



City of St. Petersburg

City Council

Co-Sponsored Events Committee

Thursday, October 26, 2017, 2:30PM

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 thirteen (13) events for FY 18
 - a. waiving the non-profit requirement for two (2) events
 - b. approval of liquor request for one (1) event
- III. Adjournment

Event Listing

October 26th Meeting

Event #	Event Name	1st Year	Non Profit Organization	Profit Organization	Event Date
63	Valentine's Regatta	YES	ST. PETERSBURG YACHT CLUB		2/3/18 - 2/4/18
64	Special Olympics Area Games	NO	SPECIAL OLYMPICS FLORIDA, INC.		3/10/18
65	The Second Annual Jammin for the Planet	YES	WOMEN'S MARCH FLORIDA, INC.		1/27/18
68	Wine Weekend 2018	NO	MUSEUM OF FINE ARTS OF ST PETERSBURG, FLORIDA, INC.		2/2/18 - 2/4/18
69	First Friday	NO	THE BREAKFAST OPRIMIST CLUB OF ST PETERSBURG, FLORIDA, INC.		First Friday Each Month
70	Movies in the Park (May)	NO	SAINT PETERSBURG PRESERVATION, INC.		Every Thursday in May
71	Swim Across America Tampa Bay	YES	SWIM ACROSS AMERICA, INC.		4/14/18
72	Running For All Children	NO	JOHNS HOPKINS RUNNING FOR ALL CHILDREN'S FOUNDATION, INC.		5/19/18
73	Tampa Bay Caribbean Carnival	NO	TRINIDAD & TOBAGO AMERICAN ASSOCIATION OF CENTRAL FLORIDA, INC		6/9/18 6/10/18
74	Extreme Mudwars	NO	PIER AQUARIUM, INC.	ACTIVE ENDEAVORS, INC.	7/14/18
75	St Pete Pride Weekend	NO	ST. PETE PRIDE INC.		06/22/18 06/23/18 06/24/18
76	Historic Kenwood Pinot in the Park	NO	HISTORIC KENWOOD NEIGHBORHOOD ASSOCIATION, INC.		4/7/18
77	Sting Rock the Vinoy	YES	R.O.C. PARK, INC.	KNIGHT GLOBAL ENTERTAINMENT, LLC	12/10/17

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



Date Received: 8/21/17
 Check or Cash: 10802
 Application #: 63
 Packet: B
 Permit #: 21243

Event Title: Valentine's Regatta Phone No.: 822-3113 Fax No.: 8225951

Entity Name: St. Petersburg Yacht Club Federal I.D. Number: 59-0433240

Event Date(s): Feb 3-4, 2018 (Setup 02/02/18) Location: Flora Wylie/Northshore Park

Day 1 of Event: 2/3/18 Time Gates Open: 7am Ending Time: 8pm

Day 2 of Event: 2/4/18 Time Gates Open: 7am Ending Time: 8pm

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

Application Prepared by: Todd Fedyszyn & Shawn Macking Phone: 822-3113

Title: Race Director & Waterfront Director Cell Phone: 8136356940

Address: 11 Central Ave City: St. Petersburg State: FL Zip: 33701

Email Address: Todd@spyc.org, Waterfront-Director@spyc.org

Additional Contact Person: Corey Hall Day Phone: 822-3113

What month/year were you incorporated as nonprofit? 1909

List all 501(c)3 entities that will benefit from this event. SPYC - 501(c)7

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 annual Valentine's Regatta is a series of sailboat races over two days for children as young as six years old. Typically operated from the St. Petersburg Sailing Center, this event has been run in the City for decades and attracts hundreds of sailors and their families from all over the Country. Sailing is also a non-motorized "green" sport, which helps build upon the City's reputation as a bastion of sustainability.

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

Approximately 600 people will attend this event, a majority of which will be coming from outside the City. Direct economic impact to the City will be upwards of \$500k.

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? \$10MM

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: \$110 Day of: N/A

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

Please provide a phone number that can be advertised to the public. 727-822-3113

What is the estimated attendance for this event? Spectators 300 Participants 400 Last Year's Total Attendance 700

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 N/A
of portable risers needed (4 in. x 8 in. x 16 in. sections) 0

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

Name:	Todd Fedyszyn	Title:	Race Director	Date:	8/2/2017
Co-Sign:	Shawn Macking	Title:	Waterfront Director	Date:	08/02/2017

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/>	Public Invited	General Liability Insurance
<input checked="" type="checkbox"/>	Located in Park	Park Permit
<input type="checkbox"/>	Vending Product / Merchandise Sales	Occupational License
<input type="checkbox"/>	Vending Food / Beverage	Health Inspection
<input checked="" type="checkbox"/>	Vendors / Exhibitors	Alcohol Permit Additional insurance Required
	How many? 1 - 10 Vendors / Exhibitors <input type="text" value="10"/>	
<input type="checkbox"/>	Vending Beer / Wine	
<input checked="" type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	Temporary Structure Permit
	How many? 2	
<input type="checkbox"/>	Fence Installation	Temporary Structure Permit
	What type? _____	
<input type="checkbox"/>	Other Structures	Temporary Structure Permit
	What structure? _____	
<input type="checkbox"/>	Open Flame Food Preparation	Fire Inspection Permit
<input type="checkbox"/>	Pyrotechnics	Fireworks Permit
<input type="checkbox"/>	Require Street Closure	Parade or Street Closure Permit(s)
<input type="checkbox"/>	VIP Area	
<input type="checkbox"/>	Staging	
	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input checked="" type="checkbox"/>	Amplified Sound	
	<input type="checkbox"/> Performers <input checked="" type="checkbox"/> Announcement Only	
<input checked="" type="checkbox"/>	Security	
	<input type="checkbox"/> Daytime - Private <input checked="" type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD	
<input checked="" type="checkbox"/>	Sanitary Facilities - Port-O-Lets	
	Regular Units 8 Disabled Units 2 Hand Washing 2	
<input type="checkbox"/>	Off-site Parking / Shuttle	
<input type="checkbox"/>	Semitruck / Tractor Trailer	

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

Other:

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

RV may be used as on-site office.

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 Yacht Club

Phone: 727-822-3873

Address (including zip): 11 Central Ave, St. Petersburg FL 33701

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

N/A

List Vending Products. Name & Provider.

Sailing Apparel & Gear - Sturgis Boatworks, KO Sailing, Dinghy Locker, Coral Reef Sailing Apparel

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.

Tent setup TBD by contracted Tent Company. Competitors will be allowed to arrive Friday with their Opti (small sailboat) for the weekend racing. Parking needs & vendor location detailed in attached map.

Other Comments: Please describe your fee structure.

Registration fees (\$110 per competitor) go to cover event expenses.

Other comments:

Amplified sound will be setup during the Skippers' Meeting on Saturday morning (approximately 8:30am), and Awards Ceremony on Sunday afternoon (Depending on weather/wind, approximately 4pm).

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: Todd Fedyszyn & Shawn Macking

Title: Race Director & Waterfront Dire

Date: 8/2/2017

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.**



Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: St. Petersburg Yacht Club

Name of Responsible Party (President or CEO ONLY): Bob Birkenstock

Title of Responsible Party: Commodore

Physical Address of Responsible Party: 11 Central Avenue

Phone Number of Responsible Party: 727-822-3873

Email Address of Responsible Party: commodore@spyc.org

Nonprofit (Employee Identification Number): 59-0433240

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: Valentine's Regatta
 Date(s) of Event: 2/4/17 - 2/5/17

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

	Amount
1. Paypal Laser Entry Fees (net of tax)	4747
2. USODA Entry Fees (net of tax)	26359
3. Cash Receipts (net of tax)	800
4.	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	\$31,906

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

1. Paypal Fees	159
2. YachtScoring Software	290
3. Coral Reef Sailing Apparel - Competitors' Shirts	6703
4. Brown's Trophies	95
5. ISAF	2163
6. Noble Awards	4093
7. Subway Competitors' Lunches	3852
8. Publix	538
9. RC Expenses	2450
10. Staff Labor	8650
11. Sturgis Boat Giveaway	1070
12. 800 Lot Trailer Storage Rental	864
TOTAL OPERATING EXPENSES	\$30,927
TOTAL NET INCOME	

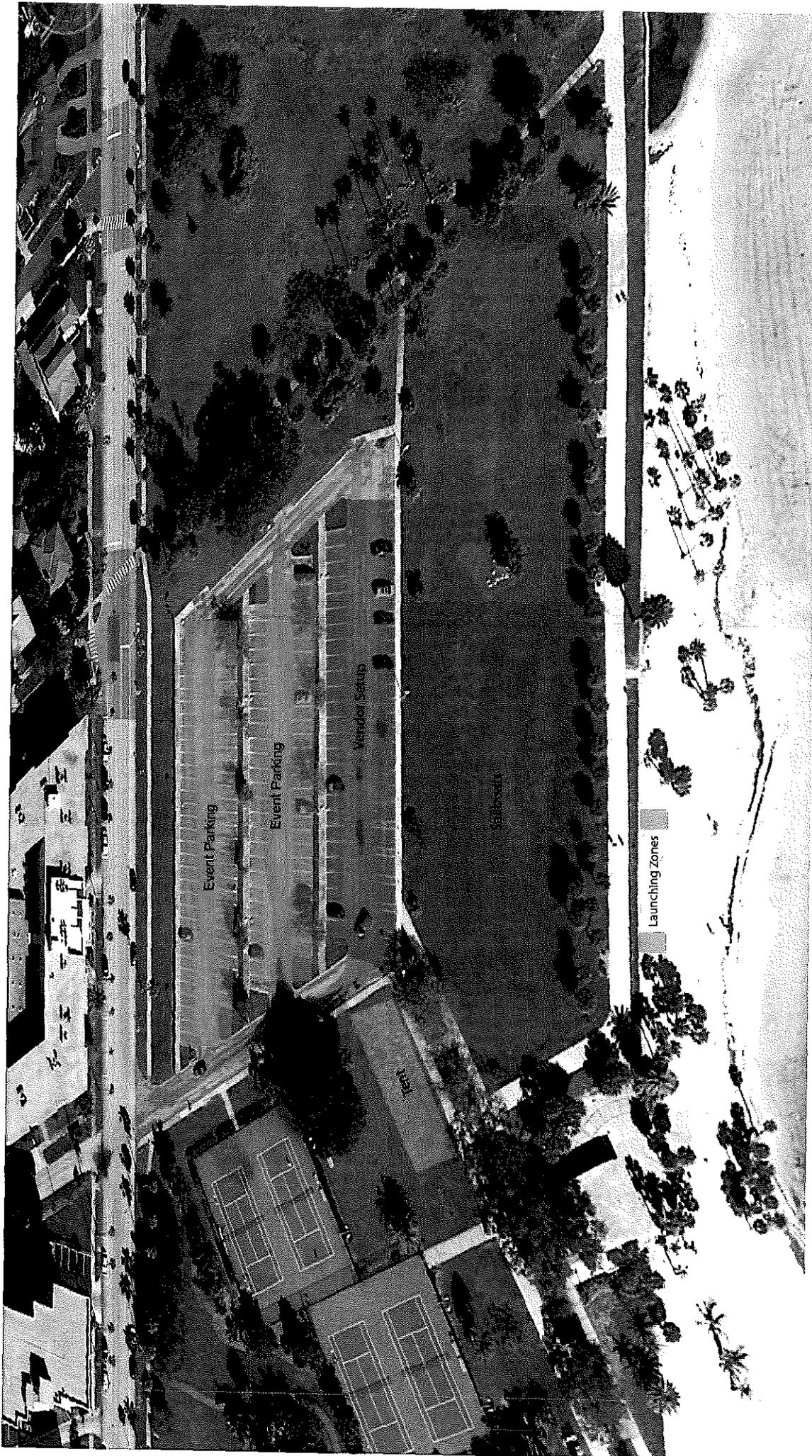
III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

1. Event is run to breakeven. If income is realized, it goes to cover past/future event losses.	979
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	

Prepared by: Shawn Macking Date: 08/02/2017

Print Application

Submit Application by
Email



Event Parking

Event Parking

Vendor Setup

Seating

Launching Zones



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/3/2017

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

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

PRODUCER Commercial Lines - (813) 639-3000 Wells Fargo Insurance Services USA, Inc. 2502 N. Rocky Point Drive, Suite 400 Tampa, FL 33607	CONTACT NAME: Certificate Dept PHONE (A/C, No, Ext): 813.639.3000 FAX (A/C, No): 855-299-7117 E-MAIL ADDRESS: clw.certrequest@wellsfargo.com														
INSURED St Petersburg Yacht Club 11 Central Avenue St. Petersburg FL 33701	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER B: ACE Fire Underwriters Ins. Co.</td> <td>20702</td> </tr> <tr> <td>INSURER C: Indemnity Insurance Company of North America</td> <td>43575</td> </tr> <tr> <td>INSURER D: Zenith Insurance Company</td> <td>13269</td> </tr> <tr> <td>INSURER E: Commerce & Industry Insurance Company</td> <td>19410</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ACE American Insurance Company	22667	INSURER B: ACE Fire Underwriters Ins. Co.	20702	INSURER C: Indemnity Insurance Company of North America	43575	INSURER D: Zenith Insurance Company	13269	INSURER E: Commerce & Industry Insurance Company	19410	INSURER F:	
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INSURER F:															

COVERAGES
CERTIFICATE NUMBER: 11532346
REVISION NUMBER: See below

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			SVRD37630755	05/01/2016	05/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Liquor Liability \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			CALH08438456	05/01/2016	05/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS 0			N10730661	05/01/2016	05/01/2017	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	Z133152702	02/01/2017	02/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Protection & Indemnity			Y07026250	05/01/2016	05/01/2017	\$1,000,000 Limit

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

RE: CITY LEASE NO. 207 - OPERATOR'S AGREEMENT FOR THE USE OF THE ST. PETERSBURG SAILING CENTER LOCATED ON THE SOUTH MOLE (SOUTHWEST CORNER) OF DEMEN'S LANDING
 City of St Petersburg is named as additional insured as it relates to general liability in accordance with the terms and conditions of the policy.

CERTIFICATE HOLDER
CANCELLATION

CITY OF ST PETERSBURG AVA E. NELSON, R-E AGNT 1 REAL ESTATE & PROP. MGMT. P. O. BOX 2842 ST. PETERSBURG FL 33731-2842	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
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ACORD 25 (2016/03)

Certificate of Insurance (Con't)

OTHER Coverage

INSR LTR	TYPE OF INSURANCE	ADDL INSR	WVD SUBR	POLICY NUMBER	EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	LIMIT
E	Pollution Liability			FPL0055220004	02/24/2017	02/24/2018	\$2,000,000 Aggregate \$2,000,000 Per Incident \$5,000 Ded Per Incident



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

Detail by Entity Name

Florida Not For Profit Corporation
ST. PETERSBURG YACHT CLUB

Filing Information

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

Principal Address

11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Changed: 01/19/2011

Mailing Address

11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Changed: 01/19/2011

Registered Agent Name & Address

FINNEY, COLLEEN
11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Name Changed: 02/04/2016

Address Changed: 02/04/2016

Officer/Director Detail

Name & Address

Title Secretary

O'Brien, Jackie
11 Central Avenue
ST. PETERSBURG, FL 33701

Title General Manager

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

Title Director

KLINGEL, JOE
 11 CENTRAL AVE
 ST. PETERSBURG, FL 33701

Title Director

BIRKENSTOCK, BOB
 11 CENTRAL AVE
 ST. PETERSBURG, FL 33701

Title Director

BYRNE , JAMES A
 11 Central Avenue
 ST. PETERSBURG, FL 33701

Title Treasurer

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

Annual Reports

Report Year	Filed Date
2016	01/21/2016
2016	10/13/2016
2017	01/10/2017

Document Images

01/10/2017 -- ANNUAL REPORT	View image in PDF format
10/13/2016 -- AMENDED ANNUAL REPORT	View image in PDF format
02/04/2016 -- Reg. Agent Change	View image in PDF format
01/21/2016 -- ANNUAL REPORT	View image in PDF format
01/12/2015 -- ANNUAL REPORT	View image in PDF format
12/04/2014 -- Amendment	View image in PDF format
03/31/2014 -- ANNUAL REPORT	View image in PDF format
01/29/2013 -- ANNUAL REPORT	View image in PDF format
01/16/2012 -- ANNUAL REPORT	View image in PDF format
01/19/2011 -- ANNUAL REPORT	View image in PDF format
01/27/2010 -- ANNUAL REPORT	View image in PDF format
01/18/2009 -- ANNUAL REPORT	View image in PDF format
04/21/2008 -- ANNUAL REPORT	View image in PDF format



Contract/Permit

Contract #: 21243
Date: 09 Aug 2017

User: JSBENNIN
Status: Firm

ST PETERSBURG YACHT CLUB
SHAWN MACKING
11 CENTRAL AVE
ST PETERSBURG FL 33701 USA

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

Purpose of Use: VALENTINE'S REGATTA

Expected: 800

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 03 Feb 18 06:00 am

Ending: Sun 04 Feb 18 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Flora Wylie Park Park	Sat	03 Feb 2018	06:00 AM	\$0.00	\$400.00	\$0.00	\$400.00
		04 Feb 2018	09:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00
Extra Fee - Bookings	Hours	Quantity	Charge	Tax
Co-Sponsored Park Permit Fee	39:00	2	\$400.00	\$0.00
		2	\$400.00	\$0.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
09 Aug 2017	\$30.00	Check	Rental	2881003
09 Aug 2017	\$400.00	Check	Rental	2881004

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) **SHAWN MACKING**

ST PETERSBURG YACHT CLUB

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

Contract #: 21243
Date: 09 Aug 2017

User: JSBENNIN
Status: Firm

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

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



City of St. Petersburg

ST PETERSBURG YACHT CLUB
SHAWN MACKING
11 CENTRAL AVE
ST PETERSBURG, FL 33701 USA

Receipt #: 2881004
User: JSBENNIN
Issued: Wed 09 Aug 17 02:11 pm

Description	Amount
Previous Balance	\$400.00
Applied To: 21243 - VALENTINE'S REGATTA Flora Wylie Park - Park February 3, 2018 6:00 am to February 4, 2018 9:00 pm	\$400.00
Payment: Check # 10801	(\$400.00)
Balance	\$0.00



City of St. Petersburg

ST PETERSBURG YACHT CLUB
SHAWN MACKING
11 CENTRAL AVE
ST PETERSBURG, FL 33701 USA

Receipt #: 2881003
User: JSBENNIN
Issued: Wed 09 Aug 17 02:10 pm

Description	Amount
Previous Balance	\$430.00
Applied To: 21243 - VALENTINE'S REGATTA Flora Wylie Park - Park February 3, 2018 6:00 am to February 4, 2018 9:00 pm	\$30.00
Payment: Check #10802	(\$30.00)
Balance	\$400.00

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



Date Received: 6-22-17 ⁰⁵⁷
 Check or Cash: #4298
 Application #: 64
 Packet: B
 Permit #: 21246

Event Title: SPECIAL OLYMPICS FLORIDA AREA 6 SUMMER GAMES Phone No.: 727-669-1221 Fax No.: 727-894-3995

Entity Name: SPECIAL OLYMPICS FLORIDA-PINELLAS COUNTY Federal I.D. Number: 23-7181560

Event Date(s): MARCH 9-10, 2018 Location: LAKEWOOD HIGH SCHOOL

Day 1 of Event: 6/9/18 Time Gates Open: 9AM Ending Time: 5PM

Day 2 of Event: 6/10/18 Time Gates Open: 6AM Ending Time: 5PM

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

Application Prepared by: DAVID R. HAINES Phone: 727-512-2662

Title: COUNTY DIRECTOR - PINELLAS COUNTY Cell Phone: 727-512-2662

Address: 2235 N.E. COACHMAN RD.N City: CLEARWATER State: FL Zip: 33654

Email Address: SOPINELLAS@AOL.COM

Additional Contact Person: JOHN NEEL Day Phone: 727-512-2661

What month/year were you incorporated as nonprofit? JUNE 1972

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

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 THIS YEAR WILL BE THE 46TH YEAR THAT THE CITY OF ST.PETERSBURG HAS CO-SPONSORED. ATHLETES FROM 5 COUNTIES WILL BE ATTENDING TO PARTICIPATE TRACK AND FIELD, BOCCCE, VOLLEYBALL, SOCCER AND TENNIS AS QUALIFYING ROUNDS FOR STATE SUMMER GAMES IN MAY 2018. THIS IS THE LARGEST EVENT HELD IN PINELLAS COUNTY DURING THE COMPETITION YEAR AND COULD NOT BE DONE WITHOUT THE HELP OF THE CITY.

Describe what economic benefit and impact this event will bring to St. Petersburg.
THERE IS NO DIRECT ECONOMIC BENEFIT FOR 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? \$1,000,000 PER INCIDENT

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. SPECIALOLYMPICSPINELLAS.ORG

Please provide a phone number that can be advertised to the public. 727-669-1221 X 2008

What is the estimated attendance for this event? Spectators 200 Participants 450 Last Year's Total Attendance 1100

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

Name: *David R. Haines* Title: Date:
Co-Sign: Title: Date:

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

Condition

Obligation

- | | | |
|---|---|------------------------------------|
| <input checked="" type="checkbox"/> Public Invited | | General Liability Insurance |
| <input type="checkbox"/> Located in Park | | Park Permit |
| <input type="checkbox"/> Vending Product / Merchandise Sales | | Occupational License |
| <input checked="" type="checkbox"/> Vending Food / Beverage | | Health Inspection |
| <input checked="" type="checkbox"/> Vendors / Exhibitors | How many? <input type="text" value="2-4"/> | Alcohol Permit |
| <input type="checkbox"/> Vending Beer / Wine | | Additional insurance Required |
| <input type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft | How many? <input type="text"/> | Temporary Structure Permit |
| <input type="checkbox"/> Fence Installation | What type? <input type="text"/> | Temporary Structure Permit |
| <input type="checkbox"/> Other Structures | What structure? <input type="text"/> | Temporary Structure Permit |
| <input type="checkbox"/> Open Flame Food Preparation | | Fire Inspection Permit |
| <input type="checkbox"/> Pyrotechnics | | Fireworks Permit |
| <input type="checkbox"/> Require Street Closure | | Parade or Street Closure Permit(s) |
| <input type="checkbox"/> VIP Area | | |
| <input type="checkbox"/> Staging | <input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other | |
| <input checked="" type="checkbox"/> Amplified Sound | <input type="checkbox"/> Performers <input checked="" type="checkbox"/> Announcement Only | |
| <input checked="" type="checkbox"/> Security | <input type="checkbox"/> Daytime - Private <input checked="" type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD | |
| <input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets | Regular Units <input type="text" value="2"/> Disabled Units <input type="text" value="1"/> Hand Washing <input type="text" value="1"/> | |
| <input type="checkbox"/> Off-site Parking / Shuttle | | |
| <input type="checkbox"/> Semitruck / Tractor Trailer | | |

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? YES NO

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

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

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

Name: Phone:

Address (including zip):

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

List Vending Products. Name & Provider.

CONCESSIONS 9HOT DOGS AND DRINKS VENDED BY SPICAL OLYMPICS STAFF THROUGH CONCESSION STAND AT LAKEWOOD HIGH SCHOOL.

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.

MARCH 9TH IS FOR CITY WORKERS AND SPECIAL OLYMPICS STAFF ONLY TO UNLOAD EQUIPMENT AND BEGIN SET UP. FROM 0AM-5PM MARCH 10TH IS THE ACTUAL EVENT AND TEAR DOWN BEGINS AT COMPLETION OF ATHLETIC EVENTS APPROXIMATELY FROM 2PM-5PM.

Other Comments: Please describe your fee structure.

NO FEES ARE CHARGED TO PARTICIPANTS OR SPECTATORS.

Other comments:

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

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

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

Name: DAVID R. HAINES



Title: PINELLAS COUNTY DIRECTOR

Date: 6/14/17

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:	SPECIAL OLYMPICS FLORIDA
Name of Responsible Party (President or CEO ONLY):	SHERRY WHEELock
Title of Responsible Party:	PRESIDENT AND CEO SPECIAL OLYMPICS FLORIDA
Physical Address of Responsible Party:	1915 DON WICKHAM DRIVE CLERMONT FL, 34711
Phone Number of Responsible Party:	(352)243-9536
Email Address of Responsible Party:	SHERRYWHEELock@SPECIALOLYMPICSFLORIDA.ORG
Nonprofit (Employee Identification Number):	23-7181560

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: **SPECIAL OLYMPICS AREA SUMMER GAMES**
 Date(s) of Event: **Mar 9, 2018** - **Mar 10, 2018**

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

Amount

1.	SPONSORSHIPS/DONATIONS	\$10,000.00
2.	FEE ASSESSMENTS TO PARTICIPATING COUNTIES	\$4,000.00
3.	CONCESSION SALES	\$300.00
4.		
5.		
6.		
7.		
8.		
TOTAL GROSS REVENUE		\$14,300.00

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

1.	CITY OF ST. PETERSBURG	\$10,000.00
2.	WATER BOY	\$500.00
3.	PUBLIX	\$2,100.00
4.	MISC. EXPENSES	\$500.00
5.	SPECIAL EVENT IS SURANCE	\$760.00
6.		
7.		
8.		
9.		
10.		
11.		
12.		
TOTAL OPERATING EXPENSES		\$13,860.00
TOTAL NET INCOME		\$440.00

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

1.	SPECIAL OLYMPICS FLORIDA-PINELLAS COUNTY	\$440.00
2.		
3.		
4.		
5.		
6.		
TOTAL ALLOCATION OF NET INCOME		\$440.00

Prepared by: **DAVID R. HAINES** *David R. Haines* Date: **Jun 14, 2017**

Print Application

Submit Application by
Email



Contract/Permit

Contract #: 21246
Date: 10 Aug 2017

User: JSBENNIN
Status: Firm

SPECIAL OLYMPICS PINELLAS COUNTY
DAVID HAINES
2235 NE COACHMAN RD
CLEARWATER FL 33765 USA

Primary #: (727) 665-1220
Secondary #: ()
Other #: ()

Purpose of Use: SPECIAL OLYMPICS FLORIDA AREA 6 SUMMER GAMES **Expected:** 1,100 **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 10 Mar 18 06:00 am Ending: Sat 10 Mar 18 07:00 am

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Special Programs	Sat	10 Mar 2018	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Special Event			07:00 AM				

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
10 Aug 2017	\$30.00	Check	Rental	2881390

Additional Notes:

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

By: (Sign Name) _____
(Print Name) DAVID HAINES
SPECIAL OLYMPICS 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: _____



Contract/Permit

Contract #: 21246
Date: 10 Aug 2017

User: JSBENNIN
Status: Firm

Manager

Approved or Rejected

Date: _____

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



City of St. Petersburg

SPECIAL OLYMPICS PINELLAS COUNTY
DAVID HAINES
2235 NE COACHMAN RD
CLEARWATER, FL 33765 USA

Receipt #: 2881390
User: JSBENNIN
Issued: Thu 10 Aug 17 09:29 am

Description	Amount
Previous Balance	\$30.00
Applied To: 21246 - SPECIAL OLYMPICS FLORIDA AREA 6 SUMMER GAMES Special Programs - Special Event March 10, 2018 6:00 am to March 10, 2018 7:00 am	\$30.00
Payment: Check #4298	(\$30.00)
Balance	\$0.00



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Not For Profit Corporation
SPECIAL OLYMPICS FLORIDA, INC.

Filing Information

Document Number 722744
FEI/EIN Number 23-7181560
Date Filed 02/21/1972
State FL
Status ACTIVE
Last Event AMENDMENT
Event Date Filed 05/17/2013
Event Effective Date NONE

Principal Address

1915 DON WICKHAM DR.
CLERMONT, FL 34711

Changed: 05/24/2010

Mailing Address

1915 DON WICKHAM DR.
CLERMONT, FL 34711

Changed: 05/24/2010

Registered Agent Name & Address

WHEELOCK, SHERRY
1915 DON WICKHAM DR.
CLERMONT, FL 34711-1905

Name Changed: 08/13/2012

Address Changed: 03/15/2012

Officer/Director Detail

Name & Address

Title C

FULOP, RON
110 TERRAPIN TRAIL
JUPITER, FL 33458

Title S

GAINEY, EMERY
 THE STATE OF FLORIDA/THE CAPITOL PL-01
 TALLAHASSEE, FL 32399

Title VC

PETRAMALO, MICHAEL
 200 S. BISCAYNE BLVD
 MIAMI, FL 33131

Title T

DZALUK, JOE
 939 JASMINE STREET
 CELEBRATION, FL 34747

Title PCEO

WHEELOCK, SHERRY
 1915 DON WICKHAM DR.
 CLERMONT, FL 34711

Title Chief Development Officer

DANIELL, LARRY
 1915 DON WICKHAM DRIVE
 CLERMONT, FL 34711

Title COO

Beddow, Richard
 1915 DON WICKHAM DR.
 CLERMONT, FL 34711

Annual Reports

Report Year	Filed Date
2016	04/15/2016
2016	09/13/2016
2017	07/05/2017

Document Images

07/05/2017 -- ANNUAL REPORT	View image in PDF format
09/13/2016 -- AMENDED ANNUAL REPORT	View image in PDF format
04/15/2016 -- ANNUAL REPORT	View image in PDF format
04/21/2015 -- AMENDED ANNUAL REPORT	View image in PDF format
01/29/2015 -- ANNUAL REPORT	View image in PDF format
08/08/2014 -- AMENDED ANNUAL REPORT	View image in PDF format
01/09/2014 -- ANNUAL REPORT	View image in PDF format

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



Date Received: 7-18-17
 Check or Cash: \$230
 Application #: 65
 Packet: B
 Permit #: 21247

Event Title: The Second Annual Jammin for the Planet Phone No.: 407-284-2899 Fax No.:

Entity Name: Womens March Florida Federal I.D. Number: 82-1382595

Event Date(s): 1/27/18 Location: William's Park

Day 1 of Event: 1/27/18 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: Megan Weeks Phone: 407-484-2899

Title: Organizer Cell Phone: 407-484-2899

Address: 233 3rd St. N City: St. Petersburg State: FL Zip: 33701

Email Address: mweeks@greenpeace.org

Additional Contact Person: Catalina Farrington Day Phone: 808-389-1518

What month/year were you incorporated as nonprofit? 1/11/2011

List all 501(c)3 entities that will benefit from this event. Everyday Hero Project, Greenpeace, Women's March Florida

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.

To catalyze the community, we are hosting a block party centered around sustainability practice and installations that will demonstrate the seriousness of irresponsible fossil fuel gathering. Various organizations will have booths set up encouraging local involvement and action. Local businesses will have an opportunity to promote their progressive products or services. Poets and musicians will perform at the bandshell throughout the day.

This is a cultural and educational event that will demonstrate St. Pete's progressive agenda.

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

Local businesses will be invited to offer goods and services to attendees.

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

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

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.everydayheroproject.com/jammin

Please provide a phone number that can be advertised to the public. 407-484-2899

What is the estimated attendance for this event? Spectators 200 Participants 50 Last Year's Total Attendance 70

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

Name:	<input type="text" value="Megan Weeks"/>	Title:	<input type="text" value="Organizer"/>	Date:	<input type="text" value="7/12/17"/>
Co-Sign:	<input type="text" value="Catalina Farrington"/>	Title:	<input type="text" value="Organizer"/>	Date:	<input type="text" value="7/12/17"/>

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

Condition

Obligation

- | | | |
|---|--|------------------------------------|
| <input checked="" type="checkbox"/> Public Invited | | General Liability Insurance |
| <input checked="" type="checkbox"/> Located in Park | | Park Permit |
| <input checked="" type="checkbox"/> Vending Product / Merchandise Sales | | Occupational License |
| <input checked="" type="checkbox"/> Vending Food / Beverage | | Health Inspection |
| <input checked="" type="checkbox"/> Vendors / Exhibitors | How many? <input type="text" value="21 - 30 Vendors / Exhibitors"/> | Alcohol Permit |
| <input type="checkbox"/> Vending Beer / Wine | | Additional insurance Required |
| <input type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft | How many? <input type="text"/> | Temporary Structure Permit |
| <input type="checkbox"/> Fence Installation | What type? <input type="text"/> | Temporary Structure Permit |
| <input type="checkbox"/> Other Structures | What structure? <input type="text"/> | Temporary Structure Permit |
| <input type="checkbox"/> Open Flame Food Preparation | | Fire Inspection Permit |
| <input type="checkbox"/> Pyrotechnics | | Fireworks Permit |
| <input type="checkbox"/> Require Street Closure | | Parade or Street Closure Permit(s) |
| <input type="checkbox"/> VIP Area | | |
| <input type="checkbox"/> Staging | <input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other | |
| <input checked="" type="checkbox"/> Amplified Sound | <input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only | |
| <input type="checkbox"/> Security | <input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD | |
| <input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets | Regular Units <input type="text" value="Y"/> Disabled Units <input type="text" value="Y"/> Hand Washing <input type="text" value="Y"/> | |
| <input type="checkbox"/> Off-site Parking / Shuttle | | |
| <input type="checkbox"/> Semitruck / Tractor Trailer | | |

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

Other:

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

Food trucks and coffee vendors will be present at the event.

Will you supply your own generators? YES NO

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

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

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

Name: Aloha Movement Project

Phone: 808-389-1518

Address (including zip): 432 9th Ave N, St. Petersburg, FL 33701

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

Local musicians will play a variety of alternative and folk in the Williams Park Bandshell.

List Vending Products. Name & Provider.

Reece Builders: Energy efficient home improvement

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.

Local bands will perform as entertainment.

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

Vendors will occupy the pay for parking spaces around Williams Park for loading and unloading on January 27, 2018 between 9am-11am for unloading and 4pm-6pm for loading.

Other Comments: Please describe your fee structure.

This is a free 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: Megan Weeks

Title: Organizer

Date: 7/12/17

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: Aloha Movement Project (DBA: Everyday Hero Project)

Name of Responsible Party (President or CEO ONLY): Catalina Farrington

Title of Responsible Party: Executive Director

Physical Address of Responsible Party: 432 9th Ave N St. Petersburg, FL 33701

Phone Number of Responsible Party: 808-389-1518

Email Address of Responsible Party: everydayherosquad@gmail.com

Nonprofit (Employee Identification Number): 27-3526444

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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



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

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

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

Amount

1. Donations	730.00
2.	
3.	
4.	
5.	
6.	
7.	
8.	

TOTAL GROSS REVENUE

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

1. Permit	230.00
2. Promotion (Flyers/Banner)	200.00
3. Entertainment	200.00
4. Event Memorabilia (Buttons)	100.00
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: Megan Weeks

Date: _____

Print Application

Submit Application by
Email

Date of this notice: 05-02-2017

Employer Identification Number:
82-1382595

Form: SS-4

Number of this notice: CP 575 E

WOMENS MARCH FLORIDA
% CARE OF EMMA COLLUM
533 NE 3RD AVE APT 247
FT LAUDERDALE, FL 33301

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-1382595. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

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

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

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

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

For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is WOME. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. Thank you for your cooperation.

Keep this part for your records.

CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

9999999999

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 05-02-2017
EMPLOYER IDENTIFICATION NUMBER: 82-1382595
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
[Barcode]

WOMENS MARCH FLORIDA
% CARE OF EMMA COLLUM
533 NE 3RD AVE APT 247
FT LAUDERDALE, FL 33301



Contract/Permit

Contract #: 21247
Date: 10 Aug 2017

User: JSBENNIN
Status: Firm

WOMENS MARCH FLORIDA
 MEGAN WEEKS
 233 3RD ST N
 ST PETERSBURG FL 33701 USA

Primary #: (407) 484-2899
 Secondary #: (727)
 Other #: ()

Purpose of Use: THE SECOND ANNUAL JAMMIN FOR THE PLANETS **Expected:** 200 **Co-Sponsored Event** **Contract Balance**
 \$0.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Sat 27 Jan 18 08:00 am **Ending:** Sat 27 Jan 18 06:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Williams Park	Sat	27 Jan 2018	08:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
Park			06:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00
Extra Fee - Bookings	Hours	Quantity	Charge	Tax
Co-Sponsored Park Permit Fee	10:00	1	\$200.00	\$0.00
		1	\$200.00	\$0.00
				\$200.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
10 Aug 2017	\$230.00	Cash	Rental	2881406

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) MEGAN WEEKS
 WOMENS MARCH FLORIDA
 Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) _____
 Parks and Recreation Superintendent

(Print Name) _____
 Parks and Recreation Department

Contract #: 21247
Date: 10 Aug 2017

User: JSBENNIN
Status: Firm

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

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



City of St. Petersburg

WOMENS MARCH FLORIDA
MEGAN WEEKS
233 3RD ST N
ST PETERSBURG, FL 33701 USA

Receipt #: 2881406
User: JSBENNIN
Issued: Thu 10 Aug 17 09:44 am

Description	Amount
Previous Balance	\$230.00
Applied To: 21247 - THE SECOND ANNUAL JAMMIN FOR THE PLANETS Williams Park - Park January 27, 2018 8:00 am to January 27, 2018 6:00 pm	\$230.00
Payment: Cash	(\$230.00)
Balance	\$0.00

Detail by Entity Name

Florida Not For Profit Corporation
WOMEN'S MARCH FLORIDA, INC.

Filing Information

Document Number N17000003466
FE/EIN Number NONE
Date Filed 03/30/2017
State FL
Status ACTIVE

Principal Address

533 N.E. 3RD AVE., #247
FT. LAUDERDALE, FL 33301

Mailing Address

533 N.E. 3RD AVE., #247
FT. LAUDERDALE, FL 33301

Registered Agent Name & Address

LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS, STE. 400
FT. MYERS, FL 33907

Officer/Director Detail**Name & Address**

Title D

COLLUM, EMMA
533 N.E. 3RD AVE., #247
FT. LAUDERDALE, FL 33301

Title D

NEWELL TAYLOR, ALEXANDRA
3212 ALTON RD.
W. PALM BCH., FL 33405

Title D

MUNOZ, PAULA
12207 S.W. 52ND PL.
COOPER CITY, FL 33330

Annual Reports

No Annual Reports Filed

Document Images

[03/30/2017 -- Domestic Non-Profit](#)

[View image in PDF format](#)

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



Date Received: _____
 Check or Cash: 25579
 Application #: 68
 Packet: B
 Permit #: 21550

Event Title: Wine Weekend 2018 Phone No.: 7278962667 Fax No.: _____
 Entity Name: The Museum of Fine Arts St. Petersburg Federal I.D. Number: 59-09449278
 Event Date(s): February 2,3,4 Location: The Museum of Fine Arts & the north lawn
 Day 1 of Event: Patron Party Time Gates Open: 6pm Ending Time: 11pm
 Day 2 of Event: Lunch/Dinner Time Gates Open: 1pm Ending Time: 9pm
 Day 3 of Event: _____ Time Gates Open: _____ Ending Time: _____

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

Title: Director of Operations Cell Phone: 7276673830

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

Email Address: jjpfatseas@mfastpete.org

Additional Contact Person: _____ Day Phone: _____

What month/year were you incorporated as nonprofit? 1962

List all 501(c)3 entities that will benefit from this event. The Museum of Fine Arts

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.

Wine Weekend is the one of five major fundraiser's presented by the Stuart Society each year on behalf of the Museum of Fine Arts. The Stuart Society is a main fundraising arm of the Museum of Fine Arts. All proceed frm the fundraising events go to support the programs, exhibitions and other expense of teh Museum of FIne Arts. As an integral part of the downtown community these events contribute to the sustainability of the museum.

Nearly 4.5 Million dollars has been raised since the inception of the Stuart Society Fifty plus years ago.

The Stuart Society funds have also supported publications, operating expense, major exhibitions, art acquisitions, art restorations, educational programs, and capital improvements. Most recently this was the completion of an exterior lighting project for the Museum Grounds.

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

The Purpose of the event again, is to ensure the sustainability of the Museum of Fine Arts. Being a prominent cultural institution that shares the waterfront park both with the city and the residents of St. Petersburg, it is important that the Museum continue to thrive, with the Museum thriving we are able to implement additional public programs and events that he residents of ST. Petersburg are able attend, like painting the park a free event put on by the Museum of Fine Arts. Additionally this event will draw people from around the country to participate and patronize other restaurants and shops as well as stay in 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? _____

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.wineweekendstpete.org

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

What is the estimated attendance for this event? Spectators 450 Participants _____ Last Year's Total Attendance 400

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location? _____

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

POLICE: Public Safety Personnel, Marine Services
TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)
FIRE: Paramedics, Inspectors
PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other 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: Kristen Shepherd *Kristen A Shepherd* Title: Executive Director, MFA Date: 8.25.17
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 is paid.**
c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? YES NO

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

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

no

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

Name: Phone:

Address (including zip):

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

TBD

List Vending Products. Name & Provider.

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

The Museum of Fine Arts

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

Live Auctioneer, for the purposes of selling auction lots.

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

Load in will be done firday for the tent and mid day Saturday for the caterer. Parkshore Grill will be catering the events.

Other Comments: Please describe your fee structure.

Other comments:

The event will be taking place inside the Museum both Friday and Sunday. Just the events the on Saturday will be on the Museum side of North Straub Park.

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

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

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

Name: Title: Date:

Appendix A

Co-Sponsored Event Park Fee Structure

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



Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation:	The Museum of Fine Arts
Name of Responsible Party (President or CEO ONLY):	Kristen Shepherd
Title of Responsible Party:	Executive 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:	jpfatseas@mfastpete.org
Nonprofit (Employee Identification Number):	59-09449278

Name of the For-profit Corporation:	
Name of Responsible Party (President or CEO ONLY):	Kristen Shepherd
Title of Responsible Party:	Executive 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:	jpfatseas@mfastpete.org
For-profit (Employee Identification Number)	59-09449278

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: Wine Weekend 2017
 Date(s) of Event: Feb 2nd - Feb 4th

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

		Amount
1.	Reservations	\$57,500.00
2.	Auction	\$90,745.00
3.	Miscellaneous	\$10,387.00
4.	Sponsors	\$106,170.90
5.	Paddle Pledge	\$56,000.00
6.		
7.		
8.		
TOTAL GROSS REVENUE		\$320,802.90

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

1.	Linens	\$3,382.00
2.	Food And Beverage	\$29,205.00
3.	Auction Expense	\$65,487.00
4.	Legal Fees	\$2,394.00
5.	Gala	\$6,150.00
6.	Music	\$2,500.00
7.	Entertainment	\$450.00
8.	Printing Postage	\$4,465.75
9.	Rentals	\$939.25
10.	Valet	\$300.00
11.		
12.		
TOTAL OPERATING EXPENSES		\$115,273.00
TOTAL NET INCOME		\$205,529.90

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

1.	100% went to support the mission of the museum of Fine arts.	\$205,529.90
2.		
3.		
4.		
5.		
6.		
TOTAL ALLOCATION OF NET INCOME		\$205,529.90

Prepared by: JP Fatseas Date: 8.25.17

Print Application

Submit Application by E



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

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

Contract #: 21550
Date: 19 Sep 2017

User: JSBENNIN
Status: Firm

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

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

Purpose of Use: WINE WEEKEND 2018 **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 Yes
 Use of liquor No

Date(s) and Time(s) of Use: **Starting:** Fri 02 Feb 18 12:00 am **Ending:** Sun 04 Feb 18 11:59 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Special Programs	Fri	02 Feb 2018	12:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Special Event		04 Feb 2018	11:59 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
19 Sep 2017	\$30.00	Check	Rental	2898057

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

Supervisor II / Foreman

Approved or Rejected Date: _____

Manager

Approved or Rejected Date: _____



Contract/Permit

Contract #: 21550
Date: 19 Sep 2017

User: JSBENNIN
Status: Firm

Manager

Approved or Rejected

Date: _____

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



City of St. Petersburg

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

Receipt #: 2898057
User: JSBENNIN
Issued: Tue 19 Sep 17 10:21 am

Description	Amount
Previous Balance	\$30.00
Applied To: 21550 - WINE WEEKEND 2018 Special Programs - Special Event February 2, 2018 12:00 am to February 4, 2018 11:59 pm	\$30.00
Payment: Check	(\$30.00)
Balance	\$0.00

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



Date Received: _____
 Check/Cash: 6115
 Application #: 69
 Packet: A
 Permit #: 21551

Event Title: FIRST FRIDAY Phone No.: 727-282-2278 Fax No.: _____
 Entity Name: _____ Federal I.D. Number: _____
 Event Date(s): FIRST FRIDAY EACH MONTH Location: CENTRAL AVE BETWEEN 2ND + 3RD STREET
 Day 1 of Event: EACH EVENT Time Gates Open: 5:00 PM Ending Time: 11:30 PM
 Day 2 of Event: _____ Time Gates Open: _____ Ending Time: _____
 Day 3 of Event: _____ Time Gates Open: _____ Ending Time: _____

Application Prepared by: WALTER SWAN Phone: 727-282-2278

Title: EVENT CO-CHAIR Cell Phone: _____

Address: 5611 90 AV CIR E City: PARRIS State: FL Zip: 34219

Email Address: WALTER@BFLA.COM

Additional Contact Person: KENTON SMITH Day Phone: 727 656 5811

What month/year were you incorporated as nonprofit? 2013 - BOE FOUNDATION

List all 501(c)3 entities that will benefit from this event. BREAKFAST OPTIMIST CLUB FOUNDATION 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.
BRINGS RESIDENTS + VISITORS TOGETHER IN A FESTIVE VENUE TO ENJOY LIVE MUSIC

Describe what economic benefit and impact this event will bring to St. Petersburg.
THE RESTAURANTS + BARS ON CENTRAL AVE + THE SURROUNDING AREA ENJOY INCREASED BUSINESS AS COMPARED TO OTHER FRIDAY 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? 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.FIRSTFRIDAYST.PETE

Please provide a phone number that can be advertised to the public. 727 656 5811

What is the estimated attendance for this event? Spectators 5000 Participants _____ Last Year's Total Attendance 50,000

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

Recreation Equipment

Showmobile (Yes/No)

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

Tables (6 ft) # needed

Chairs # needed

Public Address System

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

Special Events Facilities

Mahaffey Theater

Coliseum

Sunken Gardens

Boyd Hill

Non-City Locations

Which Location? _____

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: WALTER SWAN Title: Co-Chair Date: 8/27/17
Co-Sign: Keaton Smith Title: Co-Chair Date: 8/27/17

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

Other: BEER TRUCK

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

[Empty box for details of power requirements]

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? [Empty box]

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

Reduced Police # of officers

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

Name: Boe Foundation Inc Phone: 721 282 2278

Address (including zip): [Empty box]

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

Oldies, Country Rock, 1 stage, 1 band per event

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.

GREAT BAY DISTRIBUTORS - SWEETWATER BREWING COMPANY

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

N/A

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

N/A

Other Comments: Please describe your fee structure.

No Admission

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: Walter Swan Title: Co Chair Date: 8/27/17

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: BREAKFAST OPTIMIST Club of ST. PETERSBURG Foundation Inc.
Name of Responsible Party (President or CEO ONLY): WALTER SWAN
Title of Responsible Party: DIRECTOR
Physical Address of Responsible Party: 5611 90 Ave CIRCLE EAST PARRISH, FL 34219
Phone Number of Responsible Party: 727-282-2278
Email Address of Responsible Party: WALT@SIBPLA.COM
Nonprofit (Employee Identification Number): To Follow

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

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

What method of invoicing would your organization prefer?

BY Mail

Contact Name: Boe Foundation Inc
Address: P.O. Box 12045
City, State, Zip: ST. PETERSBURG, FL 33733

BY EMAIL

Email Address: _____

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

Name of Event: FIRST FRIDAY
Date(s) of Event: FIRST FRIDAY EACH MONTH

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

	Amount
1. <u>Sales</u>	<u>50,000</u>
2.	
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	

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

1. <u>EXPENSES</u>	<u>40,000</u>
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	
TOTAL NET INCOME	
	<u>10,000</u>

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

1. <u>Boe Foundation Funds The Youth Fund</u>	<u>10,000</u>
2. <u>FOR BREAKFAST OPTIMIST Club 100%</u>	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	
	<u>10,000</u>

Prepared by: WALTER SWAN Date: 8/27/17

Print Application

Submit Application by Email

EVENT DATES

2017

OCT 6

NOV 3

DEC 1

2018

JAN 5

FEB 2

MAR 2

APRIL 6

MAY 4

JUNE 1

JULY 6

AUG 3

SEPT 7

EXHIBIT A
RISK MANAGEMENT REVIEW FORM
CO-SPONSORED EVENTS

NAME OF EVENT:

DATE OF EVENT:

GENERAL REQUIREMENTS:

Commercial General Liability Insurance:	\$1,000,000 per occurrence
Liquor Liability Insurance:	\$1,000,000 Event Organizer \$1,000,000 501(c)3
Specialty Vendors : (vendors that provide private security, firework productions, climbing walls, bounce house, water slides, etc.)	\$1,000,000 General Liability

All of the insurance required under this Agreement, shall be in affect under enforceable policies issued by insurers licensed to do business in the State of Florida and be rated A- or better by a rating agency such as A.M. Best or its equivalent. All policies shall name the City of St. Petersburg as additional insured, be in occurrence form, and provide contractual liability covering the liability assumed in this Agreement including set up and tear down of the event.

Where alcoholic beverages will be served and/or sold at the Event, the Promoter and the Non-Profit shall both be required to obtain Liquor Liability Insurance naming City as an additional insured with coverages and policy limits as required by City for the Event. The Non-Profit shall provide City with a copy of its current license to sell alcoholic beverages issued by the State of Florida Division of Alcoholic Beverages and Tobacco.

THE CERTIFICATES OF INSURANCE MUST INCLUDE : "ADDITIONAL INSURED: THE CITY OF ST. PETERSBURG, FLORIDA" AND MUST INCLUDE THE SET UP AND TEAR DOWN DATE FOR THE EVENT.

Certificates of insurance are due to the City of St. Petersburg Risk Management Division no later than 5:00 pm thirty (30) days prior to the scheduled event. If you have any questions in regards to the insurance requirements, please contact Robert Coats at (727) 893-7314 or email at: Robert.Coats@stpete.org.



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

Event Name: FIRST FRIDAY Event Date(s): FIRST FRIDAY EACH MONTH
 Event Location: CENTRAL AVE BETWEEN 2ND + THIRD STREETS
 Event Representative: WALTER SWAN
 Address: 5611-90 AVE CIR EAST PARRISH FL 34219
 Phone: 727 282 2278 Fax: — E-Mail: WALTER@SIBFLA.COM
 Event Website: WWW.FIRSTFRIDAYST.PETE.COM

1. Parking:

a. If you expect that participants will be parking in city-owned parking facilities for your event, have you contacted the parking manager in the Department of Transportation and Parking to discuss your needs?
 Yes. _____ No. X 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 Statutes or the Florida Building Code?
 Yes. _____ No. _____ N/A 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: 3
- b. Total Number of Accessible Portable Units: 3
- c. Is there at least one accessible unit in each group including accessible hand washing facilities (even if the group is a single unit)?
Yes No N/A

3. **Accessible Routes:**

- a. Do you plan to have any entrance or exit areas to the event, or is the event open to the public with no restricted access?
Open: Restricted/Ticketed:
- b. If restricted, are your entrances and exits (means of egress, including emergency exits) at least 44 inches wide and free from barriers to provide an accessible route? In addition, the "gate" or entry "door" must provide a minimum of a 32" clear opening.
Yes No

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

-
- c. If you have a passenger loading/unloading zone, is it accessible?
Yes No N/A
 - d. Is the route of travel through the event stable, firm, free from obstructions, slip resistant and at least 36 inches wide?
Yes No

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

Check Here: _____

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

4. **Vendors and Activities:**

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

- a. Are all of the vendors and planned activities accessible to persons with disabilities?
Yes No

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

- b. Will your food and other counters/vendors have accessible displays?
 Yes X No _____ N/A _____
- c. Is there any seating available for dining?
 Yes _____ 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 ✓
- 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. WJ (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 X

***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 X

c. WJ (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: Kent Smith Phone: 727-656-5811

Email Address: _____ 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:

Walter Swan

Signature, Event Representative

8/27/13

Date:

WALTER SWAN

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

**Application for Street Closure Permit
SPPD Special Events Unit**

Property Owner Approval Sheet

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

STREET(S) TO BE CLOSED: Central Ave BETWEEN 2ND & 3RD Streets

DATE OF REQUESTED CLOSURE: FIRST FRIDAY TIME SPAN: From 3^{PM} to 11:30 PM
Each month

PRINTED NAME	SIGNATURE	ADDRESS	
<u>Lauren Barnes</u>	<u>Lauren Barnes</u>	<u>200 Central</u>	<u>JANUS</u>
<u>Lauren Barnes</u>	<u>Lauren Barnes</u>	<u>215 Central</u>	<u>CADDA</u>
<u>NIALL McCOURT</u>	<u>[Signature]</u>	<u>231 CENTRAL</u>	<u>MANDARIN</u>
<u>Marcia Baumgardner</u>	<u>Marcia Baumgardner</u>	<u>233 Central</u>	<u>Marty's</u>
<u>Ty Elias</u>	<u>Ty Elias</u>	<u>241 Central</u>	<u>Taste of Wine</u>
<u>Alice Gonzalez</u>	<u>[Signature]</u>	<u>243 Central</u>	<u>CAFE Del Mar</u>
<u>Josh Connell</u>	<u>[Signature]</u>	<u>247 Central</u>	<u>5 Bucks</u>
<u>Jonathan Koshayish</u>	<u>[Signature]</u>	<u>249 Central</u>	<u>Opt. Bar</u>
<u>Jonathan Koshayish</u>	<u>[Signature]</u>	<u>259 Central</u>	<u>FORUM</u>
<u>VINNIE COSENZA</u>	<u>[Signature]</u>	<u>273 Central</u>	<u>CIGAR BAR</u>
<u>Jonathan Koshayish</u>	<u>[Signature]</u>	<u>277 Central</u>	<u>LUCKY DEL</u>
<u>Josh Connell</u>	<u>[Signature]</u>	<u>269 Central</u>	<u>Crowley</u>

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

THE BREAKFAST OPTIMIST CLUB OF ST. PETERSBURG, FLORIDA, INC

Filing Information

Document Number	711374
FEI/EIN Number	59-6142959
Date Filed	08/18/1966
State	FL
Status	ACTIVE
Last Event	AMENDED AND RESTATED ARTICLES
Event Date Filed	06/08/2007
Event Effective Date	NONE

Principal Address

5611 90th Ave Circle East
Parrish, FL 34219

Changed: 06/15/2015

Mailing Address

P O BOX 12045
ST PETERSBURG, FL 33733

Changed: 02/10/1994

Registered Agent Name & Address

Swan, Walter
5611 90 Ave Circle East
Parrish, FL 34219

Name Changed: 06/15/2015

Address Changed: 06/15/2015

Officer/Director Detail

Name & Address

Title D

BILLY, QUINTON SR
3800 6TH AVE. N.
SAINT PETERSBURG, FL 33713

Title Treasurer

Swan, Walter
 5611 90 Ave Circle East
 Parrish, FL 34219

Title S

STARK, GAIL
 745 26th AVE NO..
 SAINT PETERSBURG, FL 33704

Title President

Curcio, Susan
 4174 Beach Drive SE
 St. Petersburg, FL 33705

Annual Reports

Report Year	Filed Date
2015	06/15/2015
2016	02/18/2016
2017	02/01/2017

Document Images

02/01/2017 -- ANNUAL REPORT	View image in PDF format
02/18/2016 -- ANNUAL REPORT	View image in PDF format
06/15/2015 -- ANNUAL REPORT	View image in PDF format
03/04/2014 -- ANNUAL REPORT	View image in PDF format
03/06/2013 -- ANNUAL REPORT	View image in PDF format
02/28/2012 -- ANNUAL REPORT	View image in PDF format
02/02/2011 -- ANNUAL REPORT	View image in PDF format
02/23/2010 -- ANNUAL REPORT	View image in PDF format
03/05/2009 -- ANNUAL REPORT	View image in PDF format
03/12/2008 -- ANNUAL REPORT	View image in PDF format
06/08/2007 -- Amended and Restated Articles	View image in PDF format
02/21/2007 -- ANNUAL REPORT	View image in PDF format
02/09/2006 -- ANNUAL REPORT	View image in PDF format
02/08/2005 -- ANNUAL REPORT	View image in PDF format
04/22/2004 -- ANNUAL REPORT	View image in PDF format
03/19/2003 -- ANNUAL REPORT	View image in PDF format
02/14/2002 -- ANNUAL REPORT	View image in PDF format
03/22/2001 -- ANNUAL REPORT	View image in PDF format
01/19/2000 -- ANNUAL REPORT	View image in PDF format
02/23/1999 -- ANNUAL REPORT	View image in PDF format
04/09/1998 -- ANNUAL REPORT	View image in PDF format
02/13/1997 -- ANNUAL REPORT	View image in PDF format
01/31/1996 -- ANNUAL REPORT	View image in PDF format



City of St. Petersburg

BREAKFAST OPTIMIST CLUB OF ST PETERSBURG
WALTER SWAN
PO BOX10914
ST PETERSBURG, FL 33733 USA

Receipt #: 2898075
User: JSBENNIN
Issued: Tue 19 Sep 17 10:43 am

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



Contract/Permit

Contract #: 21551
Date: 19 Sep 2017

User: JSBENNIN
Status: Firm

BREAKFAST OPTIMIST CLUB OF ST PETERSBURG
 WALTER SWAN
 PO BOX10914
 ST PETERSBURG FL 33733 USA

Primary #: (727) 393-3597
Secondary #: ()
Other #: ()

Purpose of Use: FIRST FRIDAY

Expected:
5,000

Co-Sponsored Event

Contract Balance
\$0.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Fri 06 Oct 17 05:00 pm

Ending: Fri 07 Sep 18 11:30 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Special Programs	Fri	06 Oct 2017	05:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Special Event			11:30 PM				
Special Programs	Fri	03 Nov 2017	05:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Special Event			11:30 PM				
Special Programs	Fri	01 Dec 2017	05:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Special Event			11:30 PM				
Special Programs	Fri	05 Jan 2018	05:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Special Event			11:30 PM				
Special Programs	Fri	02 Feb 2018	05:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Special Event			11:30 PM				
Special Programs	Fri	02 Mar 2018	05:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Special Event			11:30 PM				
Special Programs	Fri	06 Apr 2018	05:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Special Event			11:30 PM				
Special Programs	Fri	04 May 2018	05:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Special Event			11:30 PM				
Special Programs	Fri	01 Jun 2018	05:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Special Event			11:30 PM				
Special Programs	Fri	06 Jul 2018	05:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Special Event			11:30 PM				
Special Programs	Fri	03 Aug 2018	05:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Special Event			11:30 PM				
Special Programs	Fri	07 Sep 2018	05:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Special Event			11:30 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	(\$30.00)

Contract #: 21551
Date: 19 Sep 2017

User: JSBENNIN
Status: Firm

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
28 Mar 2017	\$30.00	Check	Rental	2760440

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) **WALTER SWAN**
BREAKFAST OPTIMIST 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	<input type="checkbox"/> Approved or <input type="checkbox"/> Rejected	Date: _____
Manager	<input type="checkbox"/> Approved or <input type="checkbox"/> Rejected	Date: _____
Manager	<input type="checkbox"/> Approved or <input type="checkbox"/> Rejected	Date: _____

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

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



Date Received: 10-5-17
 Check or Cash: _____
 Application #: 70
 Packet: C
 Permit #: 21773

Event Title: May Movies in the Park 2018 Phone No.: 727 824 7802 Fax No.: _____

Entity Name: St. Petersburg Preservation Federal I.D. Number: 59-1898534

Event Date(s): May 3, 10, 17, 24, 31 Location: N. Straub Park

Day 1 of Event: same each day Time Gates Open: 6:30 pm Ending Time: 10:15 pm

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

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

Application Prepared by: Peter Belmont Phone: 727 463-4612

Title: Vice President Cell Phone: 727 463 4612

Address: 102 Fareham Pl. N City: St. Petersburg State: FL Zip: 33701

Email Address: pbranumbelmont@gmail.com

Additional Contact Person: Donna Miller Day Phone: 727 525-0770

What month/year were you incorporated as nonprofit? 1977

List all 501(c)3 entities that will benefit from this event. St. Petersburg Preservation & Jump 4 Kids (revenue from beer/wine sales)

Name of the for-profit entity? none

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

This is the ninth year for the event downtown and we believe it has become one of the favorites of the downtown park events. Our event space in N. Straub Park is typically full each movie night and people consistently ask us to offer Movies in the Park more often. It is the type of event that people point to as why living in St. Pete is special. As reflected in answers to the movie questionnaire we pass out, people love the atmosphere of the event and its waterfront location. Attendees to the event spend money downtown and money purchasing picnic supplies to bring to movies. In short, Movies in the Park is an event loved and enjoyed by many and one of the small economic generators for downtown that cumulatively, with other events, adds up to a successful downtown.

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

Most people attending Movies in the Park are either spending money at local businesses purchasing supplies for a picnic at the event, spending money purchasing food from local vendors at the event, or spending money at nearby downtown businesses before and after the event. We have limited data from questionnaires on amounts being spent.

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

Does your group presently have liability insurance? YES NO How much? 1 million

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

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

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

Please provide a phone number that can be advertised to the public. 727 463-4612

What is the estimated attendance for this event? Spectators 700 Participants _____ Last Year's Total Attendance 3500

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

Recreation Equipment

Special Events Facilities

Non-City Locations

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

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Which Location?

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

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

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

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

Condition

Obligation

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? YES NO

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

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

no, unless needed to show pg 13 movie

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

Name: St. Petersburg Preservation Phone: 727 824-7802

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

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

as in past years, type of music will vary each movie evening; one small stage area with a solo or small group of musicians playing an hour before the start of the movie.

List Vending Products. Name & Provider.

several vendors will be offering food/drinks (have not been finalized); vendors from past have included kettle korn, veggie burgers & smoothies, turkey legs & bbq, cookies/desert food and other easy to eat food. St. Petersburg Preservation will have a booth with information and books, tee shirts and posters for sale

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

Jump 4 Kids
850 21st Ave. N.
St. Petersburg, FL 33704 727 504-3422

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

n/a

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

set up occurs approximately 1-2 hours prior to event and take down occurs immediately after event, is usually complete within 45 minutes. We expect parking spaces on Bayshore to be "red bagged" for event use as in the past.

Other Comments: Please describe your fee structure.

event is free; donations are solicited once each evening

Other comments:

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

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

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

Name: Peter Belmont

Title: Vice-President

Date: 10-01-17

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:

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

Nonprofit (Employee Identification Number):

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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



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

Name of Event: Movies in the Park
Date(s) of Event: May - 2017

I. REVENUE SOURCES (attach sheet if more space is needed)	Amount
1. Sponsorships	\$37,000.00
2. Donations	\$2,049.00
3. Vendor Donations	\$909.00
4. Sales	\$495.00
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	\$40,453.00

II. EXPENSES (attach sheet if more space is needed)	
1. Insurance	\$580.00
2. Port-a-Let	\$1220.00
3. Music	\$1400.00
4. Movie Licensing	\$3,570.00
5. Permit Fees	\$230.00
6. Promotion	\$2,740.00
7. SPP staff	\$1200.00
8. Cost of Sale Items	\$400.00
9.	
10. City Services	\$4,260.00
11.	
12.	
TOTAL OPERATING EXPENSES	\$15,200.00
TOTAL NET INCOME	\$25,253.00

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)	
1. St. Petersburg Preservation	\$25,253.00
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	\$25,253.00

Prepared by: Peter Belmont Date: 10-01-17

Print Application

Submit Application by Email



Contract/Permit

Contract #: 21773
Date: 09 Oct 2017

User: JSBENNIN
Status: Firm

SAINT PETERSBURG PRESERVATION INC
PETER BELMONT
PO BOX 838
ST PETERSBURG FL 33731 USA

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

Purpose of Use: MOVIES IN THE PARK

Expected:
3,500

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: Thu 03 May 18 06:00 pm

Ending: Thu 31 May 18 11:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
North Straub Park	Thu	03 May 2018	06:00 PM 11:00 PM	\$0.00	\$200.00	\$0.00	\$200.00
North Straub Park	Thu	10 May 2018	06:00 PM 11:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
North Straub Park	Thu	17 May 2018	06:00 PM 11:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
North Straub Park	Thu	24 May 2018	06:00 PM 11:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
North Straub Park	Thu	31 May 2018	06:00 PM 11:00 PM	\$0.00	\$0.00	\$0.00	\$0.00

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00
Extra Fee - Bookings	Hours	Quantity	Charge	Tax
Co-Sponsored Park Permit Fee	5:00	1	\$200.00	\$0.00
		1	\$200.00	\$0.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Additional Notes:

Contract #: 21773
Date: 09 Oct 2017

User: JSBENNIN
Status: Firm

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

By: (Sign Name) _____

(Print Name) **PETER BELMONT**

SAINT PETERSBURG PRESERVATION INC

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) _____

Parks and Recreation Superintendent

(Print Name) _____

Parks and Recreation Department

Supervisor II / Foreman

Approved or Rejected

Date: _____

Manager

Approved or Rejected

Date: _____

Manager

Approved or Rejected

Date: _____

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



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by FEI/EIN Number

Florida Not For Profit Corporation
SAINT PETERSBURG PRESERVATION, INC.

Filing Information

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

Principal Address

102 FAREHAM PLACE N
ST. PETERSBURG, FL 33701

Changed: 01/22/2014

Mailing Address

P.O. BOX 838
ST. PETERSBURG, FL 33731

Changed: 08/14/1996

Registered Agent Name & Address

BELMONT, PETER
102 FAREHAM PLACE NORTH
SAINT PETERSBURG, FL 33704

Name Changed: 01/26/2011

Address Changed: 01/26/2011

Officer/Director Detail

Name & Address

Title President

ELWYN, EMILY
836 16th Avenue NE
SAINT PETERSBURG, FL 33704

Title Treasurer

Pastman, Peter
 2326 Woodlawn Circle West
 SAINT PETERSBURG, FL 33704

Title VP

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

Title Executive Director

Stribling , Allison E
 Po Box 1076
 Saint Petersburg, FL 33731

Title Secretary

Jeff, Danner
 2351 Dartmouth Aveue N
 St. Petersburg, FL 33713

Annual Reports

Report Year	Filed Date
2015	02/11/2015
2016	03/25/2016
2017	03/20/2017

Document Images

03/20/2017 -- ANNUAL REPORT	View image in PDF format
03/25/2016 -- ANNUAL REPORT	View image in PDF format
02/11/2015 -- ANNUAL REPORT	View image in PDF format
01/22/2014 -- ANNUAL REPORT	View image in PDF format
03/07/2013 -- ANNUAL REPORT	View image in PDF format
03/09/2012 -- ANNUAL REPORT	View image in PDF format
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05/03/2004 -- ANNUAL REPORT	View image in PDF format
04/14/2003 -- ANNUAL REPORT	View image in PDF format
05/06/2002 -- ANNUAL REPORT	View image in PDF format
05/17/2001 -- ANNUAL REPORT	View image in PDF format

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



Date Received: 10-3-17
 Check or Cash: _____
 Application #: 71
 Packet: C
 Permit #: 21774

Event Title: Swim Across America Tampa Bay Phone No.: 727-258-7562 Fax No.: _____
 Entity Name: Swim Across America Federal I.D. Number: 22-324-8256
 Event Date(s): April 14, 2018 Location: St Petersburg, North Shore Pool/Beach - Elva Rouse
 Day 1 of Event: _____ Time Gates Open: 5:30am 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: Amy Maguire and Megan Melgaard Phone: 727-258-7562
 Title: Swim Across America Tampa Bay Event Director Cell Phone: 727-656-8413
 Address: 606 14th Ave NE City: St. Petersburg State: FL Zip: 33701
 Email Address: amymaguire@icloud.com

Additional Contact Person: Megan Melgaard Day Phone: 404-823-7946

What month/year were you incorporated as nonprofit? 1987

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

Name of the for-profit entity? Swim Across America

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

Swim Across America unites communities by hosting Open Water Swims and swimming events to raise funds for promising early stage cancer research and clinical trials. Nationally, SAA has raised over \$70M. Each of the 16 SAA Open Water main event swims partner with a local beneficiary to help 'make waves to fight cancer.' SAA helps fill in the funding void by providing grants so doctors can conduct clinical trials and research that can lead to breakthroughs in both detection and treatment. Over 5 years, Swim Across America Tampa Bay has raised \$1.25M for Moffitt, specifically immunotherapy clinical trials as well as an Adolescent and Young Adult program. Moving the swim to St. Petersburg will broaden the awareness and unite the community in the fight against cancer. Participants and volunteers of all backgrounds and ages are welcome.

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

Many SAA supporters travel from other cities to participate in our swims. St. Petersburg will see an impact in regards to hospitality (hotels and restaurants), community outreach, Olympian attendance, and outdoor / athletic activity sectors. In other SAA markets, we see similar local impact upwards of \$30,000. Proceeds of this event go to John's Hopkins All Children's and Moffitt Cancer Center to fund clinical trials, cancer research, and cancer support.

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? \$4M

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: 500.00

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

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

What is the estimated attendance for this event? Spectators 200 Participants 350 Last Year's Total Attendance 350

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

Recreation Equipment

Showmobile (Yes/No)

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

Tables (6 ft) # needed Chairs # needed

Public Address System

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

Special Events Facilities

Mahaffey Theater

Coliseum

Sunken Gardens

Boyd Hill

Non-City Locations

Which Location?

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name:	<input type="text" value="Amy Maguire"/>	Title:	<input type="text" value="SAA Tamp Bay Event Director"/>	Date:	<input type="text" value="9/1/17"/>
Co-Sign:	<input type="text" value="Megan Melgaard"/>	Title:	<input type="text" value="SAA Director of Events"/>	Date:	<input type="text" value="8/30/17"/>

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

Other:

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

Generator needed for finish line arch.
Food trucks will provide own generators.

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: Swim Across America - Amy Maguire

Phone: 727-656-8413

Address (including zip): _____

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

DJ and 2 local musicians. (Singer and guitarist.)

List Vending Products. Name & Provider.

Swim Across America merchandise.
Jolyn Swimsuits.
Food trucks.

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

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

Presentation from organizing committee, along with presentation from Doctors who receive the grant/funding from Swim Across America Tampa Bay, cancer survivors, safety speeches, and DJ presentation throughout event.

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

~15 foot truck will be needed for equipment delivery and will need to be parked nearby. Coca-Cola event truck to be parked on site. Moffitt Mole Patrol & John's Hopkins All Children's RV will be parked on site.

Other Comments: Please describe your fee structure.

Early registration is \$25, with increasing tiers to \$50 and \$100 as event day approaches. Fundraising minimums for the event are: Under 18 \$200 per individual; 18 and over \$500 per individual.

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: Amy Maguire Title: Swim Across America Tampa Bay Date: 9/1/17

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: Swim Across America

Name of Responsible Party (President or CEO ONLY): Rob Butcher

Title of Responsible Party: CEO

Physical Address of Responsible Party: 11600 N. Community House Road, Suite 100, Charlotte, NC 28277

Phone Number of Responsible Party: 980-237-9127

Email Address of Responsible Party: rob@swimacrossamerica.org

Nonprofit (Employee Identification Number): 22-324-8256

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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

What method of invoicing would your organization prefer?

BY Mail

Contact Name

Address

City, State, Zip

BY EMAIL

Email Address:

amyrmaguire@icloud.com

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

Name of Event: Swim
Date(s) of Event: April 14th, 2018 -

I. REVENUE SOURCES (attach sheet if more space is needed)	Amount
1. Donations and Registration Fees (*Registration fees less expenses go back to the beneficiaries)	\$225,000
2. Sponsorships	\$75,000
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	

II. EXPENSES (attach sheet if more space is needed)	
1. Local Event Rentals and Services (tables, tents, staff, etc.)	\$25,000
2. Hotels	\$5,000
3. Food	\$1,500
4. Volunteer Services (t-shirts, towels, etc)	\$12,000
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. Johns Hopkins All Children's	100,000
2. Moffitt Cancer Center	100,000
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	

Prepared by: Megan Melgaard

Date: 9/1/17

Print Application

Submit Application by E



st.petersburg

Contract/Permit

Contract #: 21774
Date: 09 Oct 2017

User: JSBENNIN
Status: Firm

SWIM ACROSS AMERICA, INC.
MEGAN MELGAARD
606 14TH AVE NE
ST PETERSBURG FL 33701 USA

Primary #: (727) 528-7562
Secondary #: (727)
Other #: ()

Purpose of Use: SWIM ACROSS AMERICA TAMPA BAY **Expected:** 400 **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 14 Apr 18 05:00 am **Ending:** Sat 14 Apr 18 01:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Elva Rouse Park	Sat	14 Apr 2018	05:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
Park			01:00 PM				

Additional Fees:

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

Charges:

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

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By: (Sign Name) _____
(Print Name) **MEGAN MELGAARD**
SWIM ACROSS AMERICA, INC.
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Contract #: 21774
Date: 09 Oct 2017

User: JSBENNIN
Status: Firm

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

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



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Foreign Not For Profit Corporation
SWIM ACROSS AMERICA, INC.

Filing Information

Document Number F95000006013
FEI/EIN Number 22-3248256
Date Filed 12/11/1995
State CT
Status INACTIVE
Last Event REVOKED FOR ANNUAL REPORT
Event Date Filed 09/26/1997
Event Effective Date NONE

Principal Address

5 STANLEY RD.
DARIEN, CT 06820

Mailing Address

5 STANLEY RD.
DARIEN, CT 06820

Registered Agent Name & Address

JOYCE, ANTHONY R
C/O RONALD LEVITT ASSOCIATES, INC.
141 SEVILLA AVE.
CORAL GABLES, FL 33134

Officer/Director Detail

Name & Address

Title D

KEITH, JEFF
121 E. 90TH ST., APT 5C
NEW YORK, NY

Title VCD

VOSSLER, MATTHEW J
5 STANLEY RD.
DARIEN, CT

Title VSD

VOSSLER, CHRISTOPHER M

5 STANLEY RD.
DARIEN, CT

Title TD

KITCULLEN, ROBERT
204 SALT MEADOW RD
FAIRFIELD, CT

Annual Reports

Report Year	Filed Date
1996	08/02/1996

Document Images

08/02/1996 -- ANNUAL REPORT

View image in PDF format

12/11/1995 -- DOCUMENTS PRIOR TO 1997

View image in PDF format

Florida Department of State, Division of Corporations

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



Date Received: 10-5-17
 Check or Cash: _____
 Application #: 72
 Packet: C
 Permit #: 21776

Event Title: Running For All Children 5k,10k & 1-mile fun run Phone No.: 727-767-2490 Fax No.: 727-767-8510
 Entity Name: Johns Hopkins All Children's Hospital Federal I.D. Number: 59-2481738
 Event Date(s): May 19, 2018 Location: 501 6th Ave. S, St Petersburg, FL 33701 - Poynter Park
 Day 1 of Event: May 19, 2018 Time Gates Open: 7:00 AM Ending Time: 10:00 AM
 Day 2 of Event: N/A Time Gates Open: _____ Ending Time: _____
 Day 3 of Event: N/A Time Gates Open: _____ Ending Time: _____

Application Prepared by: Michelle Montgomery Phone: 727-767-2490
 Title: Events Manager Cell Phone: 813-767-2830
 Address: 500 7th Ave South City: St. Petersburg State: FL Zip: 33701
 Email Address: michelle.montgomery@jhmi.edu
 Additional Contact Person: Connie Guinn Day Phone: 727-767-2950

What month/year were you incorporated as nonprofit? 01/84
 List all 501(c)3 entities that will benefit from this event. Johns Hopkins All Children's Foundation
 Name of the for-profit entity? N/A

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

Johns Hopkins All Children's Hospital is hosting the 5th annual Running For All Children 5k, 10k and 1-mile fun run race on Saturday, May 19, 2018, to raise funds and support healthy living throughout the west coast of Florida.

There will be something for everyone from kids doing a 100 yard dash, a 1 mile fun run for beginners or families, and chip timed 5K & 10K courses.

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

The primary beneficiary of the event will be the children and families associated with Johns Hopkins All Children's Hospital, but so too will the local businesses benefit by the more than 3,000 anticipated runners, including but not limited to the St. Petersburg area hotels, restaurants, boutique downtown stores and the like.

This will be a "destination" race for many of the athletes who will be traveling to the area from other cities.

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

Does your group presently have liability insurance? YES NO How much? \$1,000,000.00
 Are there plans to sell or distribute beer/wine at your event? YES NO
 Will there be an admission / registration fee? YES NO Advanced Fee: \$30.00 Day of: \$40.00
 Please provide the website address for your event. runforallchildren.com

Please provide a phone number that can be advertised to the public. 727-767-4199
 What is the estimated attendance for this event? Spectators 1000 Participants 3000 Last Year's Total Attendance 2000

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

Condition

Obligation

- | | | |
|---|--|------------------------------------|
| <input checked="" type="checkbox"/> Public Invited | | General Liability Insurance |
| <input checked="" type="checkbox"/> Located in Park | | Park Permit |
| <input type="checkbox"/> Vending Product / Merchandise Sales | | Occupational License |
| <input type="checkbox"/> Vending Food / Beverage | | Health Inspection |
| <input checked="" type="checkbox"/> Vendors / Exhibitors | How many? <input type="text" value="11 - 20 Vendors / Exhibitors"/> | Alcohol Permit |
| <input checked="" type="checkbox"/> Vending Beer / Wine | | Additional insurance Required |
| <input type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft | How many? <input type="text"/> | Temporary Structure Permit |
| <input type="checkbox"/> Fence Installation | What type? <input type="text"/> | Temporary Structure Permit |
| <input type="checkbox"/> Other Structures | What structure? <input type="text"/> | Temporary Structure Permit |
| <input type="checkbox"/> Open Flame Food Preparation | | Fire Inspection Permit |
| <input type="checkbox"/> Pyrotechnics | | Fireworks Permit |
| <input checked="" type="checkbox"/> Require Street Closure | | Parade or Street Closure Permit(s) |
| <input type="checkbox"/> VIP Area | | |
| <input type="checkbox"/> Staging | <input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other | |
| <input checked="" type="checkbox"/> Amplified Sound | <input type="checkbox"/> Performers <input type="checkbox"/> Announcement Only | |
| <input type="checkbox"/> Security | <input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD | |
| <input type="checkbox"/> Sanitary Facilities - Port-O-Lets | Regular Units <input type="text"/> Disabled Units <input type="text"/> Hand Washing <input type="text"/> | |
| <input type="checkbox"/> Off-site Parking / Shuttle | | |
| <input type="checkbox"/> Semitruck / Tractor Trailer | | |

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

N/A

Will you supply your own generators? YES NO

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

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

No

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

Name: Phone:

Address (including zip):

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

N/A

List Vending Products. Name & Provider.

N/A

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

Great Bay Distributors

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

N/A

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

Participants will arrive near the start/ finish area located at 501 6th Ave. S at approximately 6:45AM on May 19th. Approximately 1/2 of the participants will be finished by 8:00 AM and the remaining participants will be complete the event before 10:00 AM.

Other Comments: Please describe your fee structure.

5k & 10k pre-registered runners: \$30.00

5k & 10k day of registration: \$40.00

1-mile fun run pre-registered runners: \$20.00

1-mile fun run day of registration: \$25.00

100 yard Kid's Dash - Free

Other comments:

The attached race route has been the same route for the past two years in St. Petersburg.

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

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

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

Name: Michelle Montgomery

Title: Events Manager

Date: 10.05.2017

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.**



Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Johns Hopkins All Children's Foundation

Name of Responsible Party (President or CEO ONLY): Jenine Rabin

Title of Responsible Party: Executive Vice President

Physical Address of Responsible Party: 500 7th Avenue South, St. Petersburg, FL, 33701

Phone Number of Responsible Party: 727-767-4460

Email Address of Responsible Party: jenine.rabin@jhmi.edu

Nonprofit (Employee Identification Number): 59-2481738

Name of the **For-profit** Corporation: N/A

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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



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

Name of Event: Running For All Children
Date(s) of Event: May 19, 2018 - May 19, 2018

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. Johns Hopkins All Children's Foundation	
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	

Prepared by: Michelle Montgomery Date: 10-05-2017

Print Application

Submit Application by Email



Consumer's Certificate of Exemption

DR-14
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8012640495C-0	11/30/2012	11/30/2017	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

ALL CHILDRENS HOSPITAL FOUNDATION INC
501 6TH AVE S
ST PETERSBURG FL 33701-4634

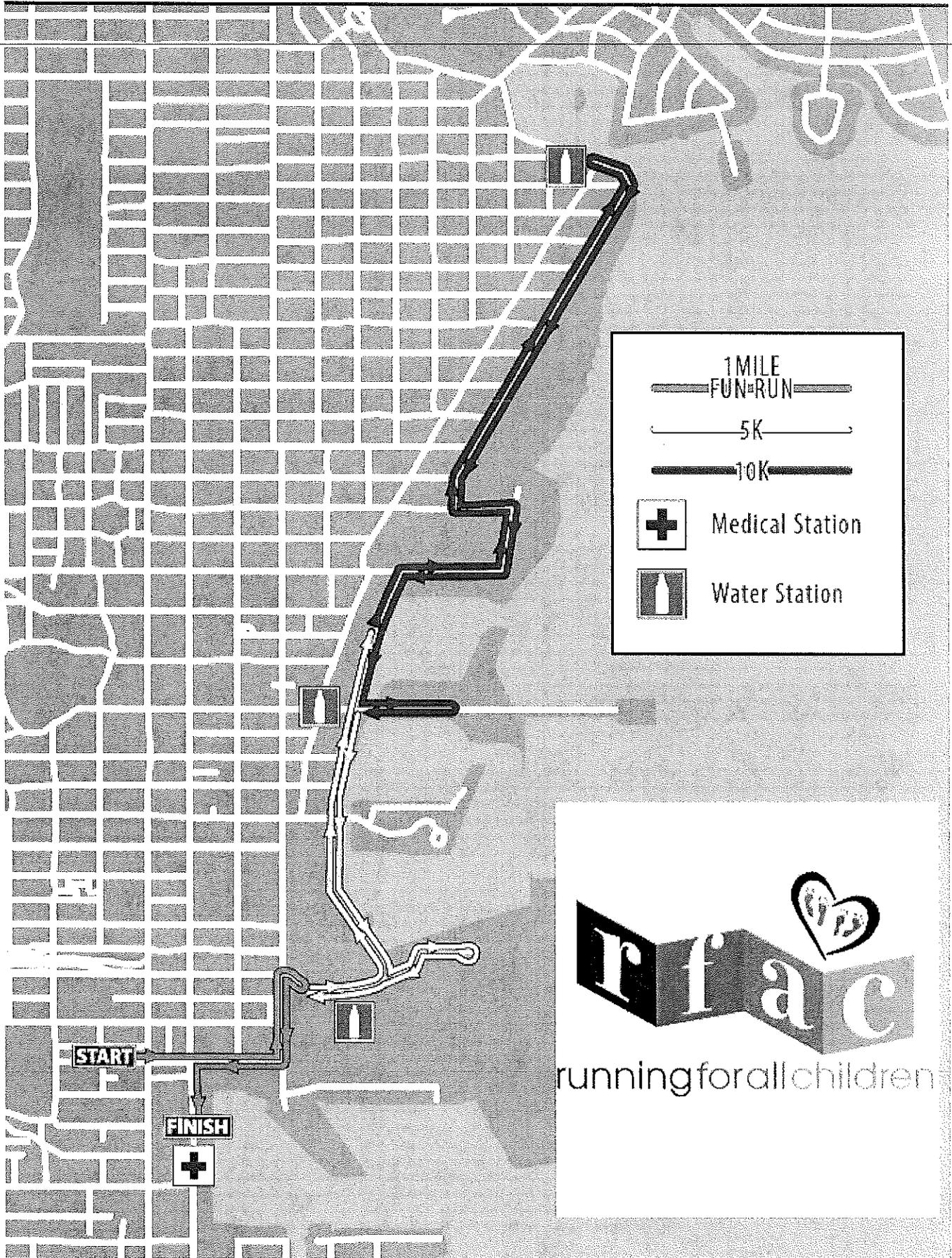
is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



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.



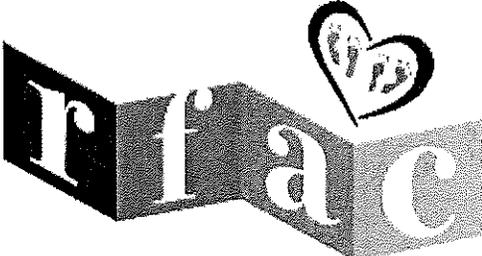
1 MILE
FUN=RUN

5K

10K

 Medical Station

 Water Station



running for all children



st.petersburg

Contract/Permit

Contract #: 21776
Date: 09 Oct 2017

User: JSBENNIN
Status: Firm

JOHNS HOPKINS ALL CHILDRENS HOSPITAL
MICHELLE MONTGOMERY
500 7TH AVE S
ST PETERSBURG FL 33701 USA

Primary #: (727) 767-2490
Secondary #: (727)
Other #: ()

Purpose of Use: RUNNING FOR ALL CHILDRENS

Expected:
3,000

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: Wed 16 May 18 06:00 am

Ending: Sun 20 May 18 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Poynter Park	Wed	16 May 2018	06:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
Park		20 May 2018	09:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00
Extra Fee - Bookings	Hours	Quantity	Charge	Tax
Co-Sponsored Park Permit Fee	111:00	1	\$200.00	\$0.00
		1	\$200.00	\$0.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By: (Sign Name)

(Print Name) MICHELLE MONTGOMERY

JOHNS HOPKINS ALL CHILDRENS HOSPITAL

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name):

Parks and Recreation Superintendent

(Print Name)

Parks and Recreation Department

Contract #: 21776
Date: 09 Oct 2017

User: JSBENNIN
Status: Firm

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

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



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

Detail by FEI/EIN Number

Florida Not For Profit Corporation
JOHNS HOPKINS ALL CHILDREN'S FOUNDATION, INC.

Filing Information

Document Number	N06924
FEI/EIN Number	59-2481738
Date Filed	12/31/1984
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	02/17/2017
Event Effective Date	NONE

Principal Address

501 6TH AVE S
ST PETERSBURG, FL 33701

Changed: 04/29/2010

Mailing Address

501 6TH AVE S
ST PETERSBURG, FL 33701

Changed: 04/29/2010

Registered Agent Name & Address

CRAIN, JACKIE
501 6TH AVE S
LEGAL, 6500002700
ST PETERSBURG, FL 33701

Name Changed: 04/27/2012

Address Changed: 05/01/2017

Officer/Director Detail

Name & Address

Title P, CEO, Trustee

ELLEN, JONATHAN MD
501 6TH AVE S
ST PETERSBURG, FL 33701

Title VP

AMEEN, SYLVIA
501 6TH AVE S
ST PETERSBURG, FL 33701

Title EVP, FOUNDATION

RABIN, JENINE
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

LITTLE, MARTHA
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee, Chairman

JAMES, COURT
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

KOEPSEL, RON
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee, Treasurer

NEWTON, RAY E, III
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

SANSONE, BARBARA
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee, VC

SHOUPPE, ALEX
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

WALSH, Toni

501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee, Secretary

Strickland, Bonnie
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

Eaves, Steve
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

GANATRA duff, gigi
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

ENGLANDER, LENNY
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

VIVIO, BETH
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

RUM, STEVEN
501 6TH AVE S
ST PETERSBURG, FL 33701

Title VP, COO

ALESSI, ROBERTA
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

Hoepfner, Gerard
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

Glennon, Michelle
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

Diamond, Sandra
501 6TH AVE S
ST PETERSBURG, FL 33701

Title VP, CFO

Myers, Douglas
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Asst. Secretary

Reyes, Tammy
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

Keyak, Judy
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

Logan, Toni
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

McGinty, James
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

Seider, Howard
501 6TH AVE S
ST PETERSBURG, FL 33701

Title Trustee

Strong, Kimberly
501 6TH AVE S
ST PETERSBURG, FL 33701

Annual Reports

Report Year	Filed Date
2015	04/30/2015
2016	04/29/2016
2017	05/01/2017

Document Images

05/01/2017 -- ANNUAL REPORT	View image in PDF format
02/17/2017 -- Name Change	View image in PDF format
01/13/2017 -- Amended/Restated Article/NC	View image in PDF format
04/29/2016 -- 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
04/30/2013 -- ANNUAL REPORT	View image in PDF format
04/27/2012 -- ANNUAL REPORT	View image in PDF format
04/29/2011 -- ANNUAL REPORT	View image in PDF format
03/31/2011 -- Amended and Restated Articles	View image in PDF format
04/29/2010 -- ANNUAL REPORT	View image in PDF format
04/29/2009 -- 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
02/12/2007 -- Merger	View image in PDF format
04/26/2006 -- ANNUAL REPORT	View image in PDF format
04/20/2005 -- ANNUAL REPORT	View image in PDF format
04/30/2004 -- ANNUAL REPORT	View image in PDF format
04/28/2003 -- ANNUAL REPORT	View image in PDF format
11/18/2002 -- Reg. Agent Change	View image in PDF format
05/08/2002 -- ANNUAL REPORT	View image in PDF format
05/07/2001 -- ANNUAL REPORT	View image in PDF format
06/29/2000 -- ANNUAL REPORT	View image in PDF format
04/29/1999 -- ANNUAL REPORT	View image in PDF format
05/12/1998 -- ANNUAL REPORT	View image in PDF format
05/19/1997 -- ANNUAL REPORT	View image in PDF format
05/01/1996 -- ANNUAL REPORT	View image in PDF format
04/27/1995 -- ANNUAL REPORT	View image in PDF format

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



Date Received: 9-29-17
 Check or Cash: _____
 Application #: 73
 Packet: C
 Permit #: 21777

Event Title: TAMPA BAY CARIBBEAN CARNIVAL Phone No.: 727-434-4282 Fax No.: _____

Entity Name: TRINIDAD & TOBAGO AMERICAN ASSOCIATION OF CENTRAL FLORIDA Federal I.D. Number: 59-3363879

Event Date(s): June 9th & 10th Location: Albert Whitted Park

Day 1 of Event: June 9th, 2018 Time Gates Open: Noon Ending Time: 10:00pm

Day 2 of Event: June 10th, 2018 Time Gates Open: Noon Ending Time: 10:00pm

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

Application Prepared by: George Carrington Phone: 727-434-4282

Title: President Cell Phone: 727-434-4282

Address: PO Box 17062 City: St. Petersburg State: FL Zip: 33733

Email Address: carringtongeorge@hotmail.com

Additional Contact Person: Dave Mohammad Day Phone: 727-434-4282

What month/year were you incorporated as nonprofit? 1990

List all 501(c)3 entities that will benefit from this event. TRINIDAD & TOBAGO AMERICAN ASSOCIATION OF CENTRAL FLORIDA, INC.

Name of the for-profit entity? N/A

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

Tampa Bay Caribbean Carnival highlights the unique variety of culture found in the Caribbean. During the weekend of this event, June 9th & 10th, 2018, The City of St. Petersburg will become the epicenter of diversified culture. Participants from Tampa, St. Pete's and surrounding cities and countries, including a few from our neighboring state - Georgia and as far as New York will descend upon St. Petersburg to enjoy the Tampa Bay Caribbean Carnival unifies different demographics to join as one as they enjoy the rich and historical Caribbean event showcasing the ethnic foods, music and colorful parades in costumes that is associated with the Caribbean Culture. The local residents and visitors of St. Petersburg will experience the rich culture of the Tampa Bay Caribbean Community

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

Our guest for this event will be in need of lodging and dining opportunities, not to exclude shopping and transportation. The local St. Pete's businesses will benefit from the economical impact of the event.

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

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

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

Will there be an admission / registration fee? YES NO Advanced Fee: 15.00 Day of: 20.00

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

Please provide a phone number that can be advertised to the public. 727-434-4282

What is the estimated attendance for this event? Spectators 10,000 Participants 700 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 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:	<input type="text" value="George Carrington"/>	Title:	<input type="text" value="President"/>	Date:	<input type="text" value="08/31/17"/>
Co-Sign:	<input type="text" value="Dave Mohammad"/>	Title:	<input type="text" value="CEO"/>	Date:	<input type="text" value="08/31/17"/>

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

PLEASE ATTACH THE FOLLOWING

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

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

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

Condition

Obligation

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Public Invited | | General Liability Insurance |
| <input checked="" type="checkbox"/> Located in Park | | Park Permit |
| <input checked="" type="checkbox"/> Vending Product / Merchandise Sales | | Occupational License |
| <input checked="" type="checkbox"/> Vending Food / Beverage | | Health Inspection |
| <input checked="" type="checkbox"/> Vendors / Exhibitors | How many? <input type="text" value="Over 30 Vendors / Exhibitors"/> | Alcohol Permit |
| <input checked="" type="checkbox"/> Vending Beer / Wine | | Additional insurance Required |
| <input checked="" type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft | How many? <input type="text" value="4"/> | Temporary Structure Permit |
| <input checked="" type="checkbox"/> Fence Installation | What type? <input type="text" value="Wire"/> | Temporary Structure Permit |
| <input type="checkbox"/> Other Structures | What structure? <input type="text" value="Sound Stage"/> | Temporary Structure Permit |
| <input type="checkbox"/> Open Flame Food Preparation | | Fire Inspection Permit |
| <input type="checkbox"/> Pyrotechnics | | Fireworks Permit |
| <input checked="" type="checkbox"/> Require Street Closure | | Parade or Street Closure Permit(s) |
| <input checked="" type="checkbox"/> VIP Area | | |
| <input checked="" type="checkbox"/> Staging | <input checked="" type="checkbox"/> Professional <input checked="" type="checkbox"/> Showmobile <input type="checkbox"/> Other | |
| <input checked="" type="checkbox"/> Amplified Sound | <input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only | |
| <input checked="" type="checkbox"/> Security | <input checked="" type="checkbox"/> Daytime - Private <input checked="" type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD | |
| <input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets | Regular Units <input type="text" value="20"/> Disabled Units <input type="text" value="7"/> Hand Washing <input type="text" value="4"/> | |
| <input checked="" type="checkbox"/> Off-site Parking / Shuttle | | |
| <input type="checkbox"/> Semitruck / Tractor Trailer | | |

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

If YES, check all that apply. RV'S Coffee Vendors Ice 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.

THREE (3) RV'S 220 AMP
STAGE AUDIO - 220 AMP

Will you supply your own generators? YES NO

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

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

No

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

Name: TAMPA BAY CARIBBEAN CARNIVAL

Phone: 727-434-4282

Address (including zip): P.O. Box 17062 St. Petersburg Florida 33733

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

CARIBBEAN - Reggae, Soca, Latin, R&B, Etc.
ONE STAGE
Four BANDS

List Vending Products. Name & Provider.

PRODUCTS: AUTHENTIC CARIBBEAN & AMERICAN FOOD & FRUIT DRINKS
NAME & PROVIDER: VARIOUS VENDORS

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

GREAT BAY DISTRIBUTORS
2310 STARKY ROAD, LARGO FL 33771
727-584-8626

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 WEDNESDAY JUNE 6TH, 2018, 8:00 - 4:00 PM
LOAD-OUT MONDAY JUNE 11TH, 2018, 8:00 - NOON

Other Comments: Please describe your fee structure.

PRE-SALE OF TICKETS TO EVENT IS \$15.00 PER PERSON
DAY OF EVENT TICKET SALE IS \$20.00 PER PERSON , KIDS 12 YEARS AND UNDER FREE

Other comments:

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

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

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

Name: Title: Date:

Appendix A

Co-Sponsored Event Park Fee Structure

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

Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation:	TRINIDAD & TOBAGO AMERICAN ASSOCIATION OF CENTRAL FLORIDA, INC.
Name of Responsible Party (President or CEO ONLY):	George Carrington
Title of Responsible Party:	President
Physical Address of Responsible Party:	P.O. Box 17062 St. Petersburg, Fl 33733
Phone Number of Responsible Party:	727-434-4282
Email Address of Responsible Party:	carringtongeorge@hotmail.com
Nonprofit (Employee Identification Number):	59-3363879
Name of the For-profit Corporation:	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



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

Name of Event: Tampa Bay Caribbean Carnival
 Date(s) of Event: June 9th 2018 - June 10th 2018

I. REVENUE SOURCES (attach sheet if more space is needed)	Amount
1. SPONSORSHIP - ADVERTISING, RADIO & MEDIA	\$55,000.00
2. Gate Reciepts	\$90,000.00
3. Vendors	\$25,000.00
4. City Of St. Petersburg	\$5,000.00
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	\$175,000.00

II. EXPENSES (attach sheet if more space is needed)	
1. Venue - Albert Whitted Park	\$50,000.00
2. Stage, Sound & Equipment & Fence	\$28,000.00
3. ENTERTAINMENT	\$65,000.00
4. PERMITS, WATER & LICENSE	\$1,000.00
5. ARTIST ACCOMMODATION & TRANSPORTATION	\$4,500.00
6. MISC - VOLUNTEERS, PHONE & GOLF CART	\$2,500.00
7. MARKETING - MEDIA, FLYERS & Web	\$12,000.00
8. Security	\$5,000.00
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	\$168,000.00
TOTAL NET INCOME	\$7,000.00

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)	
1. Trinidad & Tobago American Association of Central Florida, Inc	\$2,500.00
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	\$2,500.00

Prepared by: George Carrington

Date: 08/31/2017

Print Application

Submit Application by
Email



st.petersburg

Contract/Permit

Contract #: 21777
Date: 09 Oct 2017

User: JSBENNIN
Status: Firm

TRINIDAD & TOBAGO AMERICAN ASSOCIATION
GEORGE CARRINGTON
3150 PINELLAS POINTE DR
ST PETERSBURG FL 33712 USA

Primary #: (727) 434-4282
Secondary #: ()
Other #: ()

Purpose of Use: TAMPA BAY CARIBBEAN CARNIVAL **Expected:** 10,000 **Co-Sponsored Event** **Contract Balance** \$260.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Fri 08 Jun 18 11:00 am **Ending:** Mon 11 Jun 18 11:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Fri	08 Jun 2018	11:00 AM	\$0.00	\$400.00	\$0.00	\$400.00
Park		11 Jun 2018	11:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00
Extra Fee - Bookings	Hours	Quantity	Charge	Tax
Co-Sponsored Park Permit Fee	84:00	2	\$400.00	\$0.00
		2	\$400.00	\$0.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$430.00	\$0.00	\$430.00	\$0.00	\$170.00	\$260.00	\$260.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
09 Dec 2015	\$170.00	Check	Rental	2465640

Additional Notes:

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

By: (Sign Name) _____

(Print Name) **GEORGE CARRINGTON**

TRINIDAD & TOBAGO AMERICAN ASSOCIATION
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

Contract #: 21777
Date: 09 Oct 2017

User: JSBENNIN
Status: Firm

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

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



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by FEI/EIN Number

Florida Not For Profit Corporation

TRINIDAD & TOBAGO AMERICAN ASSOCIATION OF CENTRAL FLORIDA, INC.

Filing Information

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

Principal Address

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

Changed: 05/23/2014

Mailing Address

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

Changed: 05/23/2014

Registered Agent Name & Address

CARRINGTON, GEORGE
3150 PINELLAS POINT DR S
APT 3
ST PETERSBURG, FL 33712

Name Changed: 06/06/2002

Address Changed: 05/23/2014

Officer/Director Detail

Name & Address

Title T

TROTMAN, JENNIFER

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

Title President

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

Title CEO

Mohammed, Dave
1263 flushing av.
clearwater, FL 33764

Title VP

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

Title Director

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

Title Executive Secretary

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

Annual Reports

Report Year	Filed Date
2015	01/02/2015
2016	04/29/2016
2017	03/30/2017

Document Images

03/30/2017 -- ANNUAL REPORT	View image in PDF format
04/29/2016 -- ANNUAL REPORT	View image in PDF format
01/02/2015 -- ANNUAL REPORT	View image in PDF format
12/12/2014 -- AMENDED ANNUAL REPORT	View image in PDF format
12/10/2014 -- AMENDED ANNUAL REPORT	View image in PDF format
09/27/2012 -- ANNUAL REPORT	View image in PDF format
01/07/2011 -- REINSTATEMENT	View image in PDF format
10/28/2009 -- REINSTATEMENT	View image in PDF format
03/03/2008 -- REINSTATEMENT	View image in PDF format
05/15/2006 -- REINSTATEMENT	View image in PDF format
02/13/2004 -- REINSTATEMENT	View image in PDF format

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



Date Received: 10-5-17
 Check or Cash: _____
 Application #: 74
 Packet: D
 Permit #: 21778

Event Title: Extreme Mud Wars Phone No.: 8778202582 Fax No.: _____

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

Event Date(s): 7/14/18 Location: Spa Beach Park Albert Whitted

Day 1 of Event: 7/14/18 Time Gates Open: 8:30 AM Ending Time: 4pm

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

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

Application Prepared by: Chris Giebner Phone: 877-820-2582, ext 2

Title: owner Cell Phone: 727-420-6868

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

Email Address: chris@tampabayclubsport.com

Additional Contact Person: Ian Elston Day Phone: 727-804-0648

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

List all 501(c)3 entities that will benefit from this event. TASCO, Hand4Hope, Pier Aquarium

Name of the for-profit entity? Active Endeavors, Inc d/b/a Tampa Bay Club Sport

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

Provide unique recreational opportunities to residents.

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

Bring 1000+ young professionals downtown with spending money. 2015 economic impact is estimated at \$15-20K on top of team fees.

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

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

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

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

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

Please provide a phone number that can be advertised to the public. 877-820-2582 ext2

What is the estimated attendance for this event? Spectators 150 Participants 600 Last Year's Total Attendance 750

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

Recreation Equipment

Special Events Facilities

Non-City Locations

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

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Which Location?

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

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

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

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

Condition

Obligation

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? YES NO

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

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

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

Name: Tampa Bay Club Sport or TASCO Phone: 877-820-2582, ext 2

Address (including zip): 10901 Roosevelt Blvd #100-D, ST. Petersburg, FL 33716

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

Showmobile with MC

List Vending Products. Name & Provider.

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

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

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

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

up to TASCO

Other Comments: Please describe your fee structure.

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

Other comments:

Tampa Bay Club Sport plans to run an adult version of TASC0's mudwars using their existing setups. TBCS will do the marketing and registration of adult teams for the event. TASC0 will provide the equipment and staff for the event. Plans are to partner with the Secrets of the Seas Aquarium again to provide beer/wine sales to the participants. The charity will have all the proper permits etc for alcohol sales.

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

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

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

Name: Tracey Glebner

Title: President

Date: 10/5/17

Appendix A

Co-sponsored event park fee structure.

1. Events in Vinoy Park will be assessed \$300.00 per event day (e.g., 1 day event = \$300.00, 2 days = \$600.00, 3 days or more = \$900.00.) This includes the \$30.00 park permit fee.
2. Events in any other park will be assessed \$200.00 per event day (e.g., 1 day event = \$200.00, 2 days = \$400.00, 3 or more days = \$600.00). This includes the \$30.00 park permit fee.

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

- * Requests made after the co-sponsored process, must be submitted no fewer than six (6) months before planned event.
- * Any event applying for the co-sponsorship inside the six (6) month time frame will be assessed a \$1,200.00 administrative late fee.

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

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

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



Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Tasco

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

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

Nonprofit (Employee Identification Number):

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

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

Title of Responsible Party: President

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

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

Email Address of Responsible Party: chris@tampabayclubsport.com

For-profit (Employee Identification Number) 26-0016418

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



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

Name of Event: Extreme Mud Wars
 Date(s) of Event: Jul 14, 2018 - Jul 14, 2018

I. REVENUE SOURCES (attach sheet if more space is needed)	Amount
1. team fees	\$26,469.00
2. sponsors	\$5,000.00
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	\$31,469.00

II. EXPENSES (attach sheet if more space is needed)	
1. City fees (fire/park/rec/police)	\$18,729.00
2.	
3.	
4. Club Sport expense (staff/signage/shirts/trophies/cc fees/advertising)	\$5,528.00
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	\$24,257.00
TOTAL NET INCOME	\$7,212.00

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)	
1. Club Sport	\$3,606.00
2. TASCOS donation	\$3,606.00
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	\$7,212.00

Prepared by: Ian Elston Date: Oct 5, 2017

Print Application

Submit Application by
Email



st.petersburg

Contract/Permit

Contract #: 21778
Date: 09 Oct 2017

User: JSBENNIN
Status: Firm

TAMPA BAY CLUB SPORT
CHRIS GIEBNER
10901 ROOSEVELT BLVD STE 100D
ST PETERSBURG FL 33716 USA

Primary #: (877) 820-2582
Secondary #: (727) 420-6868
Other #: ()

Purpose of Use: EXTREME MUD WARS

Expected: 800

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: Sun 01 Jul 18 06:00 am

Ending: Thu 19 Jul 18 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Sun	01 Jul 2018	06:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
Park		19 Jul 2018	09:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00
Extra Fee - Bookings	Hours	Quantity	Charge	Tax
Co-Sponsored Park Permit Fee	447:00	1	\$200.00	\$0.00
		1	\$200.00	\$0.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$230.00	\$0.00	\$230.00	\$0.00	\$0.00	\$230.00	\$20,126.65

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By:(Sign Name)

(Print Name) **CHRIS GIEBNER**

TAMPA BAY CLUB SPORT

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name):

Parks and Recreation Superintendent

(Print Name)

Parks and Recreation Department

Contract #: 21778
Date: 09 Oct 2017

User: JSBENNIN
Status: Firm

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

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Detail by FEI/EIN Number

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

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01/11/2002 -- 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**



Date Received: _____
 Check or Cash: 130456
 Application #: 75
 Packet: C
 Permit #: 21816

Event Title: St Pete Pride Weekend Phone No.: 727-342-0084 Fax No.: _____

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

Event Date(s): June 22 - 24 2018 Location: Vinoy Park, N. Straub Park and down Bay Shore Dr. SE/Ne

Day 1 of Event: June 22 Time Gates Open: 1900 Ending Time: 2200

Day 2 of Event: June 23 Time Gates Open: 1700 Ending Time: 2300

Day 3 of Event: June 24 Time Gates Open: 0900 Ending Time: 1600

Application Prepared by: Luke Blankenship Phone: 813-751-7037

Title: Executive Director Cell Phone: 813-751-7037

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

Email Address: luke@stpetepride.com

Additional Contact Person: Stanley Solomons Day Phone: 727-492-0895

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

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

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; highlighting the city of St. Petersburg and Pinellas County.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Attracts national and international visitors, encourages relocations, hotel and restaurant revenue, encourages new business relocations.

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 50000 Participants 400 Last Year's Total Attendance 50000

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

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/>	Public Invited	General Liability Insurance
<input checked="" type="checkbox"/>	Located in Park	Park Permit
<input checked="" type="checkbox"/>	Vending Product / Merchandise Sales	Occupational License
<input checked="" type="checkbox"/>	Vending Food / Beverage	Health Inspection
<input checked="" type="checkbox"/>	Vendors / Exhibitors	Alcohol Permit Additional insurance Required
	How many? <input type="text" value="Over 30 Vendors / Exhibitors"/> <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	Vending Beer / Wine	
<input checked="" type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	Temporary Structure Permit
<input checked="" type="checkbox"/>	Fence Installation	Temporary Structure Permit
<input type="checkbox"/>	Other Structures	Temporary Structure Permit
<input type="checkbox"/>	Open Flame Food Preparation	Fire Inspection Permit
<input type="checkbox"/>	Pyrotechnics	Fireworks Permit
<input checked="" type="checkbox"/>	Require Street Closure	Parade or Street Closure Permit(s)
<input checked="" type="checkbox"/>	VIP Area	
<input checked="" type="checkbox"/>	Staging	
<input checked="" type="checkbox"/>	Amplified Sound	
<input checked="" type="checkbox"/>	Security	
<input checked="" type="checkbox"/>	Sanitary Facilities - Port-O-Lets	
<input checked="" type="checkbox"/>	Off-site Parking / Shuttle	
<input type="checkbox"/>	Semitruck / Tractor Trailer	
	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
	<input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
	<input type="checkbox"/> Daytime - Private <input checked="" type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD	
	Regular Units <input type="text" value="148"/> Disabled Units <input type="text" value="8"/> Hand Washing <input type="text" value="9"/>	

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? YES NO

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

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

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

Name:

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.

Generic music, one stage, up to 10 bands

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.

Self

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

Festival - Celebration of diversity within the LGBTQ+ community

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

Festival - load-in/setup 7am-8:30am

Other Comments: Please describe your fee structure.

\$100 to \$500, based on exhibitor classification

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:

Lynn Blankenship

Title:

Executive Director

Date:

9-29-17

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:	St Pete Pride, Inc
Name of Responsible Party (President or CEO ONLY):	Luke Blankenship
Title of Responsible Party:	Executive Director
Physical Address of Responsible Party:	1120 5th St. N Apt 4 St. Petersburg, FL 33701
Phone Number of Responsible Party:	813-751-7037
Email Address of Responsible Party:	luke@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

What method of invoicing would your organization prefer?

BY Mail

Contact Name	Luke Blankenship
Address	PO Box 12647
City, State, Zip	St Petersburg, FL, 33733

BY EMAIL

Email Address:	luke@stpetepride.com
----------------	----------------------

Income		
	Development Income	
	General Donation	\$ 2,500.00
	Merchandise	\$ 5,000.00
	Pride Guide	\$ 30,000.00
	Special Events	
	Pre-Pride Events	\$ 25,000.00
	Red & Green	\$ 15,000.00
	Sponsorship	
	Corporate Sponsorship	\$ 30,000.00
	Community Leaders Program	\$ 15,000.00
	Grants	\$ 50,000.00
	St Pete Pride Reception	
	Operational Income	
	Operational	
	Discounts/Refunds	\$ (1,000.00)
	Processing Fee Donation	\$ 1,000.00
	Pride Weekend	
	Beverages	\$ 85,000.00
	Bleachers on Straub	\$ 3,000.00
	Festival	\$ 67,100.00
	Glamstands	\$ 25,000.00
	Parade	\$ 27,000.00
	Concert	\$ 3,000.00
	Gross Income	\$ 382,600.00
	Expenses	
	Community Grants	\$ 5,000.00
	Development Expenses	
	Merchandise	\$ 2,500.00
	Pride Guide	\$ 20,000.00
	Travel Guide	\$ 3,000.00
	Special Events	
	Pre-Pride Events	\$ 5,000.00
	Red & Green	\$ 5,000.00
	Tastel	\$ 7,000.00
	Sponsorship	
	Sponsor Relations	\$ 2,500.00
	St Pete Pride Reception	\$ 10,000.00
	Volunteers	\$ 2,000.00
	Operational Income	
	Investment Fees	\$ 300.00
	Marketing	\$ 21,200.00
	Operational	
	Payroll	\$ 54,000.00
	Rent/Lease of Buildings	\$ 7,500.00
	Merchant Fees	\$ 5,000.00
	Misc.	\$ 13,500.00
	Outreach	\$ 14,300.00
	Pride Weekend	
	Advertising/Promotions	\$ 1,500.00
	Beverages	\$ 40,000.00
	Bleachers at Straub	\$ 2,200.00
	Entertainment	\$ 8,000.00
	Festival	\$ 36,050.00
	Glamstands	\$ 17,250.00
	Insurance	\$ 12,000.00
	Parade	\$ 67,750.00
	Concert	\$ 8,400.00
	Gross Expenses	\$ 370,950.00
	Net Income	\$ 11,650.00

ST PETE PRIDE INC
PO BOX 12647
ST PETERSBURG FL 33733-2647



010047

Employer Identification Number: 14-1876777
Person to Contact: Ms. Harper
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Sep. 25, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in January 2004, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

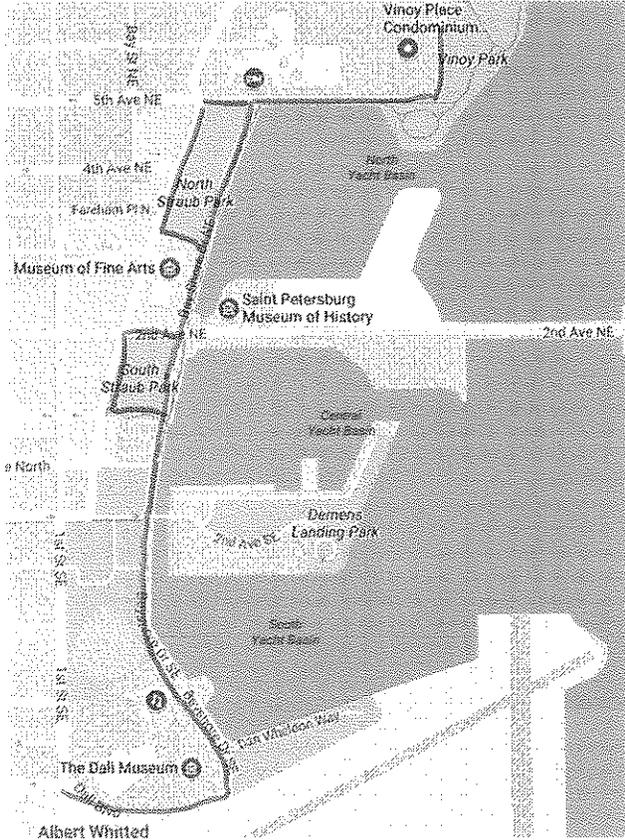
Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

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

Sincerely yours,

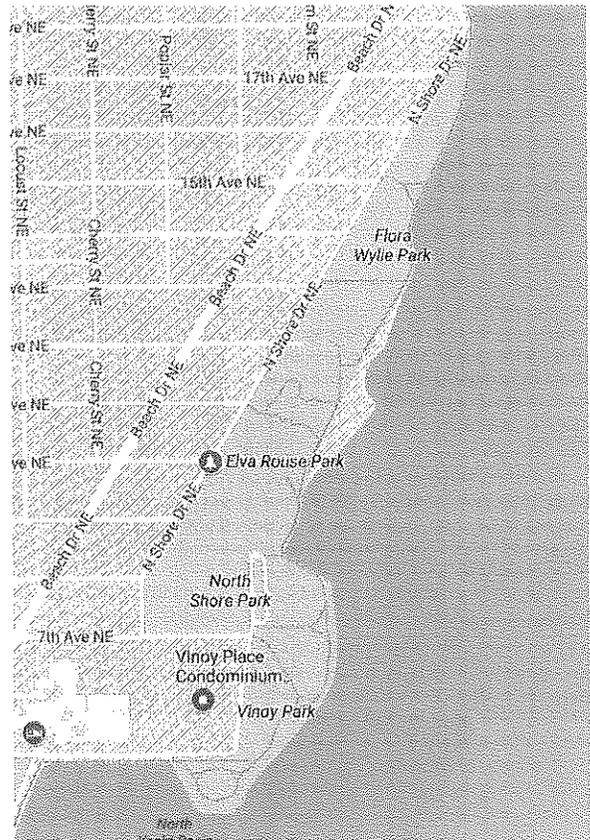
A handwritten signature in cursive script that reads "Michele M. Sullivan".

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I



2018 Parade Map

2018 Festival Map in Vinoy Park



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



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

Event Title: Phone No.: Fax No.:

Entity Name: Federal I.D. Number:

Event Date(s): Location:

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

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

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

Application Prepared by: Phone:

Title: Cell Phone:

Address: City: State: Zip:

Email Address:

Additional Contact Person: Day Phone:

What month/year were you incorporated as nonprofit?

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

Name of the for-profit entity?

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

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

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

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

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

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

Please provide the website address for your event.

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

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

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

Recreation Equipment

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

Special Events Facilities

- Mahaffey Theater
- Coliseum
- Sunken Gardens
- Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input type="checkbox"/> Located in Park		Park Permit
<input checked="" type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input checked="" type="checkbox"/> Vending Food / Beverage		Health Inspection
<input checked="" type="checkbox"/> Vendors / Exhibitors	How many? <input type="text" value="Over 30 Vendors / Exhibitors"/>	Alcohol Permit
<input checked="" type="checkbox"/> Vending Beer / Wine		Additional insurance Required
<input checked="" type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <input type="text" value="1"/>	Temporary Structure Permit
<input type="checkbox"/> Fence Installation	What type? <input type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Other Structures	What structure? <input type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input checked="" type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input type="checkbox"/> VIP Area		
<input checked="" type="checkbox"/> Staging	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Amplified Sound	<input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input checked="" type="checkbox"/> Security	<input type="checkbox"/> Daytime - Private <input checked="" type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD	
<input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <input type="text" value="45"/> Disabled Units <input type="text" value="6"/> Hand Washing <input type="text" value="6"/>	
<input type="checkbox"/> Off-site Parking / Shuttle		
<input type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? YES NO

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

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

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

Name: Phone:

Address (including zip):

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

Generic music, one stage, up to 10 bands

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.

Self

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

Festival -- Celebration of diversity within the LGBTQ+ community

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

Festival -- load-in/set-up 7am - 8:30 am - tear down 4pm-5pm

Other Comments: Please describe your fee structure.

\$100 to \$500, based on exhibitor classification

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: Date:

Appendix A

Co-Sponsored Event Park Fee Structure

- * Events in Vinoy Park will be assessed \$300.00 per event day (e.g., 1 day event = \$300.00, 2 days = \$600.00, 3 days or more = \$900.00.) This includes the \$30.00 park permit fee.
- * Events in any other park will be assessed \$200.00 per event day (e.g., 1 day event = \$200.00, 2 days = \$400.00, 3 or more days = \$600.00). This includes the \$30.00 park permit fee.
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- * **Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.**
- * **All first time entities requesting events will be required to complete a credit application.**

**Appendix B
President or CEO
Responsible Party Information**

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation:

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

Nonprofit (Employee Identification Number):

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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

What method of invoicing would your organization prefer?

BY Mail

Contact Name:

Address:

City, State, Zip:

BY EMAIL

Email Address:

Income		
Development Income		
General Donation	\$	2,500.00
Merchandise	\$	5,000.00
Pride Guide	\$	30,000.00
Special Events		
Pre-Pride Events	\$	25,000.00
Red & Green	\$	15,000.00
Sponsorship		
Corporate Sponsorship	\$	30,000.00
Community Leaders Program	\$	15,000.00
Grants	\$	50,000.00
St Pete Pride Reception		
Operational Income		
Operational		
Discounts/Refunds	\$	(1,000.00)
Processing Fee Donation	\$	1,000.00
Pride Weekend		
Beverages	\$	85,000.00
Bleachers on Straub	\$	3,000.00
Festival	\$	67,100.00
Glamstands	\$	25,000.00
Parade	\$	27,000.00
Concert	\$	3,000.00
Gross Income	\$	382,600.00
Expenses		
Community Grants	\$	5,000.00
Development Expenses		
Merchandise	\$	2,500.00
Pride Guide	\$	20,000.00
Travel Guide	\$	3,000.00
Special Events		
Pre-Pride Events	\$	5,000.00
Red & Green	\$	5,000.00
Taste!	\$	7,000.00
Sponsorship		
Sponsor Relations	\$	2,500.00
St Pete Pride Reception	\$	10,000.00
Volunteers	\$	2,000.00
Operational Income		
Investment Fees	\$	300.00
Marketing	\$	21,200.00
Operational		
Payroll	\$	54,000.00
Rent/Lease of Buildings	\$	7,500.00
Merchant Fees	\$	5,000.00
Misc.	\$	13,500.00
Outreach	\$	14,300.00
Pride Weekend		
Advertising/Promotions	\$	1,500.00
Beverages	\$	40,000.00
Bleachers at Straub	\$	2,200.00
Entertainment	\$	8,000.00
Festival	\$	36,050.00
Glamstands	\$	17,250.00
Insurance	\$	12,000.00
Parade	\$	67,750.00
Concert	\$	8,400.00
Gross Expenses	\$	370,950.00
Net Income	\$	11,650.00

ST PETE PRIDE INC
PO BOX 12647
ST PETERSBURG FL 33733-2647

010047

Employer Identification Number: 14-1876777
Person to Contact: Ms. Harper
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Sep. 25, 2009, regarding your tax-exempt status.

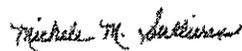
Our records indicate that a determination letter was issued in January 2004, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

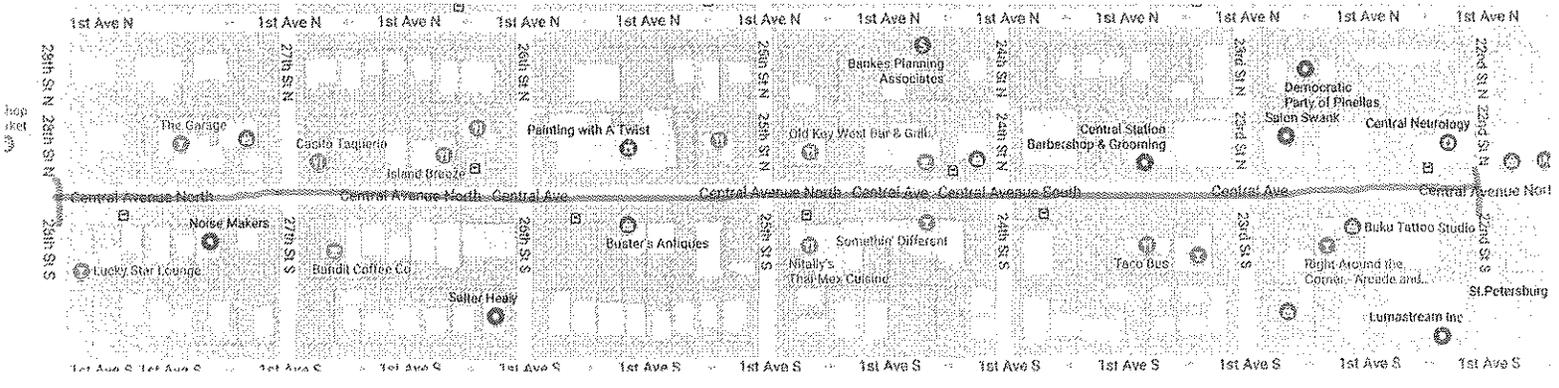
Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

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

Sincerely yours,



Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I



2018 Festival Map



[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

Blankenship, Luke
2227 CENTRAL AVE
ST. PETERSBURG, FL 33713

Name Changed: 09/18/2017

Address Changed: 03/28/2016

Officer/Director Detail

Name & Address

Title P

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

Title T

SOLOMONS, STANLEY P

PO BOX 12647
ST. PETERSBURG, FL 33733

Title ED

Blankenship, Luke
PO BOX 12647
ST. PETERSBURG, FL 33733

Title VP

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

Title Director

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

Title Director

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

Title Secretary

Bundy, David Michael
PO BOX 12647
ST. PETERSBURG, FL 33733

Title Director

Bruemmer, Nathan
PO BOX 12647
ST. PETERSBURG, FL 33733

Annual Reports

Report Year	Filed Date
2016	03/28/2016
2017	02/10/2017
2017	09/18/2017

Document Images

09/18/2017 -- AMENDED ANNUAL REPORT	View image in PDF format
02/10/2017 -- ANNUAL REPORT	View image in PDF format
06/22/2016 -- AMENDED ANNUAL REPORT	View image in PDF format
03/28/2016 -- ANNUAL REPORT	View image in PDF format
02/23/2015 -- ANNUAL REPORT	View image in PDF format
10/05/2014 -- AMENDED ANNUAL REPORT	



Contract/Permit

Contract #: 21816
Date: 11 Oct 2017

User: JSBENNIN
Status: Firm

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

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

Purpose of Use: ST. PETE PRIDE WEEKEND **Expected:** 50,000 **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 19 Jun 18 06:00 am **Ending:** Tue 26 Jun 18 11:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
South Straub Park	Tue	19 Jun 2018	06:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
Park		26 Jun 2018	11:00 PM				
Albert Whitted Park	Tue	19 Jun 2018	06:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
Park		26 Jun 2018	11:00 PM				
Pioneer Park	Tue	19 Jun 2018	06:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
Park		26 Jun 2018	11:00 PM				
Al Lang Park	Tue	19 Jun 2018	06:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
Park		26 Jun 2018	11:00 PM				
North Shore Park	Tue	19 Jun 2018	06:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
Park		26 Jun 2018	11:00 PM				
North Straub Park	Tue	19 Jun 2018	06:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
Park		26 Jun 2018	11:00 PM				
Vinoy Park	Tue	19 Jun 2018	06:00 AM	\$0.00	\$900.00	\$0.00	\$900.00
Vinoy Park		26 Jun 2018	11:00 PM				
Demens Landing Park	Fri	22 Jun 2018	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Park			11:00 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	1,110:00	6	\$1,200.00	\$0.00	\$1,200.00
Co-Sponsored Park Permit Fee (Vinoy)	185:00	3	\$900.00	\$0.00	\$900.00
				\$0.00	\$2,100.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$2,130.00	\$0.00	\$2,130.00	\$0.00	\$2,130.00	\$0.00	(\$40.90)

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
10 Jan 2017	\$10.90	Check	Rental	2705321

Contract #: 21816
Date: 11 Oct 2017

User: JSBENNIN
Status: Firm

11 Oct 2017 \$2,119.10 Check Rental 2910794

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) **LUKE BLANKENSHIP**

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: _____

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



City of St. Petersburg

ST PETE PRIDE INC
LUKE BLANKENSHIP
PO BOX 12647
ST PETERSBURG, FL 33733 USA

Receipt #: 2910794
User: JSBENNIN
Issued: Wed 11 Oct 17 09:52 am

Description	Amount
Previous Balance	\$2,119.10
Applied To: 21816 - ST. PETE PRIDE WEEKEND Vinoy Park - Vinoy Park June 19, 2018 6:00 am to June 26, 2018 11:00 pm	\$2,119.10
Payment: Check	(\$2,160.00)
Balance	(\$40.90)

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



Date Received: 10-10-17
 Check or Cash: _____
 Application #: 76
 Packet: C
 Permit #: 21818

Event Title: Pinot in the Park 2018 Phone No.: 727-542-5333 Fax No.: _____

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

Event Date(s): April 7, 2018 Location: Seminole Park, corner 3rd Ave & 29th St N

Day 1 of Event: Saturday Time Gates Open: 7pm Ending Time: 10pm

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

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

Application Prepared by: Kathleen Young Phone: 727-542-5333

Title: Event Co-Chair Cell Phone: 727-542-5333

Address: 2726 8th Ave N City: St Petersburg State: FL Zip: 33713

Email Address: kkyoung50@aol.com

Additional Contact Person: Sara Ellen Lambert Burnett Day Phone: 727-550-6152

What month/year were you incorporated as nonprofit? 5/18/2011

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

Name of the for-profit entity? n/a

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

Pinot in the Park is an upscale event that brings Historic Kenwood residents together with other locals and tourists to celebrate the wonderful quality of life in Historic Kenwood and St Petersburg. In addition to enjoying great food and wine, attendees are able to place silent auction bids on items donated by local artisans and businesses to help raise funds that HKNA will use to benefit those less fortunate in our community.

In 2016, a portion of the proceeds benefited the HK Partnership, that works with the city's N-Team to provide exterior renovations to resident's homes when they are unable, either monetarily or physically, to do it themselves.

In 2017, a portion of the proceeds benefited the St Pete Culinary Center, which was started in 2016 by local chefs; the Center's mission is to create a practical, yet creative trade for local at risk youth.

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

Gross proceeds from our 2017 event totaled over \$13,000.

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

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

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

Will there be an admission / registration fee? YES NO Advanced Fee: \$90 Day of: n/a

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

Please provide a phone number that can be advertised to the public. 727-542-5333

What is the estimated attendance for this event? Spectators 30 Participants 144 Last Year's Total Attendance 150

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: Title: Date:

Co-Sign: Title: Date:

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

PLEASE ATTACH THE FOLLOWING

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

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

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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/>	Public Invited	General Liability Insurance
<input checked="" type="checkbox"/>	Located in Park	Park Permit
<input checked="" type="checkbox"/>	Vending Product / Merchandise Sales	Occupational License
<input checked="" type="checkbox"/>	Vending Food / Beverage	Health Inspection
<input type="checkbox"/>	Vendors / Exhibitors	Alcohol Permit
<input checked="" type="checkbox"/>	Vending Beer / Wine	Additional insurance Required
<input checked="" type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	Temporary Structure Permit
<input checked="" type="checkbox"/>	Fence Installation	Temporary Structure Permit
<input checked="" type="checkbox"/>	Other Structures	Temporary Structure Permit
<input checked="" type="checkbox"/>	Open Flame Food Preparation	Fire Inspection Permit
<input type="checkbox"/>	Pyrotechnics	Fireworks Permit
<input type="checkbox"/>	Require Street Closure	Parade or Street Closure Permit(s)
<input type="checkbox"/>	VIP Area	
<input type="checkbox"/>	Staging	
<input checked="" type="checkbox"/>	Amplified Sound	
<input type="checkbox"/>	Security	
<input checked="" type="checkbox"/>	Sanitary Facilities - Port-O-Lets	
<input type="checkbox"/>	Off-site Parking / Shuttle	
<input type="checkbox"/>	Semitruck / Tractor Trailer	

How many?	
How many?	1
What type?	PVC and Rope
What structure?	Bike racks around fire pit

<input type="checkbox"/>	Professional	<input type="checkbox"/>	Showmobile	<input type="checkbox"/>	Other
<input checked="" type="checkbox"/>	Performers	<input type="checkbox"/>	Announcement Only		
<input type="checkbox"/>	Daytime - Private	<input type="checkbox"/>	Overnight - Private	<input type="checkbox"/>	Event Time Frame - SPPD
Regular Units	1	Disabled Units	1	Hand Washing	1

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

We will need the 2-3 whisper generators, electrical cords and "The Turtle"

Will you supply your own generators? YES NO

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

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

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.

Acousitc guitarist(s)

List Vending Products. Name & Provider.

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

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

Historic Kenwood Neighborhood Association
PO Box 15134, St Petersburg, FL 33733
727-542-5333

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

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

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

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

Other Comments: Please describe your fee structure.

\$90/person in advance only. No tickets sold at the door day of the event, which basically just covers costs of holding the event

Other comments:

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

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

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

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

Name: Kathleen Young

Title: Event Co-Chair

Date: 10/10/2017

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.**

Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation:

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

Nonprofit (Employee Identification Number):

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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

What method of invoicing would your organization prefer?

BY Mail

Contact Name

Address

City, State, Zip

BY EMAIL

Email Address:

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

Name of Event: Pinot in the Park
Date(s) of Event: Apr 7, 2018

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

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

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

1. Tent and rental supplies	\$4,000.00
2. City services	\$600.00
3. Entertainment	\$400.00
4. Advertising/Marketing	\$600.00
5. Port O Lets	\$300.00
6. Other supplies/decorations	\$2,500.00
7.	
8.	
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	\$8,400.00
TOTAL NET INCOME	\$4,600.00

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

1. HKNA	\$2,600.00
2. St Pete Culinary Center	\$2,000.00
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	\$4,600.00

Prepared by: Kathy Young Date: 10/10/2017

Print Application

Submit Application by
Email

Contract #: 21818
Date: 11 Oct 2017

User: JSBENNIN
Status: Firm

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

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



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Not For Profit Corporation
HISTORIC KENWOOD NEIGHBORHOOD ASSOCIATION, INC.

Filing Information

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

Principal Address

242 30th St N
ST. PETERSBURG, FL 33713

Changed: 01/06/2017

Mailing Address

POST OFFICE BOX 15134
ST. PETERSBURG, FL 33733-5134

Changed: 04/08/2005

Registered Agent Name & Address

Kellett, Linda D.
242 30th St. N.
ST. PETERSBURG, FL 33713

Name Changed: 01/06/2017

Address Changed: 01/06/2017

Officer/Director Detail

Name & Address

Title PRES

Gordon, Brenda
POST OFFICE BOX 15134
ST. PETERSBURG, FL 33733-5134

Title VP

Harrill-Smith, Carrie
 POST OFFICE BOX 15134
 ST. PETERSBURG, FL 33733-5134

Title SEC

Baker, MJ
 POST OFFICE BOX 15134
 ST. PETERSBURG, FL 33733-5134

Title TRES

Kellett, Linda D.
 POST OFFICE BOX 15134
 ST. PETERSBURG, FL 33733-5134

Annual Reports

Report Year	Filed Date
2015	01/10/2015
2016	01/06/2016
2017	01/06/2017

Document Images

01/06/2017 -- ANNUAL REPORT	View image in PDF format
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01/10/2015 -- ANNUAL REPORT	View image in PDF format
01/04/2014 -- ANNUAL REPORT	View image in PDF format
01/19/2013 -- ANNUAL REPORT	View image in PDF format
01/11/2012 -- ANNUAL REPORT	View image in PDF format
01/18/2011 -- Amendment	View image in PDF format
01/17/2011 -- ANNUAL REPORT	View image in PDF format
01/04/2010 -- ANNUAL REPORT	View image in PDF format
02/05/2009 -- ANNUAL REPORT	View image in PDF format
01/18/2008 -- ANNUAL REPORT	View image in PDF format
10/19/2007 -- Amendment	View image in PDF format
04/15/2007 -- ANNUAL REPORT	View image in PDF format
04/28/2006 -- ANNUAL REPORT	View image in PDF format
04/08/2005 -- ANNUAL REPORT	View image in PDF format
08/13/2004 -- ANNUAL REPORT	View image in PDF format
04/21/2003 -- ANNUAL REPORT	View image in PDF format
03/24/2002 -- ANNUAL REPORT	View image in PDF format
04/30/2001 -- Name Change	View image in PDF format
03/27/2001 -- ANNUAL REPORT	View image in PDF format
01/22/2000 -- ANNUAL REPORT	View image in PDF format
02/25/1999 -- ANNUAL REPORT	View image in PDF format
03/10/1998 -- ANNUAL REPORT	View image in PDF format

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



Date Received: 10-18-17
 Check or Cash: 21601
 Application #: 77
 Packet: A
 Permit #: 21887

Event Title: Sting Rocks the Vinoy Phone No.: (848)207-1760 Fax No.: 727-493-5010
 Entity Name: Knight Global Entertainment/ Jannus Live Federal I.D. Number: 27-0821472
 Event Date(s): 12/10/2017 Location: Vinoy Park
 Day 1 of Event: 12/10/2017 Time Gates Open: 5 p.m. Ending Time: 10 p.m.
 Day 2 of Event: _____ Time Gates Open: _____ Ending Time: _____
 Day 3 of Event: _____ Time Gates Open: _____ Ending Time: _____

Application Prepared by: Cindy Watts Phone: 727-644-8103
 Title: Certified General Contractor Cell Phone: 727-644-8103
 Address: 200 1st Ave N Suite 206 City: St Petersburg State: FL Zip: 33701
 Email Address: cindy.watts@knight-enterprises.com
 Additional Contact Person: Becky Barnes Day Phone: (848)207-1760

What month/year were you incorporated as nonprofit? June 12, 2014
 List all 501(c)3 entities that will benefit from this event. R.O.C. Park, Inc.
 Name of the for-profit entity? Knight Global Entertainment / Jannus Live

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

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

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

Does your group presently have liability insurance? YES NO How much? \$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: \$75 Day of: \$100

Please provide the website address for your event. _____
 Please provide a phone number that can be advertised to the public. _____
 What is the estimated attendance for this event? Spectators 8,000 Participants _____ Last Year's Total Attendance _____



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> * Public Invited *w/purchased ticket		General Liability Insurance
<input checked="" type="checkbox"/> Located in Park		Park Permit
<input checked="" type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input checked="" type="checkbox"/> Vending Food / Beverage		Health Inspection
<input type="checkbox"/> Vendors / Exhibitors	How many? _____	
<input checked="" type="checkbox"/> Vending Beer / Wine		Alcohol Permit Additional Insurance Required
<input checked="" type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <u>12-15</u>	Temporary Structure Permit
<input checked="" type="checkbox"/> Fence Installation	What type? <u>chain link</u>	Temporary Structure Permit
<input type="checkbox"/> Other Structures	What structure? _____	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input checked="" type="checkbox"/> VIP Area		
<input checked="" type="checkbox"/> Staging	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Amplified Sound	<input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input checked="" type="checkbox"/> Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD	
<input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <u>54</u> Disabled Units <u>8</u> Hand Washing <u>10</u>	
<input type="checkbox"/> Off-site Parking / Shuttle		
<input checked="" type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

TBD

Will you supply your own generators? YES NO

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

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: Knigh Global Entertainment/Jannus Live

Phone: (848)207-1760

Address (including zip): 200 First Ave N, Suite 206, St Petersburg 33701

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

Pop, Light Rock
One stage.
One band.

List Vending Products. Name & Provider.

Performer supplied, TBD.

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

R.O.C. Park, Inc. 410 150th Ave, Madeira Beach, FL 33708
727-367-3000

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, but most likely 24 hours pre and post show. We will be working in coordination with the AIDS Walk people. An email to that effect from them will follow.

Other Comments: Please describe your fee structure.

TBD - waiting for approval from the performer.

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: Becky Barnes  Title: General Manager Date: 10/17/2017

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.**



Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: R.O.C. Park, Inc.

Name of Responsible Party (President or CEO ONLY): William Karns

Title of Responsible Party: President

Physical Address of Responsible Party: 410 150th Ave Suite H, Madeira Beach, FL 33708

Phone Number of Responsible Party: 727-367-3000

Email Address of Responsible Party: Isilva@karnsenterprises.com

Nonprofit (Employee Identification Number): 47-1199069

Name of the **For-profit** Corporation: Knight Global Entertainment/ Jannus Live

Name of Responsible Party (President or CEO ONLY): Jeffry Knight

Title of Responsible Party: President

Physical Address of Responsible Party: 200 First Ave N. uite 206, St Petersburg, FL 33701

Phone Number of Responsible Party: 727-423-0971

Email Address of Responsible Party: jeff@jannuslive.com

For-profit (Employee Identification Number) 27-0821472

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: N/A
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: Cindy Watts cindy.watts@knight-enterprises.com 727-644-8103

Date: 10/17/2017

Print Application

Submit Application by
Email

KPS

CONTRACTORS / ENGINEERS / INSPECTORS

CONSTRUCTION • ENGINEERING
FOUNDATION TECHNOLOGIES • ENERGY MANAGEMENT
SEA WALL, DOCKS & BOAT LIFTS

Job: _____

By: _____ Date: _____ Sht. No. _____ of _____

Job No. _____ Revisions _____

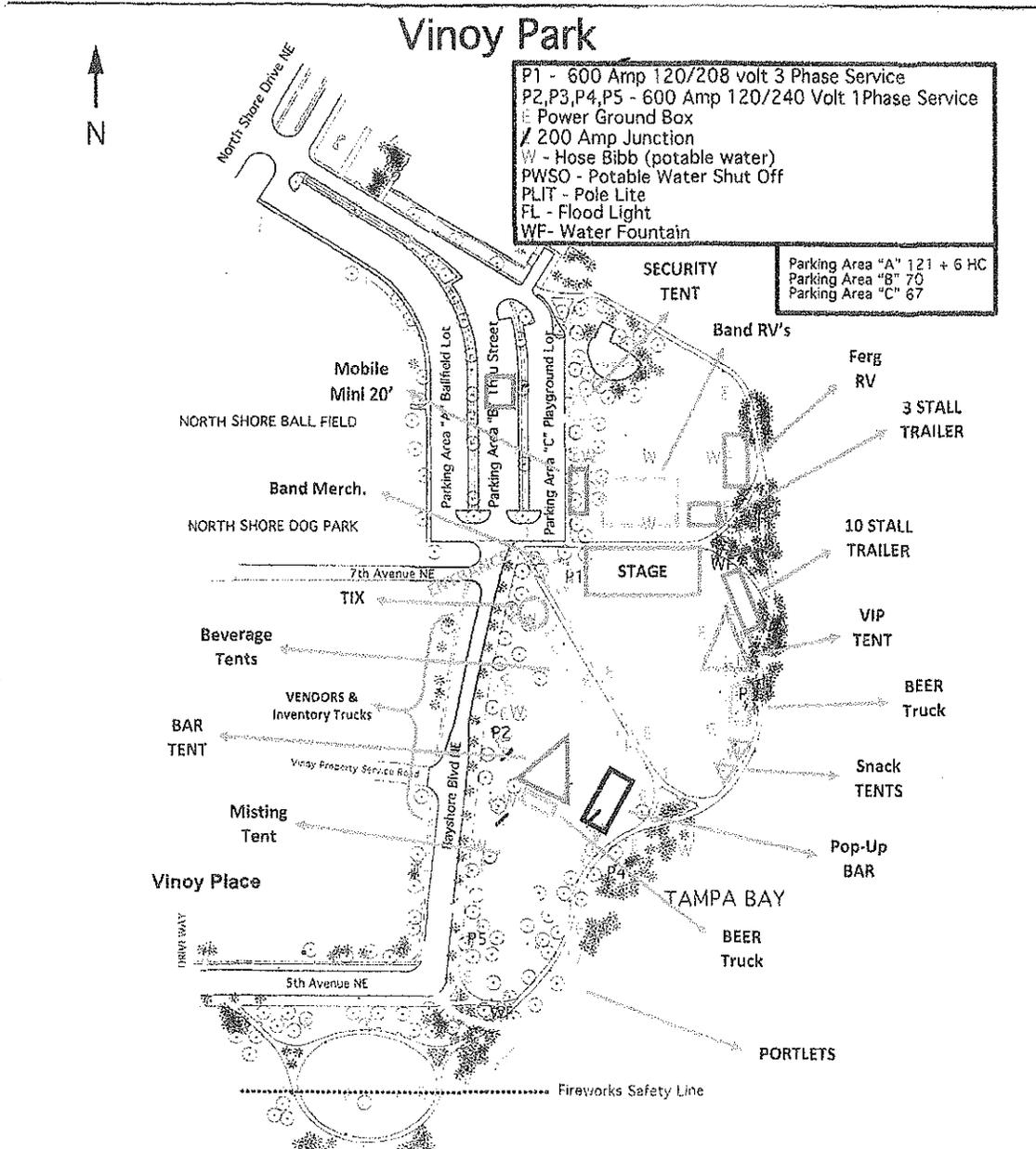
Randy Hendrick

SECTION 5 – DESCRIPTION OF PREMISES TO BE LICENSED
AB&T AUTHORIZED SIGNATURE REQUIRED

Business Name (D/B/A) or Name of Event

String Rocks the Vinoy

Neatly draw a floor plan of the premises in ink, including sidewalks and other outside areas which are contiguous to the premises, walls, doors, counters, sales areas, storage areas, restrooms, bar locations and any other specific areas which are part of the premises where the event will be held. A multi-story building where the entire building is to be licensed must show the details of each floor.





[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Limited Liability Company
KNIGHT GLOBAL ENTERTAINMENT, LLC

Filing Information

Document Number L09000074586
FEI/EIN Number 27-0821472
Date Filed 08/03/2009
State FL
Status ACTIVE

Principal Address

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

Changed: 02/04/2010

Mailing Address

6056 ULMERTON ROAD
CLEARWATER, FL 33760

Changed: 12/09/2010

Registered Agent Name & Address

BENTLEY, DONNA
6056 ULMERTON ROAD
CLEARWATER, FL 33760

Name Changed: 12/09/2010

Address Changed: 12/09/2010

Authorized Person(s) Detail

Name & Address

Title P

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

Title S

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

Annual Reports

Report Year	Filed Date
2015	04/14/2015
2016	04/19/2016
2017	04/04/2017

Document Images

04/04/2017 -- ANNUAL REPORT	View Image in PDF format
04/19/2016 -- ANNUAL REPORT	View image in PDF format
04/14/2015 -- ANNUAL REPORT	View image in PDF format
04/23/2014 -- ANNUAL REPORT	View image in PDF format
04/18/2013 -- ANNUAL REPORT	View image in PDF format
04/17/2012 -- ANNUAL REPORT	View image in PDF format
04/06/2011 -- ANNUAL REPORT	View image in PDF format
12/09/2010 -- ANNUAL REPORT	View image in PDF format
04/26/2010 -- ANNUAL REPORT	View image in PDF format
02/04/2010 -- ANNUAL REPORT	View image in PDF format
08/03/2009 -- Florida Limited Liability	View image in PDF format



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Not For Profit Corporation
R.O.C. PARK, INC.

Filing Information

Document Number N14000005735
FEI/EIN Number 47-1199069
Date Filed 06/17/2014
State FL
Status ACTIVE

Principal Address

286 107TH AVENUE, #300
TREASURE ISLAND, FL 33706

Mailing Address

286 107TH AVENUE, #300
TREASURE ISLAND, FL 33706

Registered Agent Name & Address

KARRIS, WILLIAM F
286 107TH AVENUE, #300
TREASURE ISLAND, FL 33706

Officer/Director Detail

Name & Address

Title D

KARNS, WILLIAM F
286 107TH AVENUE, #300
TREASURE ISLAND, FL 33706

Title D

KARNS, DIANE E
286 107TH AVENUE, #300
TREASURE ISLAND, FL 33706

Title D

BRAINARD, C. SCOTT
286 107TH AVENUE, #300
TREASURE ISLAND, FL 33706

Annual Reports

Report Year	Filed Date
2015	02/24/2015
2016	04/12/2016
2017	03/15/2017

Document Images

03/15/2017 -- ANNUAL REPORT	View image in PDF format
04/12/2016 -- ANNUAL REPORT	View image in PDF format
02/24/2015 -- ANNUAL REPORT	View image in PDF format
06/17/2014 -- Domestic Non-Profit	View image in PDF format

Florida Department of State, Division of Corporations



Contract/Permit

Contract #: 21887
Date: 18 Oct 2017

User: JSBENNIN
Status: Firm

KNIGHT GLOBAL ENTERTAINMENT
 CINDY WATTS
 200 1ST AVE N SUITE 206
 ST PETERSBURG FL 33701 USA

Primary #: (727) 644-8103
 Secondary #: (727)
 Other #: ()

Purpose of Use: STING ROCKS VINOY **Expected:** 8,000 **Co-Sponsored Event** **Contract Balance** \$330.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Sun 10 Dec 17 06:00 am **Ending:** Tue 12 Dec 17 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Sun	10 Dec 2017	06:00 AM	\$0.00	\$300.00	\$0.00	\$300.00
Vinoy Park		12 Dec 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 Application Late Fee	1	\$1,200.00	\$0.00	\$1,200.00
				\$1,230.00

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Park Permit Fee (Vinoy)	63:00	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	\$1,530.00	\$0.00	\$1,530.00	\$0.00	\$1,200.00	\$330.00	\$330.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
18 Oct 2017	\$1,200.00	Check	Rental	2914454

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) **CINDY WATTS**

 KNIGHT GLOBAL ENTERTAINMENT
 Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) _____
 Parks and Recreation Superintendent

(Print Name) _____
 Parks and Recreation Department

Contract #: 21887
Date: 18 Oct 2017

User: JSBENNIN
Status: Firm

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

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



City of St. Petersburg

KNIGHT GLOBAL ENTERTAINMENT
CINDY WATTS
200 1ST AVE N
SUITE 206
ST PETERSBURG, FL 33701 USA

Receipt #: 2914454
User: JSBENNIN
Issued: Wed 18 Oct 17 08:22 am

Description	Amount
Previous Balance	\$1,530.00
Applied To: 21887 - STING ROCKS VINOY Vinoy Park - Vinoy Park December 10, 2017 6:00 am to December 12, 2017 9:00 pm	\$1,200.00
Payment: Check	(\$1,200.00)
Balance	\$330.00