Registration Open
8:30 am – 12 Noon	Event Begins – all activities and festivities are open
8:45 am	Walkers to Stage
9:00 am	Creative Loafing Best Dressed Pet Costume Contest on Main Stage
9:30 am	Power Design Adoptable Pet Parade on Main Stage
9:50 am	Line up for Pet Walk Start
10:00 am	WALK STARTS
11:00 am	Announcements on Main Stage – Top Fundraising Team, Top Fundraising Individual Walker, Largest Team, Best Dressed Team
11:30 am	Closing Remarks on Main Stage

spca
TAMPA BAY



SPCA TAMPA BAY
PET WALK

City of St. Petersburg

SPCA OF PINELLAS COUNTY
LUAN DEAN
9099 130TH AVE N
LARGO, FL 33773 USA

Receipt #: 2706889
User: SCTegard
Issued: Thu 12 Jan 17 04:40 pm

Description	Amount
Previous Balance	$0.00
Applied To: 19297 - SPCA Walk Vinoy Park - Park October 7, 2017 6:00 am to October 7, 2017 3:00 pm	$230.00
Payment: Check	($230.00)
Balance	$0.00

APPROVED REFUNDS ARE BY CHECK ONLY

Contract/Permit

st. petersburg parks & recreation

Contract #: 19297
Date: 12 Jan 2017

User: SCTegard
Status: Firm

SPCA OF PINELLAS COUNTY
LUAN DEAN
9099 130TH AVE N
LARGO FL 33773 USA

Primary #: (727) 586-3591
Secondary #: (727)
Other #: ()

Purpose of Use: SPCA Walk

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 07 Oct 17 06:00 am Ending: Sat 07 Oct 17 03:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Sat	07 Oct 2017	06:00 AM	$0.00	$230.00	$0.00	$230.00
Park			03:00 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	$230.00	$0.00	$0.00

Rental charges are due according to the following schedule:

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
12 Jan 2017	$230.00	Check	Rental	2706889

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) LUAN DEAN

SPCA OF PINELLAS COUNTY
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: _____

st. petersburg parks & recreation

Contract/Permit

Contract #: 19297
Date: 12 Jan 2017

User: SCTegard
Status: Firm

_____ ☐ Approved or ☐ 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.

Detail by FEI/EIN Number

Florida Not For Profit Corporation
SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, TAMPA BAY, FLORIDA, INC.

Filing Information

Document Number	705975
FEI/EIN Number	59-0715928
Date Filed	08/02/1963
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	04/05/2012
Event Effective Date	NONE

Principal Address

9099 130TH AVENUE NORTH
LARGO, FL 33773-1441

Changed: 01/14/2009

Mailing Address

9099 130TH AVENUE NORTH
LARGO, FL 33773-1441

Changed: 01/14/2009

Registered Agent Name & Address

BODEN, MARTHA
9099 130TH AVENUE NORTH
LARGO, FL 33773-1441

Name Changed: 03/03/2014

Address Changed: 03/13/2012

Officer/Director Detail

Name & Address

Title Treasurer

ALLEN, CHRIS
204 37TH AVENUE NORTH #421
ST PETERSBURG, FL 33704

Title Past President

Hulsey, Marilyn
2000 Michigan Ave NE
ST PETERSBURG, FL 33702

Title Secretary

MCGINTY, JIM
201 North Franklin Street
Suite 1500
Tampa, FL 33602

Title VP, Facilities Chair

Miller, Tara
7210 14th Street North
St Petersburg, FL 33702

Title President

Ralph, John F, Jr.
6850 Central Avenue
Suite B
St. Petersburg, FL 33707

Title VP, Governance Chair

Browy, Jonathan
12450 Roosevelt Blvd
Suite 400
St Petersburg, FL 33716

Title VP, Development Chair

Egerter, Michele
111 2nd Ave NE
Suite 1006
St Petersburg, FL 33701

Title CEO

Boden, Martha
9099 130TH AVENUE NORTH
LARGO, FL 33773-1441

Annual Reports

Report Year	Filed Date
2014	03/03/2014
2015	03/13/2015
2016	04/15/2016

Document Images

04/15/2016 -- ANNUAL REPORT	View image in PDF format
03/13/2015 -- ANNUAL REPORT	View image in PDF format
03/03/2014 -- ANNUAL REPORT	View image in PDF format
02/04/2013 -- ANNUAL REPORT	View image in PDF format
04/05/2012 -- Amendment	View image in PDF format
03/13/2012 -- ANNUAL REPORT	View image in PDF format
01/21/2011 -- ANNUAL REPORT	View image in PDF format
04/22/2010 -- ANNUAL REPORT	View image in PDF format
01/08/2010 -- ANNUAL REPORT	View image in PDF format
12/14/2009 -- Amendment	View image in PDF format
01/14/2009 -- ANNUAL REPORT	View image in PDF format
01/18/2008 -- ANNUAL REPORT	View image in PDF format
02/05/2007 -- ANNUAL REPORT	View image in PDF format
01/26/2006 -- ANNUAL REPORT	View image in PDF format
07/29/2005 -- Amended/Restated Article/NC	View image in PDF format
02/24/2005 -- ANNUAL REPORT	View image in PDF format
02/11/2004 -- ANNUAL REPORT	View image in PDF format
01/30/2003 -- ANNUAL REPORT	View image in PDF format
02/11/2002 -- ANNUAL REPORT	View image in PDF format
02/19/2001 -- ANNUAL REPORT	View image in PDF format
02/22/2000 -- ANNUAL REPORT	View image in PDF format
03/17/1999 -- ANNUAL REPORT	View image in PDF format
03/16/1998 -- ANNUAL REPORT	View image in PDF format
07/17/1997 -- NAME CHANGE	View image in PDF format
03/03/1997 -- ANNUAL REPORT	View image in PDF format
02/27/1996 -- ANNUAL REPORT	View image in PDF format
03/08/1995 -- ANNUAL REPORT	View image in PDF format

ck #146

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 11/10/17
Check or Cash: ck #147 $1850
Application #: 14
Packet: A
Permit #: 19298

Event Title: Susan G. Komen Florida Suncoast Race for the Cure Phone No.: 823-0984 Fax No.: 727-823-7026-1599

Entity Name: Susan G. Komen Breast Cancer Foundation Florida Suncoast Affiliate Federal I.D. Number: 75-287-0702

Event Date(s): 10/7/2017 Location: Albert Whitted Park

Day 1 of Event: 10/7/17 Time Gates Open: 0800 Ending Time: 2200

Day 2 of Event: Time Gates Open: Ending Time:

Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared by: Gina Kravitz Phone: 727-823-0984

Title: Executive Director Cell Phone: 727-417-3297

Address: PO Box 12848 City: St. Pete State: FL Zip: 33733

Email Address: Gina.Kravitz@komensuncoast.org

Additional Contact Person: SUSAN DANIELS Day Phone: 727-580-1896

What month/year were you incorporated as nonprofit? 1999

List all 501(c)3 entities that will benefit from this event. Susan G. Komen Florida Suncoast Affiliate

Name of the for-profit entity? NA

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.

the proceeds raised by event will be returned to the Komen Florida Suncoast community grants program to provide free mammograms, diagnostic testing and breast cancer treatment for uninsured, low income members of the community.

Describe what economic benefit and impact this event will bring to St. Petersburg.

We anticipate at least 2500 registrants will participate. The event will be held in the evening and we will actively promote that our participants frequent downtown St. Petersburg restaurants, bars, and hotels. Historically, our evet fills the local hotels and parking, and brings business to downtown restaurants, meseums, the Saturday Morning Market, and other tourist attractions

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: $35 Day of: $40

Please provide the website address for your event. www.komensuncoast.org

Please provide a phone number that can be advertised to the public. 727-823-0984

What is the estimated attendance for this event? Spectators 1500 Participants 2500 Last Year's Total Attendance 2500

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) 1

Special Events Facilities

- ☐ Mahaffey Theater
- ☐ Coliseum
- ☐ Sunken Gardens
- ☐ Boyd Hill

☐ Non-City Locations

Which Location?

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE:	Public Safety Personnel, Marine Services
TRAFFIC:	Personnel, Equipment (cones, barricades, no parking signs)
FIRE:	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES:	On-site Presence, Logistics Help, Liaison with Other 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:	SUSAN DANIELS	Title:	Event Director	Date:	1-12-17
Co-Sign:	Gina Kravitz	Title:	Executive Director	Date:	1-12-17

NOTE: a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,
727-893-7766 or EMAIL: StPeteEvents@stpete.org

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
☑ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☐ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 11-20 Vendors/Exhibitors	
☐ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☐ Erecting Tents - Larger than 10ft x 12ft	How many?	Temporary Structure Permit
☒ Fence Installation	What type? TBA	Temporary Structure Permit
☑ Other Structures	What structure? Inflatable Arch	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☑ Require Street Closure		Parade or Street Closure Permit(s)
☒ VIP Area		
☒ Staging	☐ Professional ☐ Showmobile ☒ Other	
☑ Amplified Sound	☐ Performers ☐ Announcement Only	
☒ Security	☒ Daytime - Private ☒ Overnight - Private ☐ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 40 Disabled Units 7 Hand Washing 4	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

- ☑ Invitations
- ☑ Posters / Flyers
- ☑ Newspaper / Internet
- ☑ Radio
- ☒ Television
- ☐ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☐ YES ☑ NO

If YES, check all that apply. ☐ RV'S ☐ Coffee Vendors ☐ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☐ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Will you supply your own generators? ☑ YES ☐ NO

Will your event have a licensed electrician on-site during the event? ☐ YES ☑ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

If City permits, licenses, or services are required for event, who will pay for them?

Name: Florida Suncoast Affiliate Susan G. Komen Phone: 727-823-0984

Address (including zip): PO Box 14452 St. Petersburg, FL 33733

Type of music, # of stages, and # of bands.

Family oriented music with continuous pre-scripted educational announcements about breast cancer.

List Vending Products. Name & Provider.

NA at this time.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

Explain subject/purpose of all speeches/demonstrations which will occur.

To educate audience on Breast Cancer education and awareness

Discuss your load in/load out parking needs, include times and dates.

Set up on Friday 10-6 tear down on Sunday 10-8. Our website will promote all downtown parking facilites.

Other Comments: Please describe your fee structure.

Entry fees will be #35 in advance, and $40 on race day.

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: Gina Kravitz Title: Exec. Director Date: 1/12/16

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.**

st.petersburg
www.stpete.org

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Florida Suncoast Affiliate of Susan G. Komen for the Cure

Name of Responsible Party (President or CEO ONLY): Gina Kravitz

Title of Responsible Party: Executive Director

Physical Address of Responsible Party: 1200 7th Ave N.

Phone Number of Responsible Party: 727-823-0984

Email Address of Responsible Party: Gina.Kravitz@komensuncoast.org

Nonprofit (Employee Identification Number): 75-287-0702

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

st.petersburg
www.stpete.org

APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: Komen Florida Suncoast Race for the Cure
Date(s) of Event: 10/7/2017 - 10/7/2017

I. REVENUE SOURCES (attach sheet if more space is needed)

		Amount
1.	Entry fees and donations	$132,430.14
2.	Sponsorship	$12,502.00
3.	Merchandise sales	$1,903.25
4	Inter-company revenue	$500.00
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$147,335.39

II. EXPENSES (attach sheet if more space is needed)

1.	Contact labor	$16,000.00
2.	Printing/graphics/postage/supplies	$6,989.48
3.	Advertising	$954.98
4	Equipment rental	$8,282.06
5.	City of St. Petersburg (police, sanitation, park, etc.)	$18,000.00
6.	Race production	$4,506.98
7.		
8.		
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$54,733.50
	TOTAL NET INCOME	$92,601.89

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

1.	Komen Florida Suncoast community grants program	$69,451.42
2.	Komen National Breast Cancer Research Grants Program	$23,150.47
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	$92,601.89

Prepared by: Gina Kravitz Date: 1/11/2017

Print Application

Submit Application by Email

0000020 05/14/16

FLORIDA

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 10/15

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8012650061C-2	05/31/2016	05/31/2021	501(C)(3) ORGANIZATION

This certifies that

FLORIDA SUNCOAST AFFILIATE OF THE SUSAN
G KOMEN BREAST CANCER FOUNDATION
205 DR MARTIN LUTHER KING JR ST N # 2-13
ST PETERSBURG FL 33701-3109

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.

FLORIDA

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.

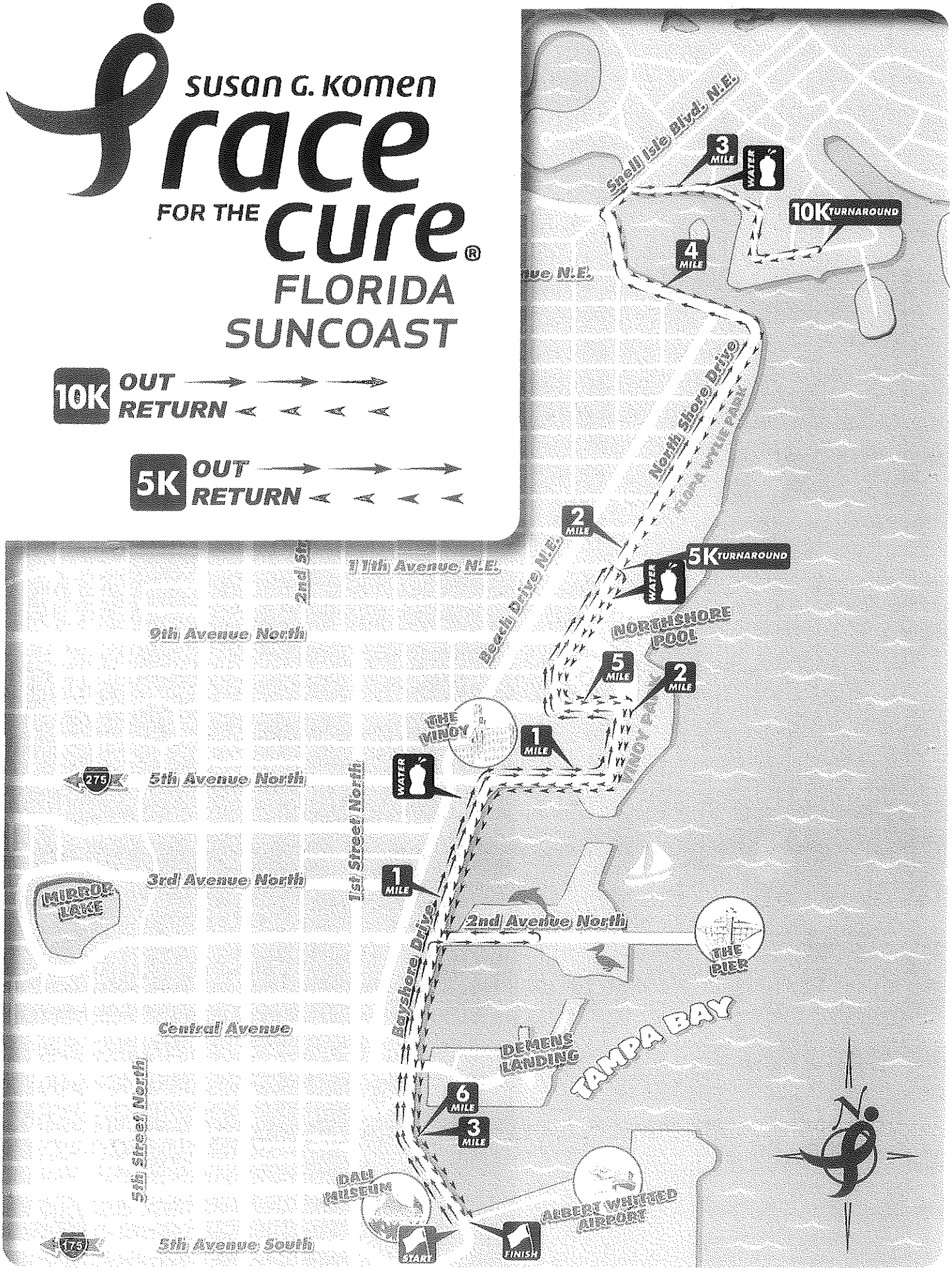
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

susan G. Komen race FOR THE cure®

FLORIDA SUNCOAST

10K OUT → → →
RETURN ← ← ← ←

5K OUT → → →
RETURN ← ← ← ←



Global Headquarters
5005 LBJ Freeway, Suite 250 Dallas, Texas 75244
1-877 GO KOMEN
www.komen.org

Via: Email

January 4, 2016

Susan G. Komen ® Florida Suncoast Affiliate
205 Dr. Martin Luther King St. N., Suite 2-133
St. Petersburg, FL 33701

To Whom It May Concern:

Attached please find a copy of the Susan G. Komen Breast Cancer Foundation, Inc.'s original group 501(c)(3) exemption ruling. The Florida Suncoast Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. d/b/a Susan G. Komen Florida Suncoast, EIN #75-2870702, was included in the group exemption for the most recent tax year. To our knowledge, no action has been taken to revoke their group exemption.

Sincerely,

Miguel Perez
Vice President, Affiliate Network

MP/jm

Enclosures: Copy of Current 501(c)(3) Group Certification Letter
Copy of Original 501(c)(3) Group Exemption Letter
Florida Suncoast Affiliate - EIN Certificate

IRS Department of the Treasury
Internal Revenue Service

CINCINNATI OH 45999-0038

In reply refer to: 0248205449
July 21, 2015 LTR 4167C 0
75-1835298 000000 00
00019707
BODC: TE

SUSAN G KOMEN BREAST CANCER
FOUNDATION
SUSAN G KOMEN FOR THE CURE
% DR JUDITH SALERNO
5005 LBJ FREEWAY 250
DALLAS TX 75244-6125

004049

Employer Identification Number: 75-1835298
Group Exemption Number:
Person to Contact: Ms Chambers
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your July 10, 2015, request for information about your tax-exempt status.

Our records indicate that you were issued a determination letter in June 1992, 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.

Contributions or gifts by individuals to domestic fraternal societies, orders, or associations, operating under the lodge system, used exclusively for 501(c)(3) purposes are deductible under section 170(c)(4) of the Code. If solicitations are made for contributions or gifts by individuals for non-501(c)(3) purposes, the solicitation must include a statement indicating that these payments are not deductible as charitable contributions for Federal income tax purposes.

0248205449
July 21, 2015 LTR 4167C 0
75-1835298 000000 00
00019708

SUSAN G KOMEN BREAST CANCER
FOUNDATION
SUSAN G KOMEN FOR THE CURE
% DR JUDITH SALERNO
5005 LBJ FREEWAY 250
DALLAS TX 75244-6125

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Doris P. Kenwright

Doris Kenwright, Operation Mgr.
Accounts Management Operations 1

susan G. komen.

December 15, 2014

Internal Revenue Service
Ogden, UT 84201-0023

Re: Susan G Komen Breast Cancer Foundation – 2014 Group Exemption Letter
EIN 75-1835298
Notice Number – CP 119
GEN Number – 7164

To Whom This May Concern:

Below is a summary of the changes that have been made directly on the group exemption form per the IRS instructions.

Address Changes
All subsidiaries should have the address below:
5005 LBJ Freeway, Suite 250
Dallas TX 75244

Removal from list

1. North Dakota Affiliate – EIN 26-4810260. This Affiliate is no longer active and needs to be removed from the list.

2. Aspen Chapter – EIN 84-1160739. This Affiliate has merged with the Denver Metropolitan Affiliate and needs to be removed from the list.

We appreciate your assistance with this matter. Please do not hesitate to give me a call should you have any questions at (972) 855-4381.

Sincerely,

Ria Williams

Ria Williams
Director, Financial Services
Susan G Komen

IRS Department of the Treasury
Internal Revenue Service
OGDEN, UT 84201-0023

Notice Date: 10-12-2014
CP Number: CP 119
Taxpayer Identification
Number: 75-1835298
GEN Number: 7164

SUSAN G KOMEN BREAST CANCER FOUNDATION
5005 LBJ FREEWAY 250
DALLAS TX 75244-6125

000106

Why Are You Getting This Notice?

As a holder of a group exemption letter, you are required to annually provide us with current information about each subordinate unit included under your ruling. This information will help us update our records.

What Do You Need To Do?

1. Review and make needed changes directly on the enclosed list of your subordinates to the:
   - Employer identification number (EIN)
   - Name
   - Chapter name or local number
   - Address (including state and ZIP Code)

2. Add new subordinates. For each subordinate added, include the information listed in #1, above. If a subordinate does not have an EIN, apply for one online, by telephone, fax, or by mail.
   - Online - Go to the IRS website at www.irs.gov/businesses and click on "Employer ID Numbers,"
   - Telephone - Call the IRS at 1-800-829-4933,
   - Fax - Fax the IRS at 801-620-3253, or
   - Mail - Complete Form SS-4 and mail it to the service center address for your state. See Form SS-4 instructions for more information.

3. Delete subordinates no longer included in the group exemption letter. If you delete subordinates, mark them on the listing as deleted and notify the deleted subordinates that they may be required to file federal tax returns and reports because they are no longer covered by a group exemption ruling.

4. If there are no changes to the enclosed list, sign the Declaration at the bottom of this notice and return it to us.

What Happens If You Don't Provide This Information?

If you do not submit the information required, your group exemption letter will be terminated. Your subordinates will have to file annual income tax returns. To reactivate the ruling, you will have to submit a new application for recognition of tax-exempt status for the group and pay the applicable user fee.

How Can You Get Forms, Instructions and Publications?

Forms, instructions and publications are available on our website at www.irs.gov or by calling the IRS Forms Distribution Center at 1-800-TAX-FORM (1-800-829-3676) (toll-free). Publication 557, Tax-Exempt Status for Your Organization, will assist you with tax-exempt organization questions. For more information about group exemption rulings and procedures, see the Publication 4573, Group Exemptions.

Where Should You Send the Information?

Mail your updated listing or signed Declaration (see the bottom of this page) to:

Department of Treasury
Internal Revenue Service
Ogden, UT 84201-0023

When Is Your Response Due?

The IRS must receive the updated information or signed Declaration 90 days before the end of your annual accounting period. Failure to reply could result in the loss of your group exemption letter.

How can you get help?

If you have any questions about this notice, write us at the address shown above, or call us at 801-620-6019. If the number is outside your local calling area, you will incur a long-distance charge.

Tear off Stub

BODCD-TE Mail Stop 6273

DECLARATION

CP Number: CP 119
Notice Date: 10-12-2014
EIN: 75-1835298

I declare that I have examined the subordinate listing referred to in this notice and, to the best of my knowledge, no subordinate names or addresses have changed and no subordinates were added or deleted from our group.

Signature

Date 12/15/14

Director Financial Reporting
Title

SUSAN G KOMEN BREAST CANCER FOUNDATION
5005 LBJ FREEWAY 250
DALLAS TX 75244-6125

Department of Treasury
Internal Revenue Service
Ogden, UT 84201-0023

SUBSIDIARY ORGANIZATION OF SUSAN G KOMEN BREAST CANCER FOUNDATION
GEN NUMBER 7164

CYCLE 201439

% MARK NADOLNY CFO

751835298	PARENT	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY 250 SUSAN G KOMEN FOR THE CURE	DALLAS	TX	75244-6125509	03
161389666	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5008 BRITTONFIELD PARKWAY CENTRAL NEW YORK AFFILIATE	EAST SYRACUSE	NY	13057-9248993	03
205956855	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY SUITE 250 UPPER CUMBERLAND AFFILIATE	DALLAS	TX	75244-6125509	03
223528454	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 NORTH JERSEY AFFILIATE	DALLAS	TX	75244-6125509	03
232657570	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 300 MULBERRY ST STE 305 NORTHEASTERN PENNSYLVANIA CHAPTER	SCRANTON	PA	18503-1233806	03
260056671	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION PO BOX 461236 NEBRASKA AFFILIATE	PAPILLION	NE	68046-1236365	03
~~264810260~~	~~SUB~~	~~NORTH DAKOTA AFFILIATE~~ ~~5005 LBJ FWY STE 250~~	~~DALLAS~~	~~TX~~	~~75244-6125509~~	~~03~~
330487943	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 ORANGE COUNTY AFFILIATE	DALLAS	TX	75244-6125509	03
330638911	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 SAN DIEGO CHAPTER	DALLAS	TX	75244-6125509	03
330802964	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 370 LB7 INLAND EMPIRE AFFILIATE	DALLAS	TX	75244-6144959	03
331114233	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE250 SOUTH DAKOTA AFFILIATE	DALLAS	TX	75244-6125509	03
341793460	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 NORTHEAST OHIO CHAPTER	DALLAS	TX	75244-6125509	03
364111723	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 CHICAGOLAND AREA CHAPTER	DALLAS	TX	75244-6125509	03
371286285	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 4700 N UNIVERSITY ST SPC 92 PEORIA MEMORIAL AFFILIATE	PEORIA	IL	61614-5849925	03

383437505	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 SOUTHWEST MICHIGAN AFFILIATE	DALLAS	TX	75244-6125509	03
411924790	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 301 S AVENUE MINNESOTA AFFILIATE	BLOOMINGTON	MN	55425-5527019	03
421438018	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION PO BOX 65664 DES MOINES CHAPTER	W DES MOINES	IA	50265-0664646	03
432052349	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 CENTRAL AND SOUTH JERSEY AFFILATE	DALLAS	TX	75244-6125509	03
481120492	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 MID-KANSAS CHAPTER	DALLAS	TX	75244-6125509	03
522053491	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 MARYLAND AFFILIATE	DALLAS	TX	75244-6125509	03
562583632	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 NORTHERN INDIANA AFFILIATE	DALLAS	TX	75244-6125509	03
562583638	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 MID-MISSOURI AFFILATE	DALLAS	TX	75244-6125509	03
562583644	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 SOUTHEAST GEORGIA AFFILIATE	DALLAS	TX	75244-6125509	03
562613151	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 CENTRAL WICONSIN AFFILIATE	DALLAS	TX	75244-6125509	03
562619425	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 GREATER ROANOKE VALLEY AREA	DALLAS	TX	75244-6125509	03
581959763	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION PO BOX 28405 GREATER ATLANTA AFFILIATE	ATLANTA	GA	30358-0405057	03
621671774	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 370 GREATER NASHVILLE CHAPTER	DALLAS	TX	75244-6144959	03
650254225	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY SUITE 250 SOUTH FLORIDA CHAPTER	DALLAS	TX	75244-6125509	03

680523074	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 26800 S TAMIAMI TRAIL SOUTHWEST FLORIDA AFFILIATE	BONITA SPRINGS	FL	34134-4349997	03
710724439	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 ARKANSAS CHAPTER	DALLAS	TX	75244-6125509	03
721222127	SUB	SUSAN G KOMEN BREAST CANCER 5005 LBY FWY STE 250 NEW ORLEANS CHAPTER	DALLAS	TX	75244-0000000	03
721436764	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 ACADIANA AFFILIATE	DALLAS	TX	75244-6125509	03
721562627	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 GREATER AMARILLO AFFILIATE	DALLAS	TX	75244-6125509	03
731372249	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 CENTRAL OKLAHOMA CHAPTER	DALLAS	TX	75244-6125509	03
742723408	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 200 EL PASO AFFILIATE	DALLAS	TX	75244-6100993	03
742856696	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FRWY STE 250 SAN ANTONIO CHAPTER	DALLAS	TX	75244-6125509	03
742906528	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION PO BOX 8504 CENTRAL TEXAS AFFILIATE	WACO	TX	76714-8504044	03
752356437	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 NORTH TEXAS AFFILIATE	DALLAS	TX	75244-6125509	03
752444724	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY 250 DALLAS COUNTY AFFILIATE	DALLAS	TX	75244-6125509	03
752445070	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY 250 TARRANT COUNTY AFFILIATE	DALLAS	TX	75244-6125509	03
752462834	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION INC 5005 LBJ FWY STE 250 GROUP RETURN	DALLAS	TX	75244-6125509	03
752509762	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 LUBBOCK AREA AFFILIATE	DALLAS	TX	75244-6125509	03

752764235	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY 250 TYLER CHAPTER	DALLAS	TX	75244-6125509	03
752844615	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 WABASH VALLEY AFFILIATE	DALLAS	TX	75244-6125509	03
752844621	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 NORTH MISSISSIPPI AFFILIATE	DALLAS	TX	75244-6125509	03
752844629	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 350 CHURCH STREET CONNECTICUT AFFILIATE	HARTFORD	CT	06103-1136991	03
752844630	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 280 ELMIRA AFFILIATE	DALLAS	TX	75244-6100993	03
752844631	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 GRAND RAPIDS AFFILIATE	DALLAS	TX	75244-6125509	03
752844632	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY 250 GREATER EVANSVILLE AFFILIATE	DALLAS	TX	75244-6125509	03
752844634	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 GREATER KANSAS CITY AFFILIATE	DALLAS	TX	75244-6125509	03
752844635	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 HAWAII AFFILIATE	DALLAS	TX	75244-6125509	03
752844636	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 4446 HENDRICKS AVE STE 372 NORTH FLORIDA AFFILIATE	JACKSONVILLE	FL	32207-6369994	03
752844637	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 MAINE AFFILIATE	DALLAS	TX	75244-6125509	03
752844638	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 MIAMI AFFILIATE	DALLAS	TX	75244-6125509	03
752844639	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 MILWAUKEE AFFILIATE	DALLAS	TX	75244-6125509	03
752844649	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 2801 RICHMOND RD TEXARKANA AFFILIATE	TEXARKANA	TX	75503-2123011	03

752844650	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 ST LOUIS AFFILIATE	DALLAS	TX	75244-6125509	03	
752844651	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 COLUMBUS AFFILIATE	DALLAS	TX	75244-6125509	03	
752844652	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 4574 E BROADWAY BLVD SOUTHERN ARIZONA AFFILIATE	TUCSON	AZ	85711-3510748	03	
752844653	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 SHREVEPORT AFFILIATE	DALLAS	TX	75244-6125509	03	
752844654	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 625 N CASCADE AVE STE 110 COLORADO SPRINGS AFFILIATE	COLORADO SPGS	CO	80903-3271359	03	
752844655	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 LOW COUNTRY AFFILIATE	DALLAS	TX	75244-6125509	03	
752844656	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 NORTH CENTRAL ALABAMA AFFILIATE	DALLAS	TX	75244-6125509	03	
752844657	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 VERMONT-NEW HAMPSHIRE AFFILIATE	DALLAS	TX	75244-6125509	03	
752844658	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 WICHITA FALLS AFFILIATE	DALLAS	TX	75244-6125509	03	
752844659	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 GREATER RICHMOND VIRGINIA AFFILIATE	DALLAS	TX	75244-6125509	03	
752844660	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 QUAD CITIES AFFILIATE	DALLAS	TX	75244-6125509	03	% MARTHA S WATTERS TREAS
752845061	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 2040 W BETHANY HOME RD STE 120 PHOENIX AFFILIATE	PHOENIX	AZ	85015-2445457	03	
752845062	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 OZARK AFFILIATE	DALLAS	TX	75244-6125509	03	
752845063	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 NORTHWEST OHIO AFFILIATE	DALLAS	TX	75244-6125509	03	

752845066	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY 250 NC TRIANGLE AFFILIATE	DALLAS	TX	75244-6125509	03
752845067	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 MONTANA AFFILIATE	DALLAS	TX	75244-6125509	03
752854955	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 KNOXVILLE AFFILIATE	DALLAS	TX	75244-6125509	03
752854957	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION INC 5005 LBJ FWY STE 250 CENTRAL FLORIDA AFFILIATE	DALLAS	TX	75244-6125509	03
752854959	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 505 EAST BLVD STE 101 CHARLOTTE AFFILIATE	CHARLOTTE	NC	28203-5106265	03
752854961	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 MASSACHUSETTS AFFILIATE	DALLAS	TX	75244-6125509	03
752854965	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ 250 BOISE IDAHO AFFILIATE	DALLAS	TX	75244-6125509	03
752854966	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 AUSTIN AFFILIATE	DALLAS	TX	75244-6125509	03
752854968	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 NORTHEASTERN NEW YORK AFFILIATE	DALLAS	TX	75244-6125509	03
752854969	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION INC 5005 LBJ FWY STE 250 LEXINGTON AFFILIATE	DALLAS	TX	75244-6125509	03
752854970	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 CENTRAL VALLEY AFFILIATE	DALLAS	TX	75244-6125509	03
752854972	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 BATON ROUGE AFFILIATE	DALLAS	TX	75244-6125509	03
752854973	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 UPSTATE SOUTH CAROLINA AFFILIATE	DALLAS	TX	75244-6125509	03
752854974	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 TULSA AFFILIATE	DALLAS	TX	75244-6125509	03

752854976	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 BAYOU REGION AFFILIATE	DALLAS	TX	75244-6125509	03
752854980	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 SOUTHEAST IOWA AFFILIATE	DALLAS	TX	75244-6125509	03
752855032	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FRWY 200 SALT LAKE CITY AFFILIATE	DALLAS	TX	75244-6100993	03
752855035	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY 250 NORTHERN NEVADA AFFILIATE	DALLAS	TX	75244-6125509	03
752855038	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY 250 GREATER CINCINNATI AFFILIATE	DALLAS	TX	75244-6125509	03
752855043	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 MADISON AFFILIATE	DALLAS	TX	75244-6125509	03
752855046	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 LOUISVILLE KENTUCKY AFFILIATE	DALLAS	TX	75244-6125509	03
752870702	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 FLORIDA SUNCOAST AFFILIATE	DALLAS	TX	75244-6125509	03
752875174	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 CENTRAL MISSISSIPPI STEEL MAGNOLIAS	DALLAS	TX	75244-6125509	03
752875175	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 CHATTANOOGA AFFILIATE	DALLAS	TX	75244-6125509	03
752875177	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 NORTH CAROLINA FOOTHILLS AFFILIATE	DALLAS	TX	75244-6125509	03
752875178	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 TIDEWATER AFFILIATE	DALLAS	TX	75244-6125509	03
752875179	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 401 CREEKSIDE DR WESTERN NEW YORK AFFILIATE	AMHERST	NY	14228-2040016	03
752881536	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 CENTRAL GEORGIA AFFILIATE	DALLAS	TX	75244-6125509	03

752885304	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 W LBJ FREEWAY STE 250 WEST VIRGINIA AFFILIATE	DALLAS	TX	75244-6125509	03
752891104	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 NORTH CAROLINA TRIAD AFFILIATE	DALLAS	TX	75244-6125509	03
752915870	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ PKWY STE 250 GREATER LANSING AFFILIATE	DALLAS	TX	75244-6125509	03
752941627	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FRWY SUITE 250 INDIANAPOLIS AFFILIATE	DALLAS	TX	75244-6125509	03
752942859	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 MEMPHIS MIDSOUTH AFFILIATE	DALLAS	TX	75244-6125509	03
752949264	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 125 S 9TH ST STE 202 PHILADELPHIA AFFILIATE	PHILA	PA	19107-5116522	03
760360372	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 HOUSTON AFFILIATE	DALLAS	TX	75244-6125509	03
810578449	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 EASTERN WASHINGTON AFFILIATE	DALLAS	TX	75244-6125509	03
810665396	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 1133 S BRADDOCK AVE STE 1A PITTSBURGH AFFILIATE	PITTSBURGH	PA	15218-1286114	03
~~841180739~~	~~SUB~~	~~SUSAN G KOMEN BREAST CANCER FOUNDATION~~ ~~5005 LBJ FWY STE 250~~ ~~ASPEN CHAPTER~~	~~DALLAS~~	~~TX~~	~~75244-6125509~~	~~03~~
841199858	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 DENVER METROPOLITAN AFFILIATE	DALLAS	TX	75244-6125509	03
841387410	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION PO BOX 20594 WYOMING CHAPTER	CHEYENNE	WY	82003-7013943	03
841689067	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION PO BOX 5835 TRI-CITIES AFFILIATE	KINGSPORT	TN	37663-0835351	03
850462625	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 6565 AMERICAS PKWY NE STE 930 CENTRAL NEW MEXICO AFFILIATE	ALBUQUERQUE	NM	87110-8148309	03

861102587	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION PO BOX 1116 SIOUXLAND AFFILIATE	SIOUX CITY	IA	51102-1116165	03
880372386	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 6940 ENCORE WAY LAS VEGAS CHAPTER	LAS VEGAS	NV	89119-0456403	03
911624040	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY STE 250 PUGET SOUND CHAPTER	DALLAS	TX	75244-6125509	03
912049420	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 470 7TH AVE 7TH FLOOR GREATER NEW YORK CITY AFFILIATE	NEW YORK	NY	10018-7182075	03
931068897	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY SUITE 250 OREGON & SW WASHINGTON AFFILIATE	DALLAS	TX	75244-6125509	03
931225877	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 NORTHEAST LOUISIANA CHAPTER	DALLAS	TX	75244-6125509	03
943047626	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 150 POST ST STE 755 SAN FRANCISCO BAY AREA AFFILIATE	SAN FRANCISCO	CA	94108-4715803	03
943169358	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY STE 250 SACRAMENTO VALLEY AFFILIATE	DALLAS	TX	75244-6125509	03
954582064	SUB	SUSAN G KOMEN BREAST CANCER FOUNDATION 11845 W OLYMPIC BLVD STE 665W LOS ANGELES COUNTY CHAPTER	LOS ANGELES	CA	90064-5032939	03

751835298 SUBSIDIARY ORGANIZATION OF SUSAN G KOMEN BREAST CANCER FOUNDATION
GEN NUMBER 7164 SUBSIDIARY TOTAL IS 120 CYCLE 201439

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
1100 COMMERCE STREET
DALLAS, TX 75242-0000

DEPARTMENT OF THE TREASURY

Date: JUN 4 1992

Employer Identification Number:
75-1835298
Contact Person:
SHARI FLOWERS
Contact Telephone Number:
(214) 767-1526

SUSAN G KOMEN FOUNDATION
INC
5005 LBJ FREEWAY STE 730
DALLAS, TX 75244-6137

Addendum Applies:
No

Dear Applicant:

We have considered your application for a group exemption letter recognizing your subordinates as exempt from federal income tax under section 501 of the Internal Revenue Code as organizations of the type described in section 501(c)(3).

Our records show that you were recognized as exempt from federal income tax under section 501(c)(3) of the Code. Your exemption letter remains in effect.

Based on information you supplied, we recognize your subordinates whose names appear on the list you submitted as exempt from federal income tax under section 501(c)(3) of the Code.

Additionally, we have classified the organizations that you operate, supervise, or control, and that are covered by your notification to us, as organizations that are not private foundations because they are organizations of the type described in section 509(a)(1) of the Code.

Additionally, we have classified the organizations that you operate, supervise, or control, and that are covered by your notification to us, as organizations that are not private foundations because they are organizations of the type described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Code.

Donors may deduct contributions to your subordinates as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your subordinates or for their use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

Your subordinates whose gross receipts each year are normally more than $25,000 are each required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the fifth month after the end of their annual accounting period. If you prefer, you may file a group return for those subordinates that authorize you in writing to include them in that return. If you are required to file Form 990 for your own activities, you must file a separate return and may not be included on any group return that you file for your subordinates. The law imposes a penalty of $10 a day when a return is filed late.

SUSAN G KOMEN FOUNDATION

unless there is reasonable cause for the delay. However, the maximum penalty imposed cannot exceed $5,000 or 5 percent of gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so your subordinates should make sure their returns are complete before filing them. Please advise your subordinates that, if they receive a Form 990 package in the mail, they should file the return even if their gross receipts do not exceed the $25,000 minimum. If not required to file, a subordinate should simply attach the label provided, check the box in the heading to indicate that its annual gross receipts are normally $25,000 or less, and sign the return. This will allow us to update our records to show that the subordinate is not required to file and to delete that subordinate from the list of organizations that will receive Form 990 packages in future years.

Your subordinates are not required to file federal income tax returns unless subject to the tax on unrelated business income under section [illegible] of the Code. Each organization subject to this tax must file Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not interested in whether any of your subordinates' present or proposed activities are unrelated trade or business as defined in section [illegible] of the Code.

As of January [illegible], 1984, each of your subordinates is liable for social security taxes under the Federal Insurance Contributions Act on remuneration of $100 or more they pay to each of their employees during a calendar year. Your subordinates are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Each year, at least [illegible] days before the end of your annual accounting period, please send the items listed below to the Internal Revenue Service Center at the address shown below.

1. A statement describing any changes during the year in the purposes, character, or method of operation of your subordinates;

2. A list showing the names, mailing addresses (including Postal ZIP codes), actual addresses if different, and employer identification numbers of subordinates that, since your previous report,
   a. Changed names or addresses;
   b. Were deleted from your roster; or
   c. Were added to your roster.

3. For subordinates to be added, attach:
   a. A statement that the information on which your present group exemption letter is based applies to the new subordinates;
   b. A statement that each has given you written authorization to add its name to the roster;
   c. A list of those to which the Service previously issued exemption rulings or determination letters;
   d. A statement that none of the subordinates is a private foundation as defined in section 509(a) of the Code if the group exempt in letter covers organizations described in

section 501(c)(3)

e. The street address of each subordinate whose mailing address is a P.O. Box, and

f. The information required by Revenue Procedure 75-50, 1975-2 C.B. 587, for each subordinate that is a school claiming exemption under section 501(c)(3). Also include any other information necessary to establish that the school is complying with the requirements of Revenue Ruling 71-447, 1971-2 C.B. 230. This is the same information required by Schedule A, Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code.

4. If applicable, a statement that your group exemption letter has not changed since your previous report.

The above information should be sent "Attention: Exempt Organizations" to the following address:

Internal Revenue Service Center
8651 N. Interregional Highway
Stop 6100 AUSC
Austin, Texas 78[illegible]

The service center that processes your returns will send you a Group Exemption Number. Your subordinates are required to include this number on each Form 990, Return of Organization Exempt From Income Tax, and Form 990-T, Exempt Organization Business Income Tax Return, that they file. Please advise your subordinates of this requirement and provide them with the Group Exemption Number.

If the heading of this letter indicates that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about the exempt status and foundation status of your subordinates, you should keep it for your records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Gary G. Booth

Gary G. Booth
District Director

Form **SS-4** (Rev. February 1998) Department of the Treasury Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions): The Greater Tampa Bay Area Affiliate of the Susan G. Komen Breast Cancer Foundation

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name: ANDREW G. HALPREN, Esq. Attorney-in-Fact

4a Mailing address (street address) (room, apt., or suite no.): 5005 LBJ Freeway - Suite 260

5a Business address (if different from address on lines 4a and 4b): SAME

4b City, state, and ZIP code: DALLAS, TX 75244

5b City, state, and ZIP code

6 County and state where principal business is located: DALLAS COUNTY, TEXAS

75-2844649

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ SUSAN BRAUN, PRESIDENT - INTERNATIONAL HEADQUARTERS

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- ☐ Sole proprietor (SSN)
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☒ Other nonprofit organization (specify) ▶ 501(C)(3) (enter GEN if applicable)
- ☐ Other (specify) ▶
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Other corporation (specify) ▶
- ☐ Trust
- ☐ Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated: State DELAWARE; Foreign country

9 Reason for applying (Check only one box.) (see instructions)

- ☐ Banking purpose (specify purpose) ▶
- ☐ Started new business (specify type) ▶
- ☒ Changed type of organization (specify new type) ▶ INCORPORATION
- ☐ Purchased going business
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ▶
- ☐ Created a trust (specify type) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions): 9/30/99

11 Closing month of accounting year (see instructions): DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶ N/A

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "0". (see instructions)* ▶

Nonagricultural	Agricultural	Household
0		

14 Principal activity (see instructions) ▶ Promotion of Research, education, and studies on breast cancer

15 Is the principal business activity manufacturing? ☐ Yes ☒ No

If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.

- ☐ Public (retail)
- ☐ Other (specify) ▶
- ☐ Business (wholesale)
- ☒ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code): 972-855-4347

Name and title (Please type or print clearly.) ▶ PATRICE PTOSI - CFO

Fax telephone number (include area code): 972-855-1605

Signature ▶ Patrice Ptosi

Date ▶ 10/28/99

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind	Class	Size	Reason for applying

Contract/Permit

st. petersburg parks & recreation

Contract #: 19298
Date: 12 Jan 2017

User: SCTegard
Status: Firm

SUSAN G KOMEN BREAST CANCER FOUNDATION
GINA KRAVITZ
PO BOX 12848
ST PETERSBURG FL 33733 USA

Primary #: (727) 823-0728
Secondary #: ()
Other #: ()

Purpose of Use: Susan G. Komen Race for the Cure **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 07 Oct 17 06:00 am Ending: Sat 07 Oct 17 11:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Sat	07 Oct 2017	06:00 AM	$0.00	$30.00	$0.00	$30.00
Park			11:00 PM				

Additional Fees:

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	17:00	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	$30.00	$0.00	($30.00)

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
12 Jan 2017	$30.00	Check	Rental	2706659
12 Jan 2017	($30.00)	Check	Rental	2706659
12 Jan 2017	$30.00	Check	Rental	2706659

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) GINA KRAVITZ

SUSAN G KOMEN BREAST CANCER FOUNDATION
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name): _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

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.

Detail by FEI/EIN Number

Foreign Not For Profit Corporation
FLORIDA SUNCOAST AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

Filing Information

Document Number	F99000006677
FEI/EIN Number	75-2870702
Date Filed	12/28/1999
State	DE
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	03/04/2002
Event Effective Date	NONE

Principal Address

5005 LBJ FREEWAY
SUITE 250
DALLAS, TX 75244

Changed: 04/27/2007

Mailing Address

5005 LBJ Freeway #250
Dallas, TX 75244

Changed: 04/30/2014

Registered Agent Name & Address

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Officer/Director Detail

Name & Address

Title Director

Clark, Gail
205 Dr. Martin Luther King St. N
Suite 2-133
St Petersburg, FL 33701

Title TREA

Hochsprung, Anne
205 Dr. Martin Luther King St. N.,
Suite 2-133
St. Petersburg, FL 33701

Title Director

Degala, Lalitha
205 Dr. Martin Luther King St. N.,
Suite 2-133
St. Petersburg, FL 33701

Title Secretary

Lewis, Wayne
205 Dr. Martin Luther King St. N.
Suite 2-133
St. Petersburg, FL 33701

Title DIRE

Traugott, DeLana
205 Dr. Martin Luther King St. N
Suite 2-133
St. Petersburg, FL 33701

Title Director

Scott, Lauren
205 Dr. Martin Luther King St. N.,
Suite 2-133
St. Petersburg, FL 33701

Title President

Honeycutt, Teresa
205 Dr. Martin Luther King St. N
Suite 2-133
St. Petersburg, FL 33701

Title Director

Samaha, Cindi
205 Dr. Martin Luther King St. N.,
Suite 2-133
St. Petersburg, FL 33701

Annual Reports

Report Year	Filed Date
2014	04/30/2014
2015	04/29/2015

2016 05/09/2016

Document Images

05/09/2016 -- ANNUAL REPORT	View image in PDF format
04/29/2015 -- ANNUAL REPORT	View image in PDF format
09/24/2014 -- AMENDED ANNUAL REPORT	View image in PDF format
04/30/2014 -- ANNUAL REPORT	View image in PDF format
05/01/2013 -- ANNUAL REPORT	View image in PDF format
04/30/2012 -- ANNUAL REPORT	View image in PDF format
03/15/2011 -- ANNUAL REPORT	View image in PDF format
04/26/2010 -- ANNUAL REPORT	View image in PDF format
04/23/2009 -- ANNUAL REPORT	View image in PDF format
04/28/2008 -- ANNUAL REPORT	View image in PDF format
04/27/2007 -- ANNUAL REPORT	View image in PDF format
03/09/2006 -- ANNUAL REPORT	View image in PDF format
02/21/2005 -- ANNUAL REPORT	View image in PDF format
03/22/2004 -- ANNUAL REPORT	View image in PDF format
02/10/2003 -- ANNUAL REPORT	View image in PDF format
04/10/2002 -- ANNUAL REPORT	View image in PDF format
03/04/2002 -- Name Change	View image in PDF format
05/24/2001 -- ANNUAL REPORT	View image in PDF format
05/19/2000 -- ANNUAL REPORT	View image in PDF format
12/28/1999 -- Foreign Non-Profit	View image in PDF format

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1/10/17
Check or Cash: #1343 $250.00
Application #: 15
Packet: A
Permit #: 19300

Event Title: Shopapalooza Festival | Phone No.: 727-637-5586 | Fax No.:

Entity Name: LocalShops1 | Federal I.D. Number: 26-3082602

Event Date(s): Saturdays Nov 18 and 25, 2017 | Location: South Straub Park

Day 1 of Event: Nov 18 | Time Gates Open: 10 (Set up 11/17 2-11) | Ending Time: 5

Day 2 of Event: Nov 25 | Time Gates Open: 10 (Set up 11/24 2-11) | Ending Time: 5

Day 3 of Event: | Time Gates Open: | Ending Time:

Application Prepared by: Ester Venouziou | Phone: 727-637-5586

Title: LocalShops1 founder | Cell Phone: 727-637-5586

Address: PO Box 530144 | City: St Petersburg | State: FL | Zip: 33747

Email Address: ester@localshops1.com

Additional Contact Person: Mo Venouziou | Day Phone: 727-686-3565

What month/year were you incorporated as nonprofit? we are not a non-profit. our nonprofit partner is Chart 411

List all 501(c)3 entities that will benefit from this event. Chart 411

Name of the for-profit entity? LocalShops1

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.

Shopapalooza Festival is one of the region's most highly anticipated holiday shopping events. The event, in its eighth year, is a free community celebration that takes place every year in downtown St. Petersburg the Saturday before Thanksgiving and the Saturday after Thanksgiving (aka Small Business Saturday).

Shopapalooza Festival features more than 130 local shops, artists, food vendors and service providers. Add to the mix: free entertainment, extensive kids' zone, music, acrobatics, raffles and prizes! Shopapalooza showcases St. Petersburg as a city that is not only beautiful and vibrant, but also very pro-local business. Our event receives much media attention. In 2016 the festival was featured on several of the major news stations -- previewing the event, during the event, and following the event.

Describe what economic benefit and impact this event will bring to St. Petersburg.

Shopapalooza features more than 130 local businesses, and our follow-up surveys show record profits for many of our vendors. Since the vendors are local businesses, their money keeps recirculating locally.

Our event attracts guests from throughout the Tampa Bay region and beyond. Our event ends at 5 pm, giving these guests plenty of time to continue shopping at the local businesses downtown and nearby, and then finishing their evening with dinner and drinks at one of St. Pete's restaurants. Attendance is estimated at more than 10,000 people over the two days.

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.shopapalloozafestival.com

Please provide a phone number that can be advertised to the public. 727-637-5586

What is the estimated attendance for this event? Spectators 5000 per Participants 130 per Last Year's Total Attendance 5,000 per

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 40

Public Address System no

# of portable risers needed (4 in. x 8 in. x 16 in. sections) 6

Special Events Facilities

- ☐ Mahaffey Theater
- ☐ Coliseum
- ☐ Sunken Gardens
- ☐ Boyd Hill

☐ Non-City Locations

Which Location?

South Straub 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 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:	Ester Venouziou	Title:	LocalShops1 founder	Date:	1/10/2017
Co-Sign:	Lucinda Johnston Lucinda L Johnston	Title:	Chart 411 executive director	Date:	1/10/2017

NOTE:

a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,
727-893-7766 or EMAIL: StPeteEvents@stpete.org

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
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? Over 30 Vendors / Exhibitors	
☒ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☐ Erecting Tents - Larger than 10ft x 12ft	How many?	Temporary Structure Permit
☐ Fence Installation	What type?	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☐ Require Street Closure		Parade or Street Closure Permit(s)
☒ VIP Area		
☒ Staging	☐ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☒ Performers ☐ Announcement Only	
☐ Security	☐ Daytime - Private ☐ Overnight - Private ☐ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 3 Disabled Units 1 Hand Washing 2	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

☒ Invitations	☒ Radio
☒ Posters / Flyers	☒ Television
☒ Newspaper / Internet	☐ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☒ YES ☐ NO

If YES, check all that apply. ☐ RV'S ☒ Coffee Vendors ☐ Ice Bins ☐ Freezers ☒ Ice Cream Vendors ☒ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Same power requirements as we had during the 2016 event. We don't expect anything other than what is already located in the parks, but will check as event gets closer. We can make do with what's there, if needed.

Will you supply your own generators? ☒ YES ☐ NO

Will your event have a licensed electrician on-site during the event? ☐ YES ☐ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

No

If City permits, licenses, or services are required for event, who will pay for them?

Name: LocalShops1 Phone: 727-637-5586

Address (including zip): PO Box 530144 St. Petersburg FL 33747

Type of music, # of stages, and # of bands.

DJ -- top 40s, holiday music, family-friendly. No rap/metal.

List Vending Products. Name & Provider.

130 local shops, restaurants and service providers. Clothing, art, food, etc.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

Chart 411 -- we haven't decided yet if we will have beer/wine/alcohol, but would like to leave option open. Will confirm as event gets closer.

Explain subject/purpose of all speeches/demonstrations which will occur.

No demonstrations/speeches, but general announcements about supporting local businesses and about how awesome St Pete is!

Discuss your load in/load out parking needs, include times and dates.

Day of: 6-7 am food trucks and early vendors; 7-8 am other vendors; everyone will be set up and ready to go by 9 am. Event begins at 10.

Other Comments: Please describe your fee structure.

Vendor fee is $100-$200 per day for members of LocalShops1 (membership is $100/year)

Admission to the event is absolutely free

Other comments:

Thanks for all your help over the years!

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: Esteban Veraza

Title: LocalShops1 founder

Date: 1/10/2017

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.**

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Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Chart 411

Name of Responsible Party (President or CEO ONLY): Lucinda Johnston

Title of Responsible Party: president

Physical Address of Responsible Party: 1017 Ninth Ave N, St. Petersburg FL 33705

Phone Number of Responsible Party: 813-505-3061

Email Address of Responsible Party: ljohnston@chart411.com

Nonprofit (Employee Identification Number): 45-5338192

Name of the **For-profit** Corporation: LocalShops1 (Local Shopper, LLC)

Name of Responsible Party (President or CEO ONLY): Ester Venouziou

Title of Responsible Party: founder/president

Physical Address of Responsible Party: 2908 Beach Blvd S, Gulfport FL 33707

Phone Number of Responsible Party: 727-637-5586

Email Address of Responsible Party: ester@localshops1.com

For-profit (Employee Identification Number) 26-3082602

Please include a copy of the the current IRS Nonprofit Affidavit / For Profit

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APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: Shopapalooza Festival
Date(s) of Event: 11/19/16 and 11/2[illegible] -

I. REVENUE SOURCES (attach sheet if more space is needed)

		Amount
1.	Vendor and sponsor fees	$23,000.00
2.		
3.		
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$23,000.00

II. EXPENSES (attach sheet if more space is needed)

1.	Entertainment	$3,000.00
2.	Staffing (planning and day of)	$5,000.00
3.	Marketing and Advertising	$3,000.00
4	Printing (posters, fliers, banners, postcards)	$3,000.00
5.	Insurance, portapotties	$2,000.00
6.	Vendor meetup/party expenses	$2,700.00
7.	City fees (Parks, Rec, Fire)	$2,820.00
8.	Other city fees (processing, park rental)	$430.00
9.	Miscellaneous (spray paint, flashlights, tools, etc)	$450.00
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$22,400.00
	TOTAL NET INCOME	$600.00

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

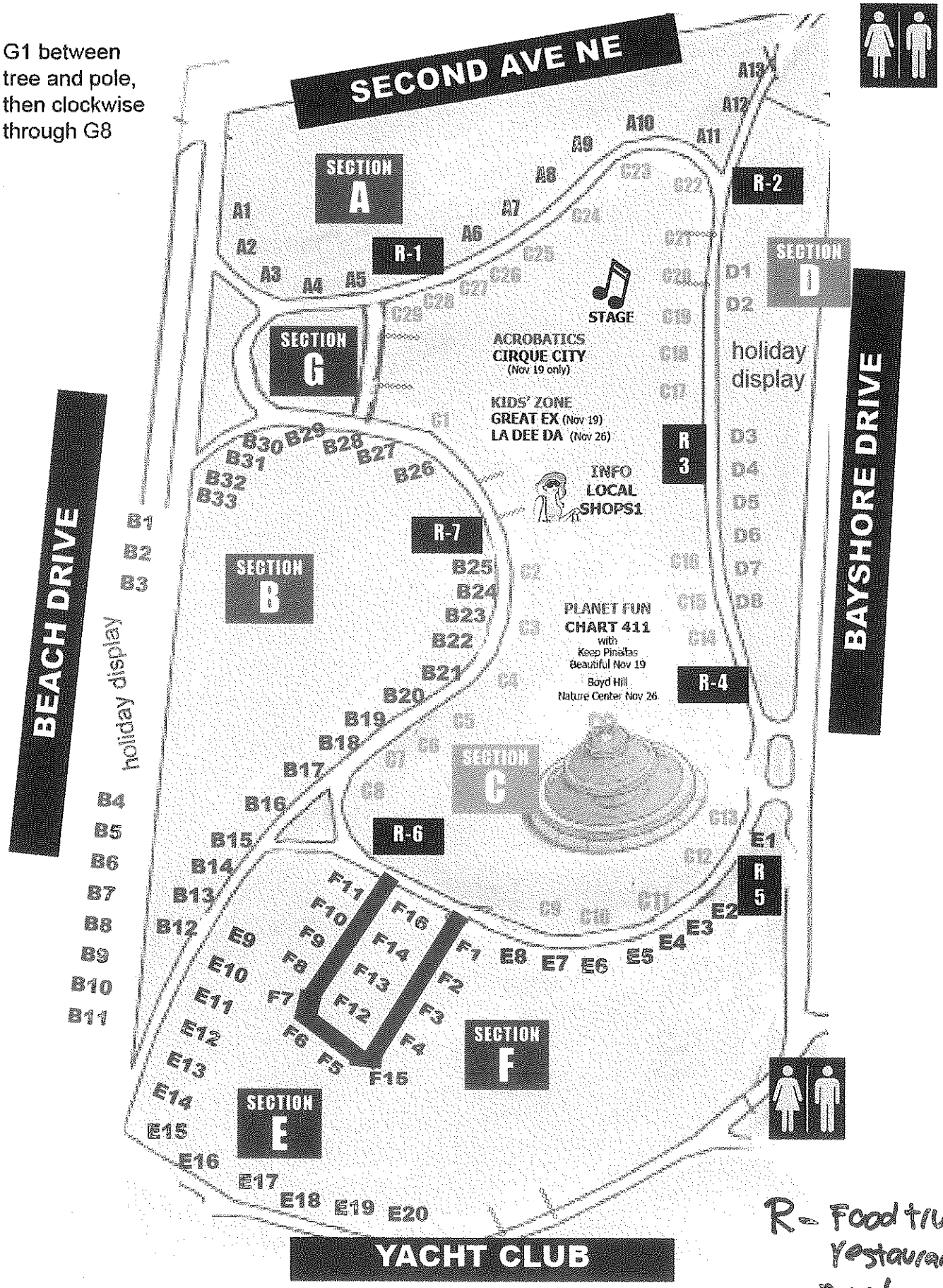
1.	Chart 411	$600.00
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	$600.00

Prepared by: Ester Venouziou Date: 01/10/2017

Print Application

Submit Application by Email

G1 between tree and pole, then clockwise through G8



R- Food trucks/ restaurants - need power

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000004982

FILED
Mar 31, 2016
Secretary of State
CC4847440785

Entity Name: CHART 411, INC.

Current Principal Place of Business:

1017 9TH AVE N.
ST. PETERSBURG, FL 33705

Current Mailing Address:

1017 9TH AVE N
ST. PETERSBURG, FL 33705 US

FEI Number: 45-5338192

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JOHNSTON, LUCINDA L
348 11TH AVE NE
ST. PETERSBURG, FL 33701 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	C/D	Title	ED
Name	JOHNSTON, HOWARD	Name	JOHNSTON, LUCINDA L
Address	348 11TH AVE NE	Address	111 SECOND AVE NE SUITE 325
City-State-Zip:	ST. PETERSBURG FL 33701	City-State-Zip:	ST. PETERSBURG FL 33701

Title	D
Name	HANSFORD, GENEVA
Address	73 W MAIN STREET
City-State-Zip:	LAKELAND GA 31635

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LUCINDA L. JOHNSTON — EXECUTIVE DIRECTOR — 03/31/2016

Electronic Signature of Signing Officer/Director Detail — Date

City of St. Petersburg

LOCAL SHOPPER LLC
ESTER VENOUZIOU
4913 28TH AVE S
GULFPORT, FL 33707 USA

Receipt #: 2706891
User: SCTegard
Issued: Thu 12 Jan 17 04:44 pm

Description		Amount
Previous Balance		$0.00
Payment:	Check	($430.00)
Balance		($430.00)

APPROVED REFUNDS ARE BY CHECK ONLY

Contract/Permit

st. petersburg parks & recreation

Contract #: 19300
Date: 12 Jan 2017

User: SCTegard
Status: Firm

LOCAL SHOPPER LLC
ESTER VENOUZIOU
4913 28TH AVE S
GULFPORT FL 33707 USA

Primary #: (727) 637-5586
Secondary #: ()
Other #: ()

Purpose of Use: Shopapalooza Festival **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: Fri 17 Nov 17 02:00 pm** **Ending: Sat 25 Nov 17 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
South Straub Park Park	Fri	17 Nov 2017	02:00 PM 11:00 PM	$0.00	$0.00	$0.00	$0.00
South Straub Park Park	Sat	18 Nov 2017	06:00 AM 09:00 PM	$0.00	$230.00	$0.00	$230.00
South Straub Park Park	Fri	24 Nov 2017	02:00 PM 11:00 PM	$0.00	$0.00	$0.00	$0.00
South Straub Park Park	Sat	25 Nov 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	$430.00	$0.00	$0.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
12 Jan 2017	$430.00	Check	Rental	2706891

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) ESTER VENOUZIOU

LOCAL SHOPPER LLC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name): _____
Parks and Recreation Superintendent

(Print Name) _____
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.

FLORIDA DEPARTMENT of STATE DIVISION OF CORPORATIONS

Sunbiz DIVISION of CORPORATIONS

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by FEI/EIN Number

Florida Limited Liability Company
LOCAL SHOPPER, LLC

Filing Information

Document Number	L08000073379
FEI/EIN Number	26-3082602
Date Filed	07/30/2008
Effective Date	08/01/2008
State	FL
Status	ACTIVE

Principal Address

4913 28TH AVE. SOUTH
GULFPORT, FL 33707

Mailing Address

P.O. BOX 530144
ST. PETERSBURG, FL 33747

Registered Agent Name & Address

VENOUZIOU, ESTER
4913 28TH AVE. SOUTH
GULFPORT, FL 33707

Authorized Person(s) Detail

Name & Address

Title MGR

VENOUZIOU, ESTER
4913 28TH AVE. SOUTH
GULFPORT, FL 33707

Annual Reports

Report Year	Filed Date
2015	02/03/2015
2016	01/22/2016
2017	01/12/2017

Document Images

01/12/2017 -- ANNUAL REPORT View image in PDF format

01/22/2016 -- ANNUAL REPORT	View image in PDF format
02/03/2015 -- ANNUAL REPORT	View image in PDF format
01/08/2014 -- ANNUAL REPORT	View image in PDF format
06/10/2013 -- ANNUAL REPORT	View image in PDF format
04/12/2012 -- ANNUAL REPORT	View image in PDF format
04/19/2011 -- ANNUAL REPORT	View image in PDF format
04/03/2010 -- ANNUAL REPORT	View image in PDF format
02/16/2009 -- ANNUAL REPORT	View image in PDF format
07/30/2008 -- Florida Limited Liability	View image in PDF format

FLORIDA DEPARTMENT of STATE DIVISION OF CORPORATIONS

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by FEI/EIN Number

Florida Not For Profit Corporation
CHART 411, INC.

Filing Information

Document Number	N12000004982
FEI/EIN Number	45-5338192
Date Filed	05/17/2012
Effective Date	05/20/2012
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	07/17/2012
Event Effective Date	NONE

Principal Address

1017 9th Ave N.
St. Petersburg, FL 33705

Changed: 03/31/2016

Mailing Address

1017 9th Ave N
St. Petersburg, FL 33705

Changed: 03/31/2016

Registered Agent Name & Address

JOHNSTON, LUCINDA L
348 11th Ave NE
St. Petersburg, FL 33701

Address Changed: 04/30/2015

Officer/Director Detail

Name & Address

Title C/D

JOHNSTON, HOWARD
348 11th Ave NE
St. Petersburg, FL 33701

Title ED

JOHNSTON, LUCINDA L
111 Second Ave NE
Suite 325
St. Petersburg, FL 33701

Title D

Hansford, Geneva
73 W Main Street
Lakeland, GA 31635

Annual Reports

Report Year	Filed Date
2014	03/31/2014
2015	04/30/2015
2016	03/31/2016

Document Images

03/31/2016 -- ANNUAL REPORT	View image in PDF format
04/30/2015 -- ANNUAL REPORT	View image in PDF format
03/31/2014 -- ANNUAL REPORT	View image in PDF format
04/30/2013 -- ANNUAL REPORT	View image in PDF format
07/17/2012 -- Amendment	View image in PDF format
05/17/2012 -- Domestic Non-Profit	View image in PDF format

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

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st. petersburg parks & recreation

Date Received: 1/10/17
Check or Cash: ch#81227 $630.00 pd
Application #: 16
Packet: A
Permit #: 19303

Event Title: St. Petersburg Power & Sailboat Show | Phone No.: 954-764-7642 | Fax No.: 954-462-4140

Entity Name: Yachting Promotions Inc | Federal I.D. Number: 59-1652459

Event Date(s): Nov. 30-Dec.3, 2017 | Location:

Day 1 of Event: Nov. 30 | Time Gates Open: 10 am | Ending Time: 7 pm

Day 2 of Event: Dec. 1 | Time Gates Open: 10 am | Ending Time: 7 pm

Day 3 of Event: Dec. 2-Dec 3 | Time Gates Open: 10 am | Ending Time: 7 pm

Application Prepared by: Dane Graziano | Phone: 954-764-7642

Title: Sr. VP & COO | Cell Phone: 954-325-0321

Address: 1115 NE 9 Ave | City: Ft. Lauderdale | State: FL | Zip: 33304

Email Address: jpalmieri@showmanagement.com

Additional Contact Person: | Day Phone:

What month/year were you incorporated as nonprofit? 5/78

List all 501(c)3 entities that will benefit from this event.

Name of the for-profit entity? Yachting Promotions Inc

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.

To bring the best products and savings to the community to shop and buy and enjoy our best natural resource THE WATER

Describe what economic benefit and impact this event will bring to St. Petersburg.

There will be a 30 million dollar economic impact in services such as hotels, restaurants and taxes

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? ☒ YES ☐ 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.showmanagement.com

Please provide a phone number that can be advertised to the public.

What is the estimated attendance for this event? Spectators Participants Last Year's Total Attendance 20,000+

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) no

Bleacher(s) needed. Each bleacher approx. 180 people) no

Tables (6 ft) # needed na Chairs # needed na

Public Address System no

# of portable risers needed (4 in. x 8 in. x 16 in. sections) na

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 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:	Efrem Zimbalist III	Title:	CEO	Date:	1/11/17
Co-Sign:		Title:		Date:	

NOTE:

a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,
727-893-7766 or EMAIL: StPeteEvents@stpete.org

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☐ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 260	
☒ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 20	Temporary Structure Permit
☒ Fence Installation	What type? chain link	Temporary Structure Permit
☒ Other Structures	What structure? floating docks	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☐ Staging	☐ Professional ☐ Showmobile ☐ Other	
☐ Amplified Sound	☐ Performers ☐ Announcement Only	
☒ Security	☐ Daytime - Private ☐ Overnight - Private ☐ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units ☐ Disabled Units ☐ Hand Washing yes	
☒ Off-site Parking / Shuttle		
☒ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

☒ Invitations	☐ Radio
☐ Posters / Flyers	☐ Television
☒ Newspaper / Internet	☐ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☒ YES ☐ NO

If YES, check all that apply. ☐ RV'S ☐ Coffee Vendors ☐ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☐ Catering Trucks ☒ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

We use the existing transformers that are on site at Albert Whitted Park. They are 750KVA. Each as 400 amp disconnects

Will you supply your own generators? ☒ YES ☐ NO

Will your event have a licensed electrician on-site during the event? ☒ YES ☐ NO If YES, who? Show Management Electric

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

no

If City permits, licenses, or services are required for event, who will pay for them?

Name: Yachting Promotions Inc Phone: 954-764-7642

Address (including zip): 1115 NE 9 Ave Ft. Lauderdale, FL 33304

Type of music, # of stages, and # of bands.

Light music on floating cocktail barge from Noon to 7 pm

List Vending Products. Name & Provider.

Marine accessories and boats on display

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

NA

Explain subject/purpose of all speeches/demonstrations which will occur.

NA

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:	Efrem Zimbalist III	Title:	CEO	Date:	1/11/17

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.**

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www.stpete.org

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: Yachting Promotions Inc

Name of Responsible Party (President or CEO ONLY): Efrem Zimbalist III

Title of Responsible Party: CEO

Physical Address of Responsible Party: 1115 NE 9 Ave Ft. Lauderdale, FL 33304

Phone Number of Responsible Party: 954-764-7642

Email Address of Responsible Party: dgraziano @showmanagement.com

For-profit (Employee Identification Number) 591652459

Please include a copy of the the current IRS Nonprofit Affidavit / For Profit

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www.stpete.org

APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: St. Petersburg Power & Sailboat Show
Date(s) of Event: Nov. 30, 2017 - Dec. 3, 2017

I. REVENUE SOURCES (attach sheet if more space is needed)

		Amount
1.	10 x 10 booths	$47,302.50
2.	Land Exhibits	$13,889.53
3.	In Water	$45,935.43
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$107,127.46

II. EXPENSES (attach sheet if more space is needed)

1.	Association Fees	$51,500.00
2.	Tent Rental	$15,450.00
3.	Electrical Services	$7,725.00
4	Security	$11,716.25
5.	Parking Attendants	$2,307.20
6.	Forklift Rentals	$6,978.25
7.		
8.		
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$95,676.70
	TOTAL NET INCOME	$11,450.76

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

1.	Travel & Lodging	$8,054.90
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	$8,054.90

Prepared by: Dane Graziano Date: Jan 11, 2017

Print Application

Submit Application by Email

Contract/Permit

st. petersburg parks & recreation

Contract #: 19303
Date: 12 Jan 2017

User: SCTegard
Status: Firm

YACHTING PROMOTIONS INC
DANE GRAZIANO
1115 NE 9TH AVE
FORT LAUDERDALE FL 33304 USA

Primary #: (954) 764-7642
Secondary #: ()
Other #: ()

Purpose of Use: St. Pete Power & Sailboat Show **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: Thu 30 Nov 17 06:00 am Ending: Sun 03 Dec 17 11:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park Park	Thu	30 Nov 2017	06:00 AM 11:00 PM	$0.00	$30.00	$0.00	$30.00
Albert Whitted Park Park	Fri	01 Dec 2017	06:00 AM 11:00 PM	$0.00	$200.00	$0.00	$200.00
Albert Whitted Park Park	Sat	02 Dec 2017	06:00 AM 11:00 PM	$0.00	$200.00	$0.00	$200.00
Albert Whitted Park Park	Sun	03 Dec 2017	06:00 AM 11:00 PM	$0.00	$200.00	$0.00	$200.00

Additional Fees:

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	17:00	1	$30.00	$0.00	$30.00
Co-Sponsored Park Permit Fee	51:00	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	$30.00	$600.00	$600.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
25 Jan 2016	$30.00	Check	Rental	2488436

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) **DANE GRAZIANO**

YACHTING PROMOTIONS INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name): _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

_____ 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

YACHTING PROMOTIONS INC
DANE GRAZIANO
1115 NE 9TH AVE
FORT LAUDERDALE, FL 33304 USA

Receipt #: 2707126
User: SCTegard
Issued: Fri 13 Jan 17 11:04 am

Description	Amount
Previous Balance	$600.00
Applied To: 19303 - St. Pete Power & Sailboat Show Albert Whitted Park - Park November 30, 2017 6:00 am to December 3, 2017 11:00 pm	$600.00
Payment: Check	($630.00)
Balance	($30.00)

APPROVED REFUNDS ARE BY CHECK ONLY

Detail by FEI/EIN Number

Florida Profit Corporation
YACHTING PROMOTIONS, INC.

Filing Information

Document Number	498855
FEI/EIN Number	59-1652459
Date Filed	03/15/1976
State	FL
Status	ACTIVE
Last Event	CORPORATE MERGER
Event Date Filed	12/14/2006
Event Effective Date	01/01/2007

Principal Address

1115 NE 9TH AVENUE
FORT LAUDERDALE, FL 33304

Mailing Address

1115 NE 9TH AVENUE
FORT LAUDERDALE, FL 33304

Registered Agent Name & Address

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION, FL 33324

Name Changed: 03/21/2012

Address Changed: 03/21/2012

Officer/Director Detail

Name & Address

Title CEO

ZIMBALIST III, EFREM MR
1115 NE 9TH AVE
FT LAUDERDALE, FL 33304

Title SVP

SELLSTROM, BRIAN MR

1115 NE 9TH AVE
FT LAUDERDALE, FL 33304

Title VP

GRAZIANO, DANE MR
1115 NE 9TH AVE
FT LAUDERDALE, FL 33304

Title VP

DOOLE, ANDREW MR
1115 NE 9TH AVE
FT LAUDERDALE, FL 33304

Title VP

STRUL, RICARDO MR
1115 NE 9TH AVE
FT LAUDERDALE, FL 33304

Title SECR

CLURMAN, ANDREW MR
1115 NE 9TH AVE
FT LAUDERDALE, FL 33304

Annual Reports

Report Year	Filed Date
2014	04/30/2014
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
04/30/2014 -- ANNUAL REPORT	View image in PDF format
06/12/2013 -- ANNUAL REPORT	View image in PDF format
03/21/2012 -- ANNUAL REPORT	View image in PDF format
04/27/2011 -- ANNUAL REPORT	View image in PDF format
04/23/2010 -- ANNUAL REPORT	View image in PDF format
11/17/2009 -- Reg. Agent Change	View image in PDF format
04/30/2009 -- ANNUAL REPORT	View image in PDF format
04/29/2008 -- ANNUAL REPORT	View image in PDF format
05/04/2007 -- ANNUAL REPORT	View image in PDF format
12/14/2006 -- Merger	View image in PDF format
09/28/2006 -- ANNUAL REPORT	View image in PDF format
05/12/2006 -- Reg. Agent Change	View image in PDF format
04/10/2006 -- Reg. Agent Change	View image in PDF format
01/27/2006 -- ANNUAL REPORT	View image in PDF format

02/04/2005 -- ANNUAL REPORT	View image in PDF format
01/28/2004 -- ANNUAL REPORT	View image in PDF format
04/24/2003 -- ANNUAL REPORT	View image in PDF format
02/14/2002 -- ANNUAL REPORT	View image in PDF format
03/13/2001 -- ANNUAL REPORT	View image in PDF format
03/24/2000 -- ANNUAL REPORT	View image in PDF format
03/09/1999 -- ANNUAL REPORT	View image in PDF format
02/02/1998 -- ANNUAL REPORT	View image in PDF format
04/15/1997 -- ANNUAL REPORT	View image in PDF format
01/26/1996 -- ANNUAL REPORT	View image in PDF format
05/01/1995 -- ANNUAL REPORT	View image in PDF format

Florida Department of State, Division of Corporations

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1/13/17
Check or Cash: $30 pd
Application #: 17
Packet: A
Permit #: 19369

Event Title: CraftArt Festival 2017 | Phone No.: 727-821-7391 | Fax No.:

Entity Name: Florida ~~CraftArt~~ CRAFTSMEN INC | Federal I.D. Number: 23-7375994N

Event Date(s): Nov. 18 & 19, 2017 | Location: Central Ave. (4th St to 6th St) & 5th St (1st Ave N to 1st Ave

Day 1 of Event: | Time Gates Open: 10 am | Ending Time: 5pm

Day 2 of Event: | Time Gates Open: 10 am | Ending Time: 4pm

Day 3 of Event: | Time Gates Open: | Ending Time:

Application Prepared by: Janie Lorenz | Phone: 727/821-7391

Title: Business Manager | Cell Phone: 727/235-3223

Address: 501 Central Ave. | City: St. Petersburg | State: FL | Zip: 33701

Email Address: janie.lorenz@floridacraftart.org

Additional Contact Person: Katie Deits | Day Phone: 727/821-7391

What month/year were you incorporated as nonprofit? May 1974

List all 501(c)3 entities that will benefit from this event. Florida CraftArt

Name of the for-profit entity? NA

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.

The CraftArt Festival is celebrating its 20th Anniversary this year and 14th year in St. Petersburg. As one of the anchors in the Central Arts District, Florida CraftArt is a statewide organization that places St. Petersburg on the national arts scene through national calls to artists for participation. The CraftArt Festival continues to add to the growth of the cultural community in St. Petersburg, for which it has become well known. From data collected with our visitor surveys, we know that the CraftArt Festival has become an "annual" event for residents of downtown St. Petersburg and the Tampa Bay Area.

Describe what economic benefit and impact this event will bring to St. Petersburg.

Hotel, restaurants and other cultural & business venues receive the benefit of the additional foot traffic that the CraftArt Festival brings to the city over the course of the 2-day event. As a result of having approximately 15,000 visitors at the festival, our neighboring restaurants, hotels and other businesses see an increase in revenue.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? ☒ YES ☐ NO How much? $2,000,000

Are there plans to sell or distribute beer/wine at your event? ☒ YES ☐ NO

Will there be an admission / registration fee? ☐ YES ☒ NO Advanced Fee: | Day of:

Please provide the website address for your event. www.floridacraftart.org

Please provide a phone number that can be advertised to the public. 727/821-7391

What is the estimated attendance for this event? Spectators 15,000 Participants 200 Last Year's Total Attendance 10,000

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) No

Bleacher(s) needed. Each bleacher approx. 180 people) No

Tables (6 ft) # needed tbd Chairs # needed tbd

Public Address System NO

# of portable risers needed (4 in. x 8 in. x 16 in. sections) NO

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:	Katie Betts	Title:	Executive Director	Date:	1/19/2017
Co-Sign:	Jamie Lacy	Title:	Business Manager	Date:	1/19/2017

NOTE:

a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

Condition		Obligation
[X] Public Invited		General Liability Insurance
[ ] Located in Park		Park Permit
[X] Vending Product / Merchandise Sales		Occupational License
[X] Vending Food / Beverage		Health Inspection
[X] Vendors / Exhibitors	How many? 132	
[X] Vending Beer / Wine		Alcohol Permit Additional insurance Required
[X] Erecting Tents - Larger than 10ft x 12ft	How many? 2	Temporary Structure Permit
[ ] Fence Installation	What type?	Temporary Structure Permit
[ ] Other Structures	What structure?	Temporary Structure Permit
[ ] Open Flame Food Preparation		Fire Inspection Permit
[ ] Pyrotechnics		Fireworks Permit
[X] Require Street Closure		Parade or Street Closure Permit(s)
[ ] VIP Area		
[ ] Staging	[ ] Professional [ ] Showmobile [ ] Other	
[ ] Amplified Sound	[ ] Performers [ ] Announcement Only	
[X] Security	[ ] Daytime - Private [X] Overnight - Private [X] Event Time Frame - SPPD	
[X] Sanitary Facilities - Port-O-Lets	Regular Units 39 Disabled Units 4 Hand Washing 30	
[ ] Off-site Parking / Shuttle		
[ ] Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

- [X] Invitations
- [X] Posters / Flyers
- [X] Newspaper / Internet
- [X] Radio
- [ ] Television
- [ ] Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☐ YES ☒ NO

If YES, check all that apply. ☐ RV'S ☐ Coffee Vendors ☐ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☐ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Will you supply your own generators? ☐ YES ☒ NO

Will your event have a licensed electrician on-site during the event? ☐ YES ☒ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

No

If City permits, licenses, or services are required for event, who will pay for them?

Name: Florida ~~CraftArt~~ Craftsmen Inc Phone: 727/821-7391

Address (including zip): 501 Central Ave., St. Petersburg, FL 33701

Type of music, # of stages, and # of bands.

tbd

List Vending Products. Name & Provider.

tbd

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

Florida CraftArt
501 Central Ave.
St. Petersburg, FL 33701

Explain subject/purpose of all speeches/demonstrations which will occur.

Artist demonstrations of fine craft, hands on, make & take activities

Discuss your load in/load out parking needs, include times and dates.

tent set-up, artist load in will take place on Friday afternoon after the streets are closed and cleared 3-7pm

breakdown begins at 4pm on Sunday and is completed by 8pm - the streets reopen

Other Comments: Please describe your fee structure.

participating artists pay a booth fee based on size and location of their tent:
10 x 10 tent/booth space - $270
corner tent/booth space -$370
tents and tables are available to rent - pricing tbd

Other comments:

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Katie Deits Title: Executive Director Date: 1/13/2017

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.**

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www.stpete.org

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Florida Craftsmen, Inc., dba Florida CraftArt

Name of Responsible Party (President or CEO ONLY): Kathryn Howd

Title of Responsible Party: President, Board of Directors

Physical Address of Responsible Party: 842 36th Ave. N., St. Petersburg, FL 33704

Phone Number of Responsible Party: 727/365-1718

Email Address of Responsible Party: khowd@tampabay.rr.com

Nonprofit (Employee Identification Number): 23-7375994N

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

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APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: CarfArt Festival 2017
Date(s) of Event: Nov. 18 & 19, 2017 -

I. REVENUE SOURCES (attach sheet if more space is needed)

		Amount
1.	See attached P&L	
2.		
3.		
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	

II. EXPENSES (attach sheet if more space is needed)

1.	See attached P & L	
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.	Programming and exhibitions for Florida CraftArt	$11,507.40
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	$11,507.40

Prepared by: Janie Lorenz Date: 1/19/2017

Print Application

Submit Application by Email

Florida CraftArt
CraftArt
October 1, 2016 through January 19, 2017

	CA 16	TOTAL
Ordinary Income/Expense		
Income		
CraftArt Festival		
Fees	27,814.50	27,814.50
Sponsorship/Direct Support	30,729.46	30,729.46
Total CraftArt Festival	58,543.96	58,543.96
Total Income	58,543.96	58,543.96
Expense		
CraftArt Festival Expenses		
Awards / Jury Fees	11,500.00	11,500.00
Fees / Permits / Supplies	22,680.79	22,680.79
Promotion	12,855.77	12,855.77
Total CraftArt Festival Expenses	47,036.56	47,036.56
Total Expense	47,036.56	47,036.56
Net Ordinary Income	11,507.40	11,507.40
Net Income	**11,507.40**	**11,507.40**

Address any reply to: P. O. Box 737, Atlanta, Georgia 30301

Department of the Treasury

District Director

Internal Revenue Service

Date: MAY 29 1974

In reply refer to: 411-12:GF:A8486

Florida Craftsmen
1290 S.W. 23th Street
Miami, Fla. 33145

E.I. # 23-7375994 N

Gentlemen:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.

If your purposes, character, or method of operation is changed, you must let us know so we can consider the effect of the change on your exempt status. Also, you must inform us of all changes in your name or address.

If your gross receipts each year are normally more than $5,000, you are required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of $10 a day, up to a maximum of $5,000, for failure to file a return on time.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Please keep this determination letter in your permanent records.

Sincerely yours,

ATTACHED:

Thomas P. Schaub

Exempt Organization Specialist

SE DIR A Form AUD - 225 (4-72)

Contract/Permit

st. petersburg parks & recreation

Contract #: 19369
Date: 19 Jan 2017

User: SCTegard
Status: Firm

FLORIDA CRAFTSMAN
JANIE LORENZ
501 CENTRAL AVE
ST PETERSBURG FL 33701 USA

Primary #: (727) 821-7391
Secondary #: ()
Other #: ()

Purpose of Use: CraftArt 2017 **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 18 Nov 17 06:00 am **Ending:** Sun 19 Nov 17 06:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Special Programs	Sat	18 Nov 2017	06:00 AM	$0.00	$30.00	$0.00	$30.00
Special Event			06:00 PM				
Special Programs	Sun	19 Nov 2017	06:00 AM	$0.00	$0.00	$0.00	$0.00
Special Event			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
		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	$30.00	$0.00	$0.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
19 Jan 2017	$30.00	Check	Rental	2711119

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) JANIE LORENZ

FLORIDA CRAFTSMAN
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name): _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

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.

st.petersburg

City of St. Petersburg

FLORIDA CRAFTSMAN
JANIE LORENZ
501 CENTRAL AVE
ST PETERSBURG, FL 33701 USA

Receipt #: 2711119
User: SCTegard
Issued: Thu 19 Jan 17 04:15 pm

Description	Amount
Previous Balance	$30.00
Applied To: 19369 - CraftArt 2017 Special Programs - Special Event November 18, 2017 6:00 am to November 19, 2017 6:00 pm	$30.00
Payment: Check	($30.00)
Balance	$0.00

APPROVED REFUNDS ARE BY CHECK ONLY

FLORIDA DEPARTMENT of STATE DIVISION OF CORPORATIONS

Sunbiz Division of CORPORATIONS

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by FEI/EIN Number

Florida Not For Profit Corporation
FLORIDA CRAFTSMEN, INC.

Filing Information

Document Number	740750
FEI/EIN Number	23-7375994
Date Filed	11/10/1977
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	12/27/2016
Event Effective Date	NONE

Principal Address

501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Changed: 09/07/1999

Mailing Address

501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Changed: 09/07/1999

Registered Agent Name & Address

DEITS, KATIE
FLORIDA CRAFTSMEN INC
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Name Changed: 12/06/2016

Address Changed: 04/28/2009

Officer/Director Detail

Name & Address

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Title Director, Treasurer

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