



City of St. Petersburg

City Council

Co-Sponsored Events Committee

Thursday, August 9, 2018, 1:30PM

City Hall Room 100

Committee Members

Lisa Wheeler-Bowman

Charlie Gerdes

Brandi Gabbard

Ed Montanari

Steve Kornell (Alternate)

Agenda

- I. Call to Order
- II. Approval of twenty-one (21) events for FY 19
 - a. waiving the non-profit requirement for seven (7) events
 - b. approval of liquor requests for five (5) events
- III. Adjournment

1	Tampa Bay Superheroes Unite
2	Rebelution
3	Festivals of Speed
4	Vintage Car Show
5	American Stage in the Park
6	Sunshine Music Festival
7	97X BBQ Arts and Music
8	Run with the Flock St. Pete
9	Southwest Florida Tour De Cure
10	24th Annual Corvettes at the Pier Corvette Show
11	Mainsail Arts Festival
12	Awakening into the Sun
13	WUSF Longest Table
14	Walk for Life
15	Food Truck Rally/ Monthly Themes
16	St. Petersburg Earth Day Festival
17	James Weldon Johnson Literacy Festival
18	St. Petersburg Distance Classic
19	PAP's Gospel Jazz & Joke Fest
20	Et Cultura St. Pete
21	Reggae Rise Up Music Festival
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	

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



Date Received: 5-16-18
 Check or Cash: _____
 Application #: 52
 Packet: A
 Permit #: 24471

Event Title: Tampa Bay Superheroes Unite! Phone No.: 240-235-2211 Fax No.: 240-235-2211

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

Event Date(s): November 3, 2018 Location: Walter Fuller Park

Day 1 of Event: 11/3/2018 Time Gates Open: 9:00 AM Ending Time: 1:00 PM

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

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

Application Prepared by: Jennifer Murphy Phone: 240-235-2211

Title: National Director, Campaign Development Cell Phone: 410-336-8137

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

Email Address: jennifer.murphy@curesearch.org

Additional Contact Person: Eric Robinson Day Phone: _____

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

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

Name of the for-profit entity? _____

Describe your event with details.

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

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

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

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

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

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

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

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

Please provide a phone number that can be advertised to the public. 240-235-2211

What is the estimated attendance for this event? Spectators 25 Participants 275 Last Year's Total Attendance 238

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 type="checkbox"/> Vendors / Exhibitors | How many? <input type="text"/> | 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 checked="" 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 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="TBD"/> 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 type="checkbox"/> Invitations | <input type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers | <input type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> Remote Broadcast |

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

Electrical Requirements:

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

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

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

Will you supply your own generators? YES NO

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

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

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

Name: Jennifer Murphy - CureSearch for Children's Cancer Phone: 240-235-2211

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

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

family friendly music, 1 stage, no bands

List Vending Products. Name & Provider.

n/a

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

n/a

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

Oncologists, nurses, patients, family members, event sponsors supporting CureSearch's mission

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

7:00am - Load in
1:00pm - Load out
Reserved parking for staff/equipment loading and unloading

Other Comments: Please describe your fee structure.

Other comments:

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

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

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

Name: Title: 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:

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:
 Date(s) of Event: -

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

Amount

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

TOTAL GROSS REVENUE

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

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

TOTAL OPERATING EXPENSES

TOTAL NET INCOME

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

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

TOTAL ALLOCATION OF NET INCOME

Prepared by:

Date:



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248359979
Jan. 28, 2014 LTR 4168C 0
95-4132414 000000 00

00025192

BODC: TE

CURESEARCH FOR CHILDRENS CANCER
CANCER RESEARCH FOR CHILDREN
4600 EAST WEST HWY STE 600
BETHESDA MD 20814



004744

Employer Identification Number: 95-4132414
Person to Contact: Ms. Sene
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 16, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in April 1992.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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

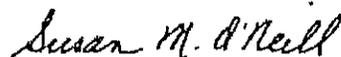
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248359979
Jan. 28, 2014 LTR 4168C 0
95-4132414 000000 00
00025193

CURESEARCH FOR CHILDRENS CANCER
CANCER RESEARCH FOR CHILDREN
4600 EAST WEST HWY STE 600
BETHESDA MD 20814

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

Sincerely yours,



Susan M. O'Neill, Department Mgr.
Accounts Management Operations



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

Detail by Entity Name

Foreign Not For Profit Corporation
CURESEARCH FOR CHILDREN'S CANCER CORPORATION

Filing Information

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

Principal Address

4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Mailing Address

4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Registered Agent Name & Address

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

Officer/Director Detail

Name & Address

Title CEO

THRALL, LAURA
4600 East West Highway
Suite 600
Bethesda, MD 20814

Title Chairman

SIEGEL, STUART, MD
4600 East West Highway
Suite 600
Bethesda, MD 20814

Title Treasurer

Rose, Walt
4600 East West Highway Suite 600
Bethesda, MD 20814

Title Secretary

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

Title Director

Lipsky, Lisa
4600 East West Highway Suite 600
Bethesda, MD 20814

Title Director

Adams, Hank
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Title Director

Acharya, Prathima
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Title Director

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

Title Director

Carter, Paula
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Title Director

Hawn, Carleen
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Title Director

Kelly, Matt

4600 EAST WEST HWY SUITE 600
 BETHEDA, MD 20814

Title Director

Gould, Annie
 4600 EAST WEST HWY SUITE 600
 BETHEDA, MD 20814

Annual Reports

Report Year	Filed Date
2016	02/05/2016
2017	03/23/2017
2018	01/16/2018

Document Images

01/16/2018 -- ANNUAL REPORT	View image in PDF format
03/23/2017 -- ANNUAL REPORT	View image in PDF format
10/04/2016 -- Name Change	View image in PDF format
02/05/2016 -- ANNUAL REPORT	View image in PDF format
01/07/2015 -- ANNUAL REPORT	View image in PDF format
04/28/2014 -- ANNUAL REPORT	View image in PDF format
04/16/2013 -- Foreign Profit	View image in PDF format

Florida Department of State, Division of Corporations



Contract #: 24471
Date: 30 Jul 2018

User: JSBENNIN
Status: Firm

CURESEARCH FOR CHILDRENS CANCER
 JENNIFER MURPHY
 4600 EAST WEST HWY STE 600
 BETHESDA MD 20814 USA

Primary #: (240) 235-2282
 Secondary #: (727)
 Other #: ()

Purpose of Use: TAMPA BAY SUPERHEROES UNITE! **Expected:** 300 **Co-Sponsored Event** **Contract Balance**
 \$60.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Sat 03 Nov 18 06:00 am **Ending:** Sat 03 Nov 18 06:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Walter Fuller Park	Sat	03 Nov 2018	06:00 AM	\$0.00	\$30.00	\$0.00	\$30.00
Park			06:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total	
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00	
				\$30.00	
Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Application Processing Fee - Parks	12:00	1	\$30.00	\$0.00	\$30.00
		1	\$30.00	\$0.00	\$30.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$60.00	\$0.00	\$60.00	\$0.00	\$0.00	\$60.00	\$60.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By: (Sign Name) _____
 (Print Name) **JENNIFER MURPHY**

 CURESEARCH FOR CHILDRENS CANCER
 Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) _____
 Parks and Recreation Superintendent

(Print Name) _____
 Parks and Recreation Department

Contract #: 24471
Date: 30 Jul 2018

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
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION**



Date Received: 7-1-18
 Check or Cash: _____
 Application #: 53
 Packet: D
 Permit #: 24292

Event Title: Rebelution Phone No.: 941 504 0283 Fax No.: _____

Entity Name: We Are Concerts/No Clubs Federal I.D. Number: _____

Event Date(s): Aug 16-18 Location: Vinoy

Day 1 of Event: _____ Time Gates Open: 3:00PM Ending Time: 10:00PM

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

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

Application Prepared by: Gaetano Rifugiato Phone: 941 504 0283

Title: President Cell Phone: Same

Address: 666 Central Ave City: St Petersburg State: FL Zip: 33701

Email Address: noclubspresents@icloud.com

Additional Contact Person: _____ Day Phone: _____

What month/year were you incorporated as nonprofit? _____

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

Name of the for-profit entity? We Are Concerts

Describe your event with details.

This will be a musical event featuring 3-5 Acts. This has not been determined yet. Style of music Reggae.P

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

AS this is part of a national tour profile of city will be raised and will attract some outside attendees, Hotels and food businesses will benefit

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

Does your group presently have liability insurance? YES NO How much? 3-5 million

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

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

Please provide the website address for your event. Once confirmed it will be listed on statemedia.com

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

What is the estimated attendance for this event? Spectators 5-7000 Participants TBD Last Year's Total Attendance 5300

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.

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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.**
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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
<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 type="checkbox"/>	Require Street Closure	Parade or Street Closure Permit(s)
<input checked="" type="checkbox"/>	VIP Area	
<input checked="" type="checkbox"/>	Staging	<input type="checkbox"/> Professional <input checked="" type="checkbox"/> Showmobile <input type="checkbox"/> Other
<input 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 type="checkbox"/> Event Time Frame - SPPD
<input checked="" type="checkbox"/>	Sanitary Facilities - Port-O-Lets	Regular Units <input type="text" value="60"/> Disabled Units <input type="text" value="10"/> Hand Washing <input type="text" value="12"/>
<input checked="" type="checkbox"/>	Off-site Parking / Shuttle	
<input checked="" type="checkbox"/>	Semitruck / Tractor Trailer	

Marketing: Please check all that apply.

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

Vendors and stage equipment will tie into city outlets at Park

Will you supply your own generators? YES NO

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

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

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

Name: We Are Concerts

Phone: 941 504 0283

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

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

1 Stage 3-4 acts Style is listed as Reggae.

List Vending Products. Name & Provider.

Clothing, some food and beverages.

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

TBD

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

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

Artists buses and trucks will be parked by Northshore Swimming pool.

Other Comments: Please describe your fee structure.

Fees will be based on artist guarantee, It will be structured as Advance and Dos Pricing. There will be a limited VIP, Probably 100-150 people.

Other comments:

As on previous occasions we do not have non profit groups contracted until show is confirmed. In the past Metropolitan industries have been our go to but this time we want to look at some more localized entity, Girls Rock Camp perhaps.

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: Gaetano Rifugiato

Title: President

Date: July 2 2019

Appendix A

Co-Sponsored Event Park Fee Structure

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

**Appendix B
President or CEO
Responsible Party Information**

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation:

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: _____
Date(s) of Event: _____

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

Amount

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

TOTAL GROSS REVENUE

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

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

TOTAL OPERATING EXPENSES

TOTAL NET INCOME

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

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

TOTAL ALLOCATION OF NET INCOME

Prepared by: _____

Date: _____

Print Application

Submit Application by Email



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Detail by Entity Name

Florida Limited Liability Company
WE ARE CONCERTS LLC

Filing Information

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

Principal Address

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

Mailing Address

PO BOX 269
ST. PETERSBURG, FL 33731

Registered Agent Name & Address

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

Authorized Person(s) Detail

Name & Address

Title MGRM

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

Title MGRM

Rifugiato, Gaetano
3535 7th Avenue North
St Petersburg, FL

Annual Reports

Report Year	Filed Date
2016	03/10/2016
2017	03/13/2017

2018

03/21/2018

Document Images

[03/21/2018 -- ANNUAL REPORT](#)

View image in PDF format

[03/13/2017 -- ANNUAL REPORT](#)

View image in PDF format

[03/10/2016 -- ANNUAL REPORT](#)

View image in PDF format

[03/05/2015 -- Florida Limited Liability](#)

View image in PDF format

Florida Department of State, Division of Corporations



Contract/Permit

Contract #: 24292
Date: 12 Jul 2018

User: JSBENNIN
Status: Firm

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

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

Purpose of Use: REBELUTION

Expected:
7,000

Co-Sponsored Event

Contract Balance \$930.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Mon 12 Aug 19 06:00 am

Ending: Tue 20 Aug 19 11:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Mon	12 Aug 2019	06:00 AM	\$0.00	\$900.00	\$0.00	\$900.00
Vinoy Park		20 Aug 2019	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 Permit Fee (Vinoy)	209:00	3	\$900.00	\$0.00	\$900.00
		3	\$900.00	\$0.00	\$900.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$930.00	\$0.00	\$930.00	\$0.00	\$0.00	\$930.00	\$930.00

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) **GAETANO RIFUGIATO**
 WE ARE CONCERTS LLC
 Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) _____
 Parks and Recreation Superintendent

(Print Name) _____
 Parks and Recreation Department

Contract #: 24292
Date: 12 Jul 2018

User: JSBENNIN
Status: Firm

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

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

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



Date Received: 6/14/18
Check or Cash: 413
Application #: _____
Packet: C
Permit #: 24295

Event Title: FESTIVALS OF SPEED Phone No.: 352-406-9325 Fax No.: NA

Entity Name: FESTIVALS OF SPEED Federal I.D. Number: 90-0316882

Event Date(s): APRIL 7 Location: VINOY PARK

Day 1 of Event: APRIL 7 Time Gates Open: 10AM 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: JOE SABATINI Phone: 352 406 9325

Title: PRESIDENT Cell Phone: 352 406 9325

Address: PO BOX 1130 City: EUSTIS State: FL Zip: 32727

Email Address: JOE@FESTIVALSOFSPEED.COM

Additional Contact Person: MIKE FLYNN Day Phone: 727-424-1942

What month/year were you incorporated as nonprofit? _____

List all 501(c)3 entities that will benefit from this event. FREINDS OF STRAYS CHARITY ST PETERSBURG

Name of the for-profit entity? _____

Describe your event with details.

DISPLAYS OF THE WORLDS MOST EXOTIC CARS. A STATIC CAR SHOW , NO CARS MOVE. FASHION, ART AND LUXURY LIFESTYLE COMAPNIES DISPLAY PRODUCTS AND SERVICES.

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

THE EVENT ATTRACTS AN AFFLUENT AUDIENCE WHO STAY IN LOCAL HOTELS, EAT AT LOCAL RESTURANTS AND VISIT LOCAL RETAILERS.

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? TO MEET CITY REQUIREMENTS

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

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

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

Please provide a phone number that can be advertised to the public. 352 385 9450

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

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:	JOE SABATINI	Title:	PRESIDENT	Date:	6/9/18
Co-Sign:	MIKE FLYNN	Title:	VICE PRESIDENT	Date:	6/8/18

- 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? 30	
<input checked="" type="checkbox"/>	Vending Beer / Wine	Temporary Structure Permit
	How many? 4	
<input checked="" type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	Temporary Structure Permit
	What type? BIKE RACK	
<input type="checkbox"/>	Other Structures	Temporary Structure Permit
	What structure?	Fire Inspection Permit
<input checked="" type="checkbox"/>	Open Flame Food Preparation	Fireworks Permit
<input type="checkbox"/>	Pyrotechnics	Parade or Street Closure Permit(s)
<input checked="" type="checkbox"/>	Require Street Closure	
<input checked="" 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 12 Disabled Units 4 Hand Washing 2
<input type="checkbox"/>	Off-site Parking / Shuttle	
<input checked="" type="checkbox"/>	Semitruck / Tractor Trailer	

Marketing: Please check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Invitations | <input checked="" type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers | <input 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:

FESTIVALS OF SPEED

 Phone:

352 406 9325

Address (including zip):

PO BOX 1130 EUSTIS FL 32727

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

SMOOTH JAZZ ON RADIO PLAYED AS BACKGRIUND MUSIC. VERY LOW NOT LOUD

List Vending Products. Name & Provider.

CATERING BY LUNDYS

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

CATERING BY LUNDYS

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

NONE

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

WE SET UP THE DAY BEFORE ON SATURDAY, BREAK DOWN SUNDAY AFTER 4PM

Other Comments: Please describe your fee structure.

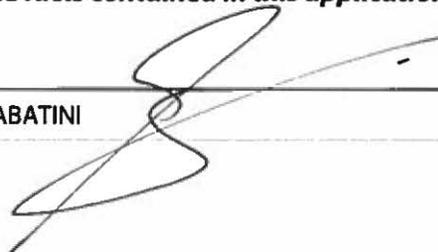
\$20.00 TICKET

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 B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation:	FRIENDS OF STRAYS
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:	FESTIVALS OF SPEED
Name of Responsible Party (President or CEO ONLY):	JOE SABATINI
Title of Responsible Party:	PRESIDENT
Physical Address of Responsible Party:	2750 DILLARD ROAD, UNIT 8 EUTSIS FL 32726
Phone Number of Responsible Party:	352 406 9325
Email Address of Responsible Party:	JOE@FESTIVALSOFSPEED.COM
For-profit (Employee Identification Number)	90-0316882

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	JOE SABATINI
Address	PO BOX 1130
City, State, Zip	EUSTIS, FL 32727

BY EMAIL

Email Address:	
----------------	--



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Detail by Entity Name

Florida Limited Liability Company
FESTIVALS OF SPEED, L.L.C.

Filing Information

Document Number	L05000108261
FE/EIN Number	90-0316882
Date Filed	11/07/2005
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	10/22/2016

Principal Address

2750 DILLARD ROAD, UNIT 8
EUSTIS, FL 32726

Changed: 07/01/2017

Mailing Address

PO BOX 1130
EUSTIS, FL 32727

Changed: 04/30/2008

Registered Agent Name & Address

SABATINI, JOE RP
1217 OVERLOOK ROAD
EUSTIS, FL 32726

Name Changed: 10/22/2016

Address Changed: 01/03/2011

Authorized Person(s) Detail

Name & Address

Title MGR

SABATINI, JOE
1217 OVERLOOK ROAD
EUSTIS, FL 32726

Title MGR

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

Title S

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

Title T

SABATINI, JOE
 1217 OVERLOOK ROAD
 EUSTIS, FL 32726

Annual Reports

Report Year	Filed Date
2016	10/22/2016
2017	07/01/2017
2018	01/12/2018

Document Images

01/12/2018 -- ANNUAL REPORT	View image in PDF format
07/01/2017 -- ANNUAL REPORT	View image in PDF format
10/22/2016 -- REINSTATEMENT	View image in PDF format
03/04/2015 -- ANNUAL REPORT	View image in PDF format
01/08/2014 -- ANNUAL REPORT	View image in PDF format
01/07/2013 -- ANNUAL REPORT	View image in PDF format
01/04/2012 -- ANNUAL REPORT	View image in PDF format
04/18/2011 -- LC Amendment	View image in PDF format
01/03/2011 -- ANNUAL REPORT	View image in PDF format
01/14/2010 -- ANNUAL REPORT	View image in PDF format
10/05/2009 -- REINSTATEMENT	View image in PDF format
04/30/2008 -- ANNUAL REPORT	View image in PDF format
02/19/2007 -- ANNUAL REPORT	View image in PDF format
09/12/2006 -- LC Name Change	View image in PDF format
03/16/2006 -- ANNUAL REPORT	View image in PDF format
11/07/2005 -- Florida Limited Liabilities	View image in PDF format



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Not For Profit Corporation
FRIENDS OF STRAYS, INC.

Filing Information

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

Principal Address

2911 47 AVE N
ST PETERSBURG, FL 33714

Changed: 04/04/1994

Mailing Address

2911 47 AVE N
ST PETERSBURG, FL 33714

Changed: 04/04/1994

Registered Agent Name & Address

Eckart, Dara
2911 47 AVE N
ST PETERSBURG, FL 33714

Name Changed: 02/28/2017

Address Changed: 04/27/2015

Officer/Director Detail

Name & Address

Title Executive Director

Eckart, Dara
2911 47 AVE N
ST PETERSBURG, FL 33714

Title President

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

Title Treasurer

Grom, Bill
2204 Pasadena Place
Gulfport, FL 33707

Title Secretary

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

Title Director

Burns, Tim
970 Lake Carillon Drive
300
St. Petersburg, FL 33716

Annual Reports

Report Year	Filed Date
2016	04/14/2016
2017	02/28/2017
2018	01/15/2018

Document Images

01/15/2018 -- ANNUAL REPORT	View image in PDF format
06/15/2017 -- Amendment	View image in PDF format
02/28/2017 -- ANNUAL REPORT	View image in PDF format
04/14/2016 -- ANNUAL REPORT	View image in PDF format
04/27/2015 -- ANNUAL REPORT	View image in PDF format
01/09/2014 -- ANNUAL REPORT	View image in PDF format
01/08/2013 -- ANNUAL REPORT	View image in PDF format
01/04/2012 -- ANNUAL REPORT	View image in PDF format
04/15/2011 -- ANNUAL REPORT	View image in PDF format
01/05/2010 -- ANNUAL REPORT	View image in PDF format
05/07/2009 -- Amendment	View image in PDF format
01/07/2009 -- ANNUAL REPORT	View image in PDF format
04/10/2008 -- ANNUAL REPORT	View image in PDF format
04/19/2007 -- ANNUAL REPORT	View image in PDF format
05/02/2006 -- ANNUAL REPORT	View image in PDF format
02/02/2005 -- ANNUAL REPORT	View image in PDF format
04/19/2004 -- ANNUAL REPORT	View image in PDF format



Contract/Permit

Contract #: 24295
Date: 12 Jul 2018

User: JSBENNIN
Status: Firm

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

Primary #: (352) 460-9325
Secondary #: ()
Other #: ()

Purpose of Use: FESTIVAL OF SPEED **Expected:** 5,000 **Co-Sponsored Event** **Contract Balance** \$0.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Thu 04 Apr 19 06:00 am **Ending:** Mon 08 Apr 19 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Thu	04 Apr 2019	06:00 AM	\$0.00	\$300.00	\$0.00	\$300.00
Vinoy Park		08 Apr 2019	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 Permit Fee (Vinoy)	111:00	1	\$300.00	\$0.00
		1	\$300.00	\$0.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$330.00	\$0.00	\$330.00	\$0.00	\$330.00	\$0.00	\$0.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
12 Jul 2018	\$330.00	Check	Rental	3112713

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) **JOE SABATINI**
 FESTIVALS OF SPEED LLC
 Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
 Parks and Recreation Department

Contract #: 24295
Date: 12 Jul 2018

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

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

Receipt #: 3112713
User: JSBENNIN
Issued: Thu 12 Jul 18 12:59 pm

Description	Amount
Previous Balance	\$330.00
Applied To: 24295 - FESTIVAL OF SPEED Vinoy Park - Vinoy Park April 4, 2019 6:00 am to April 8, 2019 9:00 pm	\$330.00
Payment: Check	(\$330.00)
Balance	\$0.00

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



Date Received: 7-1-18
 Check or Cash: _____
 Application #: 55
 Packet: A
 Permit #: 24296

Event Title: St Petersburg Yacht Club Vintage Motor Classic Phone No.: 727-458-9297 Fax No.: _____

Entity Name: St Petersburg Yacht Club Federal I.D. Number: _____

Event Date(s): November 4th, 2018 Location: South Staub Park

Day 1 of Event: 11/04/18 Time Gates Open: 7:00am Ending Time: 4:00pm

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

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

Application Prepared by: Rick Brooks Phone: 727-458-9297

Title: Event Chairman Cell Phone: 727-458-9297

Address: 124 Estado Way NE City: St Petersburg State: Florida Zip: 33704

Email Address: RFBRX@AOL.COM

Additional Contact Person: Colleen Finney Day Phone: 727-

What month/year were you incorporated as nonprofit? 11/18/1959

List all 501(c)3 entities that will benefit from this event. Pet Pals and Food for Families

Name of the for-profit entity? N/A

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

This event has been held the first Sunday of November for the past 17 years. The SPYC VMC has become the premier car show on the west coast of Florida and a fantastic draw for folks from all over Tampa Bay.

Admission to this event is completely free and has been enjoyed by folks of all ages.

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

It was estimated that the VMC drew more than 5000 people last year and the local restaurants and shops benefited economically with the increased pedestrian traffic.

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

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

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

Will there be an admission / registration fee? YES NO Advanced Fee: 25.00 Day of: 30.00

Please provide the website address for your event. WWW.SPYC.ORG/Classic

Please provide a phone number that can be advertised to the public. 727-458-9297

What is the estimated attendance for this event? Spectators 5000 Participants 300 Last Year's Total Attendance est. 5000

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 type="checkbox"/>	Vending Product / Merchandise Sales	Occupational License
<input type="checkbox"/>	Vending Food / Beverage	Health Inspection
<input type="checkbox"/>	Vendors / Exhibitors	How many? _____
<input type="checkbox"/>	Vending Beer / Wine	Alcohol Permit Additional insurance Required
<input type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	How many? _____
<input type="checkbox"/>	Fence Installation	What type? _____
<input type="checkbox"/>	Other Structures	What structure? _____
<input type="checkbox"/>	Open Flame Food Preparation	Fire Inspection Permit
<input type="checkbox"/>	Pyrotechnics	Fireworks Permit
<input checked="" type="checkbox"/>	Require Street Closure	Parade or Street Closure Permit(s)
<input type="checkbox"/>	VIP Area	
<input type="checkbox"/>	Staging	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other
<input 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 _____ Disabled Units _____ Hand Washing _____
<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 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.

We request that the sprinklers are shut off Friday Morning November 3rd until Sunday 6:00pm; request that the fountain remains off for the entire day Sunday, November 4th, 2018; and closing the southbound lane on Bayshore drive between 6:00am and 10:00am to allow for cars to access the park from Bayshore as well as on Beach drive, as in the past.

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

Name: St Petersburg Yacht Club Vintage Motor Classic Phone: 727-822-3873

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

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

There will be a DJ on the SPYC Veranda

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.

St Petersburg Yacht Club

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

N/A

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

Access into the park will be from Beach Drive (Primary) We are asking to close the south bound land on Bayshore drive between 6:00am and 10:00am to allow for a second access point where some of the "louder" cars can access the field and minimize traffic upsets on Beach drive and lower noise impact for those folks in the towers.

Other Comments: Please describe your fee structure.

\$25.00 advance registration and \$30.00, day of show.

Other comments:

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

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

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

Name: Rick Brooks

Title: Event Chair

Date: 6/25/2018

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: SPYC

Name of Responsible Party (President or CEO ONLY): Marc Reydams

Title of Responsible Party: General Manager

Physical Address of Responsible Party: 11 Central Ave St. Petersburg Florida 33701

Phone Number of Responsible Party: 727-822-3873

Email Address of Responsible Party: GM@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

What method of invoicing would your organization prefer?

BY Mail

Contact Name: Colleen Finney

Address: 11 Central Ave

City, State, Zip: St Petersburg, Florida 33701

BY EMAIL

Email Address:

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

Name of Event: SPYC VMC
Date(s) of Event: 11/05/2017 - N/A

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

	Amount
1. Sponsors	\$7,780.00
2. Registrations	\$4,719.63
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	\$12,499.63

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

1. Regatta Accts	\$4,124.26
2. Dudleys Trophies	\$2,795.91
3. Rick Brooks: Home Depot/Office Depot	\$447.75
4. Livjaxdan	\$6,747.96
5. nametags	\$160.49
6. new city signs	\$653.24
7. DJ	\$400.00
8. vision comm	\$222.60
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	\$15,552.21
TOTAL NET INCOME	(\$3,052.58)

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

1. Deficite	(\$3,052.58)
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	(\$3,052.58)

Prepared by: Rick Brooks

Date: 6/25/2018

Print Application

Submit Application by
Email

[Florida Department of State](#)

DIVISION OF CORPORATIONS

[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /**Detail by Entity Name**Florida Not For Profit Corporation
ST. PETERSBURG 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 Address11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Changed: 01/19/2011

Mailing Address11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Changed: 01/19/2011

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

Name Changed: 02/04/2016

Address Changed: 02/04/2016

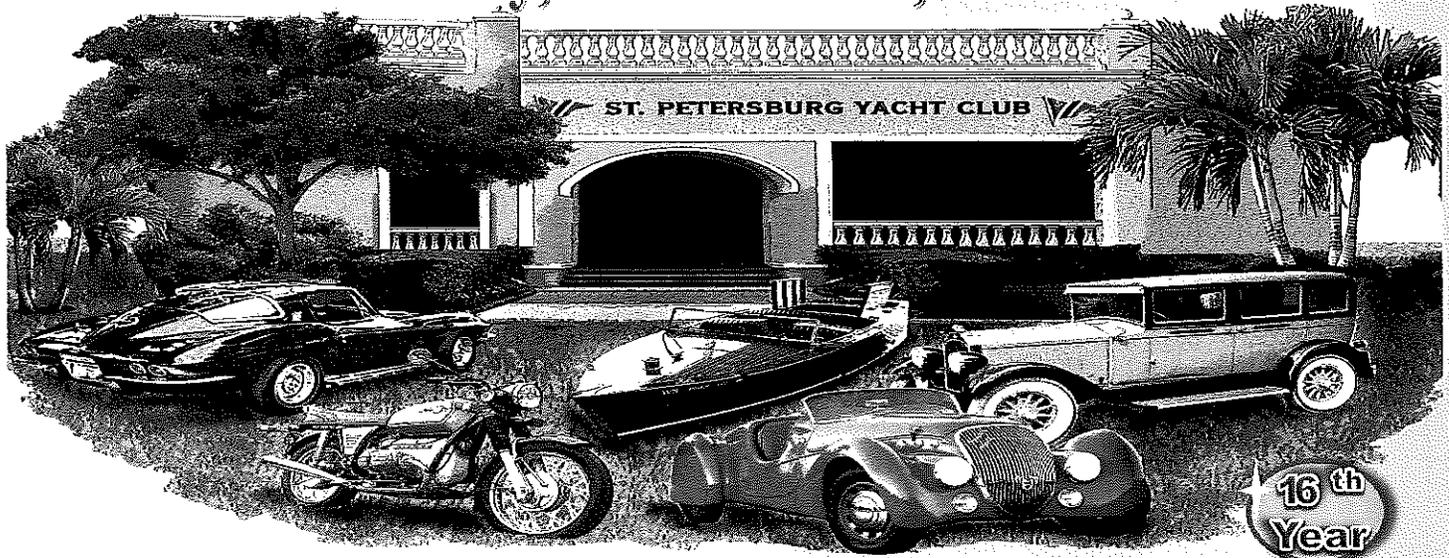
Officer/Director Detail**Name & Address**

Title Secretary

Locker, Jeff
11 Central Avenue
ST. PETERSBURG, FL 33701

Saint Petersburg Yacht Club Vintage Motor Classic

11 Central Ave, St. Petersburg, Florida
Sunday, November 5, 2017



On The Waterfront ~ Under The Trees ~ On The Lawn
Pre 1980 Cars, Trucks, Motorcycles & Boats

Arrive: 8:00 am – 10:30 am
Awards: 3:00 pm – 3:30 pm
RAIN OR SHINE



SELL YOUR
VINTAGE VEHICLE
IN OUR *CAR CORRAL*

First 150 ONLINE registrations receive commemorative t-shirt & dash plaque

www.spvc.org/classic



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— SINCE 1939 —

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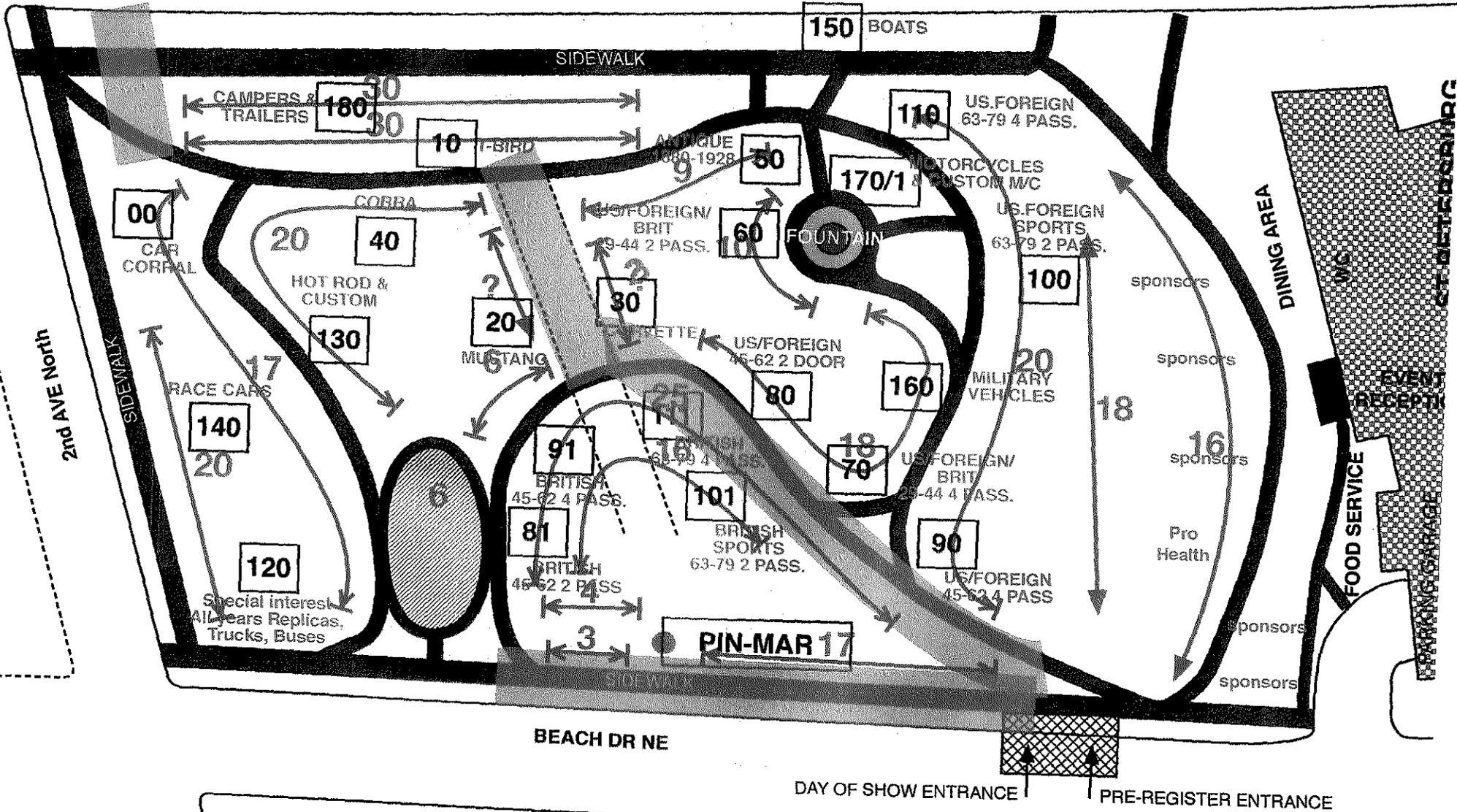


DAY OF SHOW REGISTRATIONS WELCOME

ACCESS ROAD

NORTH EAST ENTRANCE

BAYSHORE DR NE





Contract/Permit

Contract #: 20127
 Date: 03 Apr 2017

User: JSBENNIN
 Status: Firm

ST PETERSBURG YACHT CLUB
 RICHARD BROOKS
 124 ESTADO WAY NE
 ST PETERSBURG FL 33704 USA

Primary #: (727) 458-9297
 Secondary #: (727)
 Other #: ()

Purpose of Use: ST PETERSBURG YACHT CLUB VINTAGE MOTOR CLASSIC **Expected:** 7,000 **Co-Sponsored Event** **Contract Balance** \$0.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Sun 05 Nov 17 07:00 am **Ending:** Sun 05 Nov 17 05:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
South Straub Park	Sun	05 Nov 2017	07:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
Park			05:00 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

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
05 Jul 2017	\$230.00	Check	Rental	2848439

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) *[Signature]*
 (Print Name) RICHARD BROOKS
 ST PETERSBURG YACHT CLUB
 Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) *[Signature]*
 Parks and Recreation Superintendent
 (Print Name) Phil Whitehouse
 Parks and Recreation Department



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

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

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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

Locker, Jeff
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

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

Title Director

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

Title Treasurer

Mendelblatt, David
 11 Central Avenue
 St. Petersburg, FL 33701

Annual Reports

Report Year	Filed Date
2017	01/10/2017
2017	10/26/2017
2018	01/15/2018

Document Images

01/15/2018 -- ANNUAL REPORT	View image in PDF format
10/26/2017 -- AMENDED ANNUAL REPORT	View image in PDF format
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



Contract/Permit

Contract #: 24296
Date: 12 Jul 2018

User: JSBENNIN
Status: Firm

ST PETEERSBURG YACHT CLUB
RICHARD BROOKS
124 ESTADO WAY NE
ST PETERSBURG FL 33704 USA

Primary #: (727) 458-9297
Secondary #: (727)
Other #: ()

Purpose of Use: ST. PETERSBURG YACHT CLUB VINTAGE MOTOR CLASSIC
Conditions of Use: Insurance Required

Expected: 5,000

Co-Sponsored Event

Contract Balance
\$1,430.00

Other Information:

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

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

Starting: Thu 01 Nov 18 06:00 am

Ending: Mon 05 Nov 18 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
South Straub Park Park	Thu	01 Nov 2018	06:00 AM	\$0.00	\$1,400.00	\$0.00	\$1,400.00
		05 Nov 2018	09:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total	
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00	
				\$30.00	
Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Application Late Fee	111:00	1	\$1,200.00	\$0.00	\$1,200.00
Co-Sponsored Permit Fee	111:00	1	\$200.00	\$0.00	\$200.00
		2	\$1,400.00	\$0.00	\$1,400.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$1,430.00	\$0.00	\$1,430.00	\$0.00	\$0.00	\$1,430.00	\$1,430.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By: (Sign Name) _____
(Print Name) **RICHARD BROOKS**
ST PETEERSBURG 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 #: 24296
Date: 12 Jul 2018

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
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION**



Date Received: 7-1-18
 Check or Cash: 62928
 Application #: 56
 Packet: C
 Permit #: 24297

Event Title: American Stage in the Park Phone No.: 727-823-1600 Fax No.: 727-821-2444
 Entity Name: The American Stage, Inc. Federal I.D. Number: 59-1777189
 Event Date(s): April 10-May 12, 2019 Location: Demen's Landing
 Day 1 of Event: Wed-Sunday Time Gates Open: 6:00pm Ending Time: 10:45pm
 Day 2 of Event: May 7 Time Gates Open: 6:00pm Ending Time: 10:45pm rain date
 Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared by: Tom Block Phone: 823-1600 208
 Title: General Manager Cell Phone: 403-9100
 Address: P. O. Box 1560 City: St. Petersburg State: FL Zip: 33731
 Email Address: tomblock@americanstage.org
 Additional Contact Person: Stephanie Gularte Day Phone: 823-1600

What month/year were you incorporated as nonprofit? October 1977
 List all 501(c)3 entities that will benefit from this event. American Stage
 Name of the for-profit entity?

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
It will contribute to the quality of life in the region. Bringing professional theatre to downtown St. Petersburg waterfront. 14,000 plus will enjoy a live professional play under the stars. One of the oldest cultural events in the city.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Provides employment for actors, musicians, designers and technicians. Revenues for various vendors used for the production. Parking revenue. Business for local eating and drinking establishments. Out of town partons stay at hotels.

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

Does your group presently have liability insurance? YES NO How much? 1,000,000.00
 Are there plans to sell or distribute beer/wine at your event? YES NO
 Will there be an admission / registration fee? YES NO Advanced Fee: \$16.00 Day of: \$20.00
 Please provide the website address for your event. americanstage.org
 Please provide a phone number that can be advertised to the public. 823-7529
 What is the estimated attendance for this event? Spectators 15,000 Participants 50 Last Year's Total Attendance 15,000

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

Condition

Obligation

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

The park has all needed power

Will you supply your own generators? YES NO

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

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

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

Name: Phone:

Address (including zip):

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

Music from musical with live band

List Vending Products. Name & Provider.

Food, beer, wine, soda, ice cream, tee shirts. American Stage

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

American Stage

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

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

Load in begins March 11 until opening and 4 days after we close. 9-5 Monday through Friday. Plus some evenings working with light's.

Other Comments: Please describe your fee structure.

Reserved Chairs \$38.00
Premium Blankets \$38.00
General Wed, Thurs, Sunday \$16.00 plus \$4.00 gate
Friday and Saturday \$21.00 plus \$4.00 gate

Other comments:

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

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

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

Name: Tom Block  Title: General Manager Date: 6/15/2018



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: American Stage in the Park

Date(s) of Event: April 18, 2018 - May 13, 2018

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

	Amount
1. Tickets	\$271,653.00
2. Concessions	\$40,152.00
3. Donations	\$66,718.00
4.	
5.	
6.	
7.	
8.	\$378,523.00
TOTAL GROSS REVENUE	

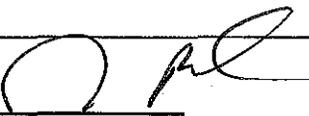
II. EXPENSES (attach sheet if more space is needed)

1. Fees & Royalties	\$86,031.00
2. Payroll	\$85,681.00
3. Production Costs including City	\$156,765.00
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	\$328,477.00
TOTAL OPERATING EXPENSES	
TOTAL NET INCOME	
	\$50,046.00

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

1. American Stage	\$50,046.00
2.	
3.	
4.	
5.	
6.	\$50,046.00
TOTAL ALLOCATION OF NET INCOME	
	\$50,046.00

Prepared by:

Thomas Block 

Date:

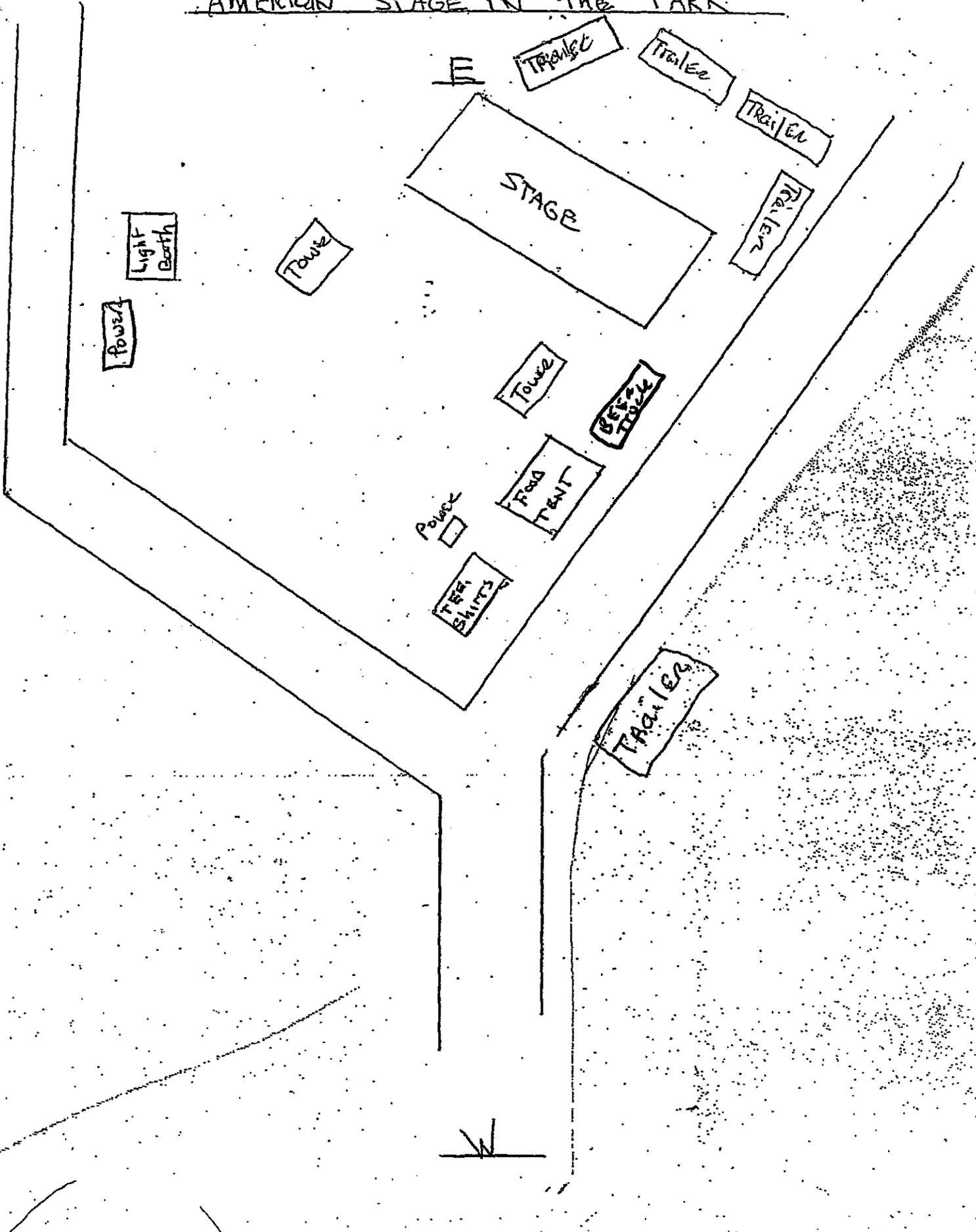
6/19/2018

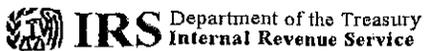
Print Application

Submit Application by Email

DEMENS LANDING 332 1 AVE SE

AMERICAN STAGE IN THE PARK





Department of the Treasury
Internal Revenue Service

P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077550279
Apr. 30, 2009 LTR 4168C 0
59-1777189 000000 00 000
00030490
BODC: TE

AMERICAN STAGE CO INC
PO BOX 1560
ST PETERSBURG FL 33731-1560



109111

Employer Identification Number: 59-1777189
Person to Contact: Sophia Brown
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Mar. 17, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in August 1978, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

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

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

Sincerely yours,

Cindy Westcott
Manager, EO Determinations



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Not For Profit Corporation
THE AMERICAN STAGE COMPANY, INC.

Filing Information

Document Number 740338
FEI/EIN Number 59-1777189
Date Filed 10/05/1977
State FL
Status ACTIVE
Last Event NAME CHANGE AMENDMENT
Event Date Filed 03/31/1982
Event Effective Date NONE

Principal Address

163 3RD STREET NORTH
SUITE 320
ST PETERSBURG, FL 33701

Changed: 02/02/2017

Mailing Address

P O BOX 1560
ST PETERSBURG, FL 33731

Changed: 01/21/2016

Registered Agent Name & Address

GULARTE, STEPHANIE
163 3rd STREET
ST PETERSBURG, FL 33701

Name Changed: 04/06/2015

Address Changed: 01/31/2018

Officer/Director Detail

Name & Address

Title CHAIR

ALFORD, MICHAEL
163 3RD STREET NORTH
SAINT PETERSBURG, FL 33701

Title CO-CHAIR

KEMKE, ELLYN
 163 3RD STREET NORTH
 ST PETERSBURG, FL 33701

Title TREASURER

MAINELLI, KARI
 163 3RD STREET NORTH
 SUITE 320
 ST PETERSBURG, FL 33701

Title SECRETARY

RUSIGNUOLO, ROBYN
 163 3RD STREET NORTH
 SAINT PETERSBURG, FL 33701

Title PRODUCING ARTISTIC DIRECTOR

GULARTE, STEPHANIE
 163 3RD STREET NORTH
 ST PETERSBURG, FL 33701

Annual Reports

Report Year	Filed Date
2016	01/21/2016
2017	02/02/2017
2018	01/31/2018

Document Images

01/31/2018 -- ANNUAL REPORT	View image in PDF format
02/02/2017 -- ANNUAL REPORT	View image in PDF format
01/21/2016 -- ANNUAL REPORT	View image in PDF format
04/06/2015 -- ANNUAL REPORT	View image in PDF format
04/18/2014 -- ANNUAL REPORT	View image in PDF format
03/19/2013 -- ANNUAL REPORT	View image in PDF format
01/24/2012 -- ANNUAL REPORT	View image in PDF format
01/04/2011 -- ANNUAL REPORT	View image in PDF format
01/14/2010 -- ANNUAL REPORT	View image in PDF format
03/20/2009 -- ANNUAL REPORT	View image in PDF format
04/18/2008 -- ANNUAL REPORT	View image in PDF format
01/08/2007 -- ANNUAL REPORT	View image in PDF format
02/15/2006 -- ANNUAL REPORT	View image in PDF format
02/02/2005 -- ANNUAL REPORT	View image in PDF format
05/18/2004 -- ANNUAL REPORT	View image in PDF format
07/21/2003 -- ANNUAL REPORT	View image in PDF format
04/07/2002 -- ANNUAL REPORT	View image in PDF format



Contract/Permit

Contract #: 24297
Date: 12 Jul 2018

User: JSBENNIN
Status: Firm

THE AMERICAN STAGE COMPANY INC
 TOM BLOCK
 PO BOX 1560
 ST PETERSBURG FL 33731 USA

Primary #: (727) 823-1600
 Secondary #: ()
 Other #: ()

Purpose of Use: AMERICAN STAGE IN THE PARK **Expected:** 15,000 **Co-Sponsored Event** **Contract Balance** \$0.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Wed 10 Apr 19 06:00 pm **Ending:** Sun 12 May 19 11:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Demens Landing Park	Wed	10 Apr 2019	06:00 PM	\$0.00	\$600.00	\$0.00	\$600.00
Park		12 May 2019	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 Permit Fee	773:00	3	\$600.00	\$0.00
		3	\$600.00	\$0.00
				\$600.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
12 Jul 2018	\$630.00	Check	Rental	3112773

Additional Notes:

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

By: (Sign Name) _____
 (Print Name) **TOM BLOCK**

 THE AMERICAN STAGE COMPANY INC
 Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Contract #: 24297
Date: 12 Jul 2018

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

THE AMERICAN STAGE COMPANY INC
TOM BLOCK
PO BOX 1560
ST PETERSBURG, FL 33731 USA

Receipt #: 3112773
User: JSBENNIN
Issued: Thu 12 Jul 18 01:34 pm

Description	Amount
Previous Balance	\$630.00
Applied To: 24297 - AMERICAN STAGE IN THE PARK Demens Landing Park - Park April 10, 2019 6:00 pm to May 12, 2019 11:00 pm	\$630.00
Payment: Check	(\$630.00)
Balance	\$0.00

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



Date Received: 7-13-18
Check or Cash: _____
Application #: 57
Packet: C
Permit #: 24396

Event Title: Sunshine Music Festival Phone No.: 813-600-1003 Fax No.: _____

Entity Name: Live Nation Federal I.D. Number: _____

Event Date(s): May 3 & 4 2019 Location: Vinoy Park

Day 1 of Event: May 3 Time Gates Open: 11a Ending Time: 10p

Day 2 of Event: May 4 Time Gates Open: 11a Ending Time: 10p

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

Application Prepared by: David J Harb Phone: 813-600-1003

Title: General Manager - Tampa St. Pete Market Cell Phone: 727-743-2395

Address: 4802 US Hwy 301 N City: Tampa State: FL Zip: 33610

Email Address: davidharb@livenation.com

Additional Contact Person: Dan Murphy Day Phone: 813-600-1007

What month/year were you incorporated as nonprofit? _____

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

Name of the for-profit entity? TBD

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

Family friendly music festival event that provides two days of entertainment for all ages

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

Local hotels, restaurants, parking facilities

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

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

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

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

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

Please provide a phone number that can be advertised to the public. 813-600-1001

What is the estimated attendance for this event? Spectators 7,000 Participants TBD Last Year's Total Attendance n/a

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/>	Public Invited	General Liability Insurance
<input checked="" type="checkbox"/>	Located in Park	Park Permit
<input 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? 21 - 30 Vendors / Exhibitors	
<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"/>	How many? TBD	
<input checked="" type="checkbox"/>	Fence Installation	Temporary Structure Permit
	What type? Chain link	
<input checked="" type="checkbox"/>	Other Structures	Temporary Structure Permit
	What structure? Platforms, stages, etc	
<input checked="" type="checkbox"/>	Open Flame Food Preparation	Fire Inspection Permit
<input type="checkbox"/>	Pyrotechnics	Fireworks Permit
<input checked="" type="checkbox"/>	Require Street Closure	Parade or Street Closure Permit(s)
<input checked="" type="checkbox"/>	VIP Area	
<input checked="" type="checkbox"/>	Staging	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input checked="" type="checkbox"/> Other
<input checked="" type="checkbox"/>	Amplified Sound	<input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only
<input checked="" type="checkbox"/>	Security	<input checked="" type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD
<input checked="" type="checkbox"/>	Sanitary Facilities - Port-O-Lets	Regular Units TBD Disabled Units TBD Hand Washing TBD
<input type="checkbox"/>	Off-site Parking / Shuttle	
<input checked="" type="checkbox"/>	Semitruck / Tractor Trailer	

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

TBD - Power needed to power music stages, catering area, RV's, cooking locations throughout the festival area.

Will you supply your own generators? YES NO

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

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

Amplified sound starting at 12 noon

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

Name: Live Nation

Phone: 813-600-1003

Address (including zip): 4802 US Hwy 301 N Tampa, F: 33610

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

Music based event featuring two stages, multiple food locations, beverages, vendor set ups

List Vending Products. Name & Provider.

Vendor list TBD. Type of products sold will be art, clothing, jewelry, etc

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

Bill Edwards Foundation - Joe Jimenez

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

Live Music - non polotical

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

Will need access to park early in week @ Monday to start prep for weekend event. Will require parking lot next to pool area for back stage operations.

Other Comments: Please describe your fee structure.

General admission / VIP admission tickets sales thru Ticket Master

Other comments:

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

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

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

Name: David J Harb

Title: General Manager

Date: July 13, 2018

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: Bill Edwards Foundation

Name of Responsible Party (President or CEO ONLY): Joe Jimenez

Title of Responsible Party: President

Physical Address of Responsible Party: will be provided at later date

Phone Number of Responsible Party: will be provided at later date

Email Address of Responsible Party:

Nonprofit (Employee Identification Number):

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

Name of Responsible Party (President or CEO ONLY): David Harb

Title of Responsible Party: General Manager - Tampa / St Pete

Physical Address of Responsible Party: 4802 US Hwy 301 N Tampa, FL 33610

Phone Number of Responsible Party: 813-600-1003

Email Address of Responsible Party: davidharb@livenation.com

For-profit (Employee Identification Number)

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



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

Name of Event: Sunshine Music Festival
 Date(s) of Event: May 3, 2018 - May 4, 2018

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

	Amount
1. Ticket Sales	\$0.00
2. Concession Sales	\$0.00
3. Merch Sales	\$0.00
4.	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	
	\$0.00

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

1. Production Exp	\$0.00
2. Advertising Exp	\$0.00
3. Operational Exp	\$0.00
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	
	\$0.00
TOTAL NET INCOME	
	\$0.00

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

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

Prepared by: David J Harb Date: July 13, 2018

Print Application

Submit Application by Email



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

Detail by Entity Name

Foreign Profit Corporation
LIVE NATION WORLDWIDE, INC.

Filing Information

Document Number F06000007422
FE/EIN Number 13-3977880
Date Filed 11/29/2006
State DE
Status ACTIVE
Last Event CORPORATE MERGER
Event Date Filed 12/21/2007
Event Effective Date 12/31/2007

Principal Address

9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Mailing Address

9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Registered Agent Name & Address

Corporate Creations Network Inc.
11380 Prosperity Farms Road #221E
Palm Beach Gardens, FL 33410

Name Changed: 04/04/2013

Address Changed: 04/04/2013

Officer/Director Detail

Name & Address

Title President, CFO, Asst Secretary, Director

WILLARD, KATHY
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title SVP, Treasurer and Asst Secretary

LOWE, BILL

9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title EVP, General Counsel, Secretary, Director

ROWLES, MICHAEL
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title COO, Asst Secretary

Berchtold , Joe
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title SVP, CAO, Asst Secretary

Capo , Brian
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title SVP, Deputy General Counsel, Asst Secretary

Lassen , Eric
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title Controller, Accounting Reporting, Asst Secretary

Lecoq , Brandy
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Title SVP, Corporate Tax, Asst Secretary

McKenzie , Gary
9348 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Annual Reports

Report Year	Filed Date
2016	03/16/2016
2017	04/24/2017
2018	04/16/2018

Document Images

04/16/2018 -- ANNUAL REPORT	View image in PDF format
04/24/2017 -- ANNUAL REPORT	View image in PDF format
03/16/2016 -- ANNUAL REPORT	View image in PDF format
03/19/2015 -- ANNUAL REPORT	View image in PDF format
02/19/2014 -- ANNUAL REPORT	View image in PDF format
04/04/2013 -- ANNUAL REPORT	



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

Detail by Entity Name

Florida Not For Profit Corporation
BILL EDWARDS FOUNDATION FOR THE ARTS, INC.

Filing Information

Document Number	N03000007544
FEI/EIN Number	20-0198707
Date Filed	09/02/2003
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	11/28/2012
Event Effective Date	NONE

Principal Address

6090 CENTRAL AVE
ST PETERSBURG, FL 33707

Changed: 03/20/2018

Mailing Address

6090 CENTRAL AVE
ST PETERSBURG, FL 33707

Changed: 03/20/2018

Registered Agent Name & Address

EDWARDS, WILLIAM L
6090 CENTRAL AVENUE
SAINT PETERSBURG, FL 33707

Name Changed: 04/17/2014

Address Changed: 07/06/2004

Officer/Director Detail

Name & Address

Title D

EDWARDS, WILLIAM L
6090 CENTRAL AVE
ST PETERSBURG, FL 33707

Title D

CRILLEY, JEFFREY J
 6090 CENTRAL AVE
 ST PETERSBURG, FL 33707

Annual Reports

Report Year	Filed Date
2016	03/09/2016
2017	01/31/2017
2018	03/20/2018

Document Images

03/20/2018 -- ANNUAL REPORT	View image in PDF format
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03/09/2016 -- ANNUAL REPORT	View image in PDF format
01/27/2015 -- ANNUAL REPORT	View image in PDF format
04/17/2014 -- ANNUAL REPORT	View image in PDF format
01/21/2013 -- ANNUAL REPORT	View image in PDF format
11/28/2012 -- Name Change	View image in PDF format
01/17/2012 -- ANNUAL REPORT	View image in PDF format
01/17/2011 -- ANNUAL REPORT	View image in PDF format
01/12/2010 -- ANNUAL REPORT	View image in PDF format
01/27/2009 -- ANNUAL REPORT	View image in PDF format
04/29/2008 -- ANNUAL REPORT	View image in PDF format
05/02/2007 -- ANNUAL REPORT	View image in PDF format
05/01/2006 -- ANNUAL REPORT	View image in PDF format
02/05/2005 -- ANNUAL REPORT	View image in PDF format
07/06/2004 -- ANNUAL REPORT	View image in PDF format
09/02/2003 -- Domestic Non-Profit	View image in PDF format



Contract/Permit

Contract #: 24396
Date: 24 Jul 2018

User: JSBENNIN
Status: Firm

LIVE NATION WORLD WIDE INC
 DAVID HARB
 4802 US HWY 301 N
 TAMPA FL 33610 USA

Primary #: (813) 600-1003
 Secondary #: ()
 Other #: ()

Purpose of Use: LIVE NATION MUSIC FESTIVAL **Expected:** 7,000 **Co-Sponsored Event** **Contract Balance** \$330.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Wed 01 May 19 06:00 am **Ending:** Tue 07 May 19 11:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Wed	01 May 2019	06:00 AM	\$0.00	\$300.00	\$0.00	\$300.00
Vinoy Park		07 May 2019	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 Permit Fee (Vinoy)	161:00	1	\$300.00	\$0.00
		1	\$300.00	\$0.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$330.00	\$0.00	\$330.00	\$0.00	\$0.00	\$330.00	\$690.00

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) **DAVID HARB**

 LIVE NATION WORLD WIDE INC

 Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
 Parks and Recreation Department

Contract #: 24396
Date: 24 Jul 2018

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
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION**



Date Received: 7-17-18
 Check or Cash: 20000819
 Application #: 58
 Packet: C
 Permit #: 24399

Event Title: 97X BBQ Music & Arts Festival Phone No.: 727-579-2000 Fax No.:

Entity Name: Cox Media Group - Tampa Bay Federal I.D. Number:

Event Date(s): 5/25/19 Location: Vinoy Park

Day 1 of Event: 5/25/19 Time Gates Open: 11a Ending Time: 10p

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

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

Application Prepared by: Dan Connelly Phone: 727-579-2032

Title: Creative Services and Special Events Director Cell Phone: 727-480-6397

Address: 11300 4th Street N. Suite 300 City: St. Petersburg State: FL Zip: 33716

Email Address: dan.connelly@coxtampa.com

Additional Contact Person: Mike Oliviero Day Phone: 727-579-2235

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

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

Name of the for-profit entity? Cox Media Group

Describe your event with details.

This will be the 13th Annual 97X BBQ. It's an all-day music and arts festival on beautiful waterfront of Vinoy park. National and local bands featured along with local artists creating murals and sculptures throughout the park.

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

Event pulls fans from all over Tampa Bay and brings them to downtown St. Petersburg for the day. They get to visit restaurants before the event and bars and restaurants after along with hotel rooms. Additionally, we showcase local artists who can sell their artwork and broaden the awareness of the St. Petersburg culture.

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

Does your group presently have liability insurance? YES NO 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: \$29 Day of: \$45

Please provide the website address for your event. www.97xonline.com

Please provide a phone number that can be advertised to the public. 727-579-2000

What is the estimated attendance for this event? Spectators 12,000 Participants 300 Last Year's Total Attendance 10,000

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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"/>	Vending Beer / Wine	
<input checked="" type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	Temporary Structure Permit
	How many? <input type="text" value="12"/>	
<input checked="" type="checkbox"/>	Fence Installation	Temporary Structure Permit
	What type? <input type="text" value="Chain Link"/>	
<input checked="" type="checkbox"/>	Other Structures	Temporary Structure Permit
	What structure? <input type="text" value="Stage"/>	
<input type="checkbox"/>	Open Flame Food Preparation	Fire Inspection Permit
<input type="checkbox"/>	Pyrotechnics	Fireworks Permit
<input type="checkbox"/>	Require Street Closure	Parade or Street Closure Permit(s)
<input checked="" type="checkbox"/>	VIP Area	
<input checked="" type="checkbox"/>	Staging	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other
<input checked="" type="checkbox"/>	Amplified Sound	<input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only
<input checked="" type="checkbox"/>	Security	<input checked="" type="checkbox"/> Daytime - Private <input checked="" type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD
<input checked="" type="checkbox"/>	Sanitary Facilities - Port-O-Lets	Regular Units <input type="text" value="110"/> Disabled Units <input type="text" value="12"/> Hand Washing <input type="text" value="12"/>
<input checked="" type="checkbox"/>	Off-site Parking / Shuttle	
<input checked="" type="checkbox"/>	Semitruck / Tractor Trailer	

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Activation of all pedestals in backstage area for RVs along with the majority of pedestals in the park itself for merchants/vending. We will provide generator for stage and other high usage needs.

Will you supply your own generators? YES NO

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

Alternative/Pop music.
1 Stage
8-10 bands

List Vending Products. Name & Provider.

Various vendors selling food, beverages, t-shirts, merch, etc.

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

PARC
3100 75th Street N.
St. Petersburg, FL 33710

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

Stage announcements between bands will list participating sponsors, promotions and discuss event updates.

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

Setup/load of tents and fencing to begin the Monday prior. Stage will load in friday morning, vendors load in saturday morning.
Overnight security in park Thursday night through Saturday night.
Parking - We would request all available parking spaces near North Shore Swimming Pool including the North lot.
Load-out begins immediately following the event.

Other Comments: Please describe your fee structure.

Tickets will be onsale through Ticketmaster. Two prices - General Admission at \$29 and VIP at \$97.

Other comments:

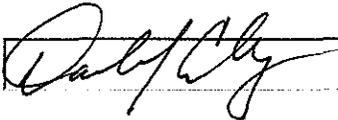
We are excited about working with the City of St. Petersburg on this heritage event in Vinoy Park!

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:

Dir. of SPECIAL EVENTS

Date:

6/25/18



Consumer's Certificate of Exemption

DR-14
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8012647950C-3	12/31/2014	12/31/2019	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

PARC INC
3190 TYRONE BLVD N
SAINT PETERSBURG FL 33710-2919



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.



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Detail by Entity Name

Foreign Limited Liability Company
COX MEDIA, L.L.C.

Filing Information

Document Number M05000001473
FEI/EIN Number 58-1444671
Date Filed 03/18/2005
State DE
Status ACTIVE

Principal Address

6205-B PEACHTREE DUNWOODY ROAD
ATLANTA, GA 30328

Changed: 06/15/2015

Mailing Address

6205-B PEACHTREE DUNWOODY ROAD
ATLANTA, GA 30328

Changed: 04/19/2016

Registered Agent Name & Address

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Authorized Person(s) Detail

Name & Address

Title President, Director

ESSER, PATRICK J
6205-B PEACHTREE DUNWOODY ROAD
ATLANTA, GA 30328

Title VP

VICKERS, MARY
6205-B PEACHTREE DUNWOODY ROAD
ATLANTA, GA 30328

Title Treasurer, VP

Friedman, Maria
 6205-B PEACHTREE DUNWOODY ROAD
 ATLANTA, GA 30328

Title Director, VP

BOWSER, MARK F
 6205-B PEACHTREE DUNWOODY ROAD
 ATLANTA, GA 30328

Title Director

HIGHTOWER, JENNIFER
 6205-B PEACHTREE DUNWOODY ROAD
 ATLANTA, GA 30328

Annual Reports

Report Year	Filed Date
2016	04/19/2016
2017	04/17/2017
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03/12/2009 -- ANNUAL REPORT	View image in PDF format
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04/13/2007 -- ANNUAL REPORT	View image in PDF format
03/31/2006 -- ANNUAL REPORT	View image in PDF format
03/18/2005 -- Foreign Limited	View image in PDF format



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Detail by Entity Name

Florida Not For Profit Corporation
PARC, INC.

Filing Information

Document Number	715815
FEI/EIN Number	59-0791038
Date Filed	01/02/1969
State	FL
Status	ACTIVE
Last Event	AMENDMENT AND NAME CHANGE
Event Date Filed	10/19/2011
Event Effective Date	NONE

Principal Address

3190 TYRONE BLVD NORTH
ST PETERSBURG, FL 33710

Changed: 02/22/1996

Mailing Address

3190 TYRONE BLVD NORTH
ST PETERSBURG, FL 33710

Changed: 02/22/1996

Registered Agent Name & Address

HIGGINS, KAREN
3190 TYRONE BLVD NORTH
ST PETERSBURG, FL 33710

Name Changed: 10/19/2011

Address Changed: 10/19/2011

Officer/Director Detail

Name & Address

Title President, CEO

HIGGINS, KAREN PRESIDE
3190 TYRONE BLVD NORTH
ST. PETERSBURG, FL 33710

Title Chair

Triplett, Dianne, Esq.
 Duke Energy Florida
 299 1st Ave N
 SAINT PETERSBURG, FL 33701

Title Past Chair

HILL, APRIL
 Hill Law Group, PA
 2033 54th Ave N
 ST PETERSBURG, FL 33714

Title Chair Elect

Gates, Doug
 Raymond James
 1 Progress Plaza, Suite 165
 St. Petersburg, FL 33701

Title Secretary/Treasurer

Hughes, Timothy
 Shumaker Loop & Kendrick
 101 E. Kennedy Blvd
 Tampa, FL 33602

Annual Reports

Report Year	Filed Date
2017	01/31/2017
2017	02/20/2017
2018	03/08/2018

Document Images

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02/20/2017 -- AMENDED ANNUAL REPORT	View image in PDF format
01/31/2017 -- ANNUAL REPORT	View image in PDF format
02/08/2016 -- ANNUAL REPORT	View image in PDF format
02/23/2015 -- ANNUAL REPORT	View image in PDF format
10/28/2014 -- AMENDED ANNUAL REPORT	View image in PDF format
02/17/2014 -- ANNUAL REPORT	View image in PDF format
03/19/2013 -- AMENDED ANNUAL REPORT	View image in PDF format
01/29/2013 -- ANNUAL REPORT	View image in PDF format
01/17/2012 -- ANNUAL REPORT	View image in PDF format
10/19/2011 -- Amendment and Name Change	View image in PDF format
04/06/2011 -- ANNUAL REPORT	View image in PDF format
03/01/2010 -- ANNUAL REPORT	View image in PDF format



Contract/Permit

Contract #: 24399
Date: 24 Jul 2018

User: JSBENNIN
Status: Firm

COX MEDIA LLC
 DAN CONNELLY
 11300 4TH ST N STE 300
 ST PETERSBURG FL 33716 USA

Primary #: (727) 579-2032
 Secondary #: (727)
 Other #: ()

Purpose of Use: 97X BBQ MUSIC & ARTS FESTIVAL **Expected:** 12,000 **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 21 May 19 06:00 am **Ending:** Tue 28 May 19 11:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Tue	21 May 2019	06:00 AM	\$0.00	\$300.00	\$0.00	\$300.00
Vinoy Park		28 May 2019	11:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	\$300.00	\$0.00	\$300.00
Extra Fee - Bookings	Hours	Quantity	Charge	Tax
Co-Sponsored Permit Fee (Vinoy)	185:00	1	\$300.00	\$0.00
		1	\$300.00	\$0.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$330.00	\$0.00	\$330.00	\$0.00	\$330.00	\$0.00	\$0.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
24 Jul 2018	\$330.00	Check	Rental	3123127

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) **DAN CONNELLY**

 COX MEDIA LLC

 Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Contract #: 24399
Date: 24 Jul 2018

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

COX MEDIA LLC
JENNA KESNECK
11300 4TH ST N STE 300
ST PETERSBURG, FL 33716 USA

Receipt #: 3123127
User: JSBENNIN
Issued: Tue 24 Jul 18 08:45 am

Description	Amount
Previous Balance	\$330.00
Applied To: 24399 - 97X BBQ MUSIC & ARTS FESTIVAL Vinoy Park - Vinoy Park May 21, 2019 6:00 am to May 28, 2019 11:00 pm	\$330.00
Payment: Check	(\$330.00)
Balance	\$0.00

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



Date Received: 7-18-18
 Check or Cash: _____
 Application #: 59
 Packet: C
 Permit #: 24400

Event Title: Run with the Flock St. Pete Phone No.: 727 2275536 Fax No.: _____
 Entity Name: Flamingo Charities Inc Federal I.D. Number: 47-062073
 Event Date(s): April 13th, 2019 Location: Walter Fuller Park
 Day 1 of Event: _____ Time Gates Open: 7:00am Ending Time: 11:00am
 Day 2 of Event: _____ Time Gates Open: _____ Ending Time: _____
 Day 3 of Event: _____ Time Gates Open: _____ Ending Time: _____
 Application Prepared by: Christine Sterling Phone: 7272275536
 Title: Risk Manager Cell Phone: 7275995475
 Address: 11601 Roosevelt Boulevard City: Saint Pete State: FL Zip: 33703
 Email Address: Christine.Sterling@fisglobal.com
 Additional Contact Person: Kristine Hann Day Phone: _____
 What month/year were you incorporated as nonprofit? 6/2/2014
 List all 501(c)3 entities that will benefit from this event. LLS Flamingo Charities LLC
 Name of the for-profit entity? N/A FIS will be title sponsor

Describe your event with details.

This will be a 5k run walk around Lake Fuller Park. There will be a pancake breakfast in the pavilion after the run walk. The event is all on Walter Fuller Park grounds with no street closures

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

Runners/Walkers will learn the benefits of Walter Fuller Park (the people last year were quite happy with the location.) This also promotes healthy activities in the pursuit of finding a cure for cancer.

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

Does your group presently have liability insurance? YES NO How much? we will obtain appropriate insur
 Are there plans to sell or distribute beer/wine at your event? YES NO
 Will there be an admission / registration fee? YES NO Advanced Fee: _____ Day of: _____
 Please provide the website address for your event. http://flamingocharities.com/index.html
 Please provide a phone number that can be advertised to the public. 727 227 5536
 What is the estimated attendance for this event? Spectators 10 Participants 75 Last Year's Total Attendance 50

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.

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 type="checkbox"/> Vendors / Exhibitors | How many? <input type="text"/> | Alcohol Permit Additional insurance Required |
| <input 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 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 type="checkbox"/> Amplified Sound | <input type="checkbox"/> Performers <input type="checkbox"/> Announcement Only | |
| <input type="checkbox"/> Security | <input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD | |
| <input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets | Regular Units <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 type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers | <input type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> Remote Broadcast |

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

Electrical Requirements:

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

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

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

We will be using sternos for pancake breakfast - we do not need electricity

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 variances required

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

Name: NA

Phone:

Address (including zip):

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

NA

List Vending Products. Name & Provider.

NA

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

No beer or wine

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

NA

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

Runners will use street and parking lot at Walter Fuller - no trucks or rental vehicles are required

Other Comments: Please describe your fee structure.

We will be charging \$35.00 per runner - this is subject to change but it will be a set price per runner -w e are also working on obtaining sponsors

Other comments:

The event will be the same as last year.

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: Christine Sterling

Title: Race Director

Date: 7/18/18

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:
Date(s) of Event: -

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

	Amount
1. FIS	\$2,500.00
2. Runners	\$1,500.00
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	\$4,000.00

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

1. Food	\$200.00
2. supplies	\$25.00
3. city and park fees	\$90.00
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	\$315.00
TOTAL NET INCOME	\$3,685.00

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

1. All Proceeds benefit LLS	
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	

Prepared by:

Date:

Print Application

Submit Application by
Email



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

Detail by Entity Name

Florida Not For Profit Corporation
FLAMINGO CHARITIES, INC.

Filing Information

Document Number N14000005376
FEI/EIN Number 47-1062073
Date Filed 06/02/2014
State FL
Status ACTIVE

Principal Address

601 RIVERSIDE AVENUE, TOWER BLDG, 12TH FL
JACKSONVILLE, FL 32204

Mailing Address

601 RIVERSIDE AVENUE, TOWER BLDG, 12TH FL
JACKSONVILLE, FL 32204

Registered Agent Name & Address

MCPHERSON, RONDA
601 RIVERSIDE AVENUE, TOWER BLDG, 12TH FL
JACKSONVILLE, FL 32204

Officer/Director Detail

Name & Address

Title D

MCPHERSON, RONDA
601 RIVERSIDE AVENUE, TOWER BLDG, 12TH FL
JACKSONVILLE, FL 32204

Title D

CARNEY, TAMMY
601 RIVERSIDE AVENUE, TOWER BLDG, 12TH FL
JACKSONVILLE, FL 32204

Title D

SMITH, SERENA
3150 HOLCOMB BIDGE ROAD
NORCROSS, GA 30071



Contract/Permit

Contract #: 24400
Date: 24 Jul 2018

User: JSBENNIN
Status: Firm

FLAMINGO CHARITIES
 CHRISTINE STERLING
 11601 ROOSEVELT BLVD
 ST PETERSBURG FL 33716 USA

Primary #: (727) 227-5536
 Secondary #: (727)
 Other #: ()

Purpose of Use: RUN WITH THE FLOCK ST. PETE

Expected: 100

Co-Sponsored Event

Contract Balance \$60.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Sat 13 Apr 19 04:00 am

Ending: Sat 13 Apr 19 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Walter Fuller Park	Sat	13 Apr 2019	04:00 AM	\$0.00	\$30.00	\$0.00	\$30.00
Park			09:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00
Extra Fee - Bookings	Hours	Quantity	Charge	Tax
Application Processing Fee - Parks	17:00	1	\$30.00	\$0.00
		1	\$30.00	\$0.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$60.00	\$0.00	\$60.00	\$0.00	\$0.00	\$60.00	\$60.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By:(Sign Name) _____
 (Print Name) **CHRISTINE STERLING**

 FLAMINGO CHARITIES

 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 #: 24400
Date: 24 Jul 2018

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
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION**



Date Received: 7-19-18
 Check or Cash: M.O.
 Application #: 60
 Packet: C
 Permit #: 24401

Event Title: Southwest Florida Tour de Cure Phone No.: 813-885-5007 Fax No.:

Entity Name: American Diabetes Association Federal I.D. Number: 13-162388

Event Date(s): 4.14.19 or 5.19.19 Location: Albert Whittard Park or Poynter Park

Day 1 of Event: 4.12.19 or 5.17 Time Gates Open: 12pm Ending Time: 8pm

Day 2 of Event: 4.13.19 or 5.18 Time Gates Open: 10am Ending Time: 630pm

Day 3 of Event: 4.14.19 or 5.19 Time Gates Open: 430am Ending Time: 630pm

Application Prepared by: Jalyssa Elleby Phone: 813-885-5007 ext. 3020

Title: Manager, Event Production Cell Phone: 813-404-5644

Address: 204 37th Ave N # 432 City: St. Pete State: FL Zip: 33704

Email Address: jelleby@diabetes.org

Additional Contact Person: Marc Bourret Day Phone: 813-885-5007 ext. 3028

What month/year were you incorporated as nonprofit? 1940

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

Name of the for-profit entity?

Describe your event with details.

The Tour de Cure is all about: Raising awareness in the community about prediabetes & diabetes, supporting life-saving research and helping people who are discriminated against because they have diabetes. As our participants attend in support of the 30.3 million children and adults who are affected by diabetes, they will also be benefiting from this physical activity event by preventing diabetes and those that are affected help to manage. This event benefits all those in the Southwest Florida market. Having an event that promotes physically activity through cycling, running and walking as a way to stay healthy and help raise awareness about this deadly disease would be a great way to enhance the image of the City of St. Petersburg.

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

We are projected to have over 600 participants (riders, walkers, runners) 150 volunteers, and local sponsors, vendors and spectators from the Southwest Florida market. This event will call for some of our participants and all of our staff to stay at a local hotel and work with local companies in regard to product as well as food and beverage supplies. We will also be hosting a Champions (VIP dinner) in the city that our event is held. Champions are individual riders that have raised \$1,000 or more. This will be an economic benefit for the City as well as its local proprietors.

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.diabetes.org/swfloridatour

Please provide a phone number that can be advertised to the public. 813-885-5007 ext. 3028

What is the estimated attendance for this event? Spectators 50 Participants 600 Last Year's Total Attendance 500

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

Recreation Equipment

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

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="Jalyssa Elleby"/>	Title:	<input type="text" value="Manager, Event Production"/>	Date:	<input type="text" value="7.12.18"/>
Co-Sign:	<input type="text" value="Marc Bourret"/>	Title:	<input type="text" value="Assoc. Director, Development"/>	Date:	<input type="text" value="7.12.18"/>

- 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 checked="" 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 checked="" type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft | How many? | <input type="text" value="6"/> | Temporary Structure Permit |
| <input checked="" type="checkbox"/> Fence Installation | What type? | <input type="text" value="sports fence for beer garden"/> | 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 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 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="3"/> | Disabled Units |
| <input checked="" type="checkbox"/> Off-site Parking / Shuttle | | | <input type="text" value="1"/> |
| <input checked="" type="checkbox"/> Semitruck / Tractor Trailer | | | Hand Washing |
| | | | <input type="text" value="1"/> |

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.

- 1) We will have our ice vendor drop off an ice trailer
- 2) there will possibly be a trailer for a 2-3 individual showers & toilets with air conditioning
- 3) we might have a vendor to give our snow cones or ice-cream
- 4) our lunch vendor will have chaffing dishes
- 5) we might look into having a food truck

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.

- 1) Live DJ-1 (10 x 10) tent
- 2) Live Band- 1 stage
- 3) Announcements- 1 stage

List Vending Products. Name & Provider.

- 1) Snow cones/ice cream 2) Lunch 3) Health care providers 4) Pharmaceutical Companies
please note that providers do not sell product at our events/samples only

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

We have had beer at our events for the past 4 years and are very familiar with the liquor license process with the state. As of current, our 2019 vendor is TBD

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

We will have an opening ceremony for each cycling route. The purpose will be to honor our sponsors, Living Red (participants with diabetes), champions, but most importantly cycling rules, safety and pertinent information about each route.

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

Load in: April 12/May 17 (12pm - 8pm)- this will be a U haul that will have all items pertinent to event; we will also have a schedule for all rental vendors such as (portalets, tents, tables, ice, etc) that we can provide. We would like to have our rental company to erect all tents, tables & chairs on this day. Load in: April 13/May 18 (10am-630pm) this will be for us to finish unloading our U haul items and set up the event site as much as possible & and any last-minute vendor drop offs. Load out: April 14/May 19- day of event (430am-630pm). Vendors

Other Comments: Please describe your fee structure.

This is a fundraising event; no fees are charged except for a small registration fee that is paid in advance when the participant signs up through our website. Participants are required to raise \$200 to participate in the cycling portion of our event. Any festivities at the venue site will not have a fee structure to bystanders and walk ups not participating in the actual ride.

This is a ride NOT a race.

Other comments:

We are looking at our actual event date to be either April 14, 2019 or May 19, 2019. The venues that we are most interested in is Albert Whittard Park or Poynter Park. The only issue that we want to make sure we do not come across is parking availability for all of our attendees. Once a date & location is picked, we are also interested to see if our rental company can erect tents 2 days before the event (at any time that is approved) and we would come in 1 day before event to get our items set up.

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

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

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

Name: Jalyssa Elleby

Title: Manager, Event Production

Date: 7.12.18

Appendix A

Co-Sponsored Event Park Fee Structure

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

Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: American Diabetes Association

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

Title of Responsible Party: CEO

Physical Address of Responsible Party: 2451 Crystal Dr, Arlington, VA 22202

Phone Number of Responsible Party: 1-703-549-1500

Email Address of Responsible Party: TBROWN@DIABETES.ORG

Nonprofit (Employee Identification Number): 13-1623888

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: Jalyssa Elleby

Address: 204 37th ave N #432

City, State, Zip: St. Pete, FL 33704

BY EMAIL

Email Address: jelleby@diabetes.org

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

Name of Event: Southwest Florida Tour de Cure
Date(s) of Event: Apr 7, 2018 - Apr 8, 2018

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

	Amount
1. Participant Collections	\$158,980.00
2. Sponsorship	\$45,000.00
3. Misc. Revenue	\$14,400.00
4.	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	\$218,380.00

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

1. facility & rentals	\$17,203.00
2. food & beverage	\$5,948.00
3. entertainment	\$620.00
4. participant shirts	\$3,238.00
5. participant fundraising prizes	\$4,823.00
6. postage/freight	\$622.00
7. presentation costs	\$699.00
8. giveaways & favors	\$115.00
9. professional fees	\$418.00
10. supplies	\$1,682.00
11. event printing	\$9,692.00
12. travel	\$3,378.00
TOTAL OPERATING EXPENSES	\$48,438.00
TOTAL NET INCOME	\$169,942.00

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

1. Budget	\$278,000.00
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	\$278,000.00

Prepared by: Marc Bourret

Date: 7.18.18

Print Application

Submit Application by Email



Consumer's Certificate of Exemption

DR-14
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8012566420C-9	11/30/2013	11/30/2018	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exempted Category

This certifies that

AMERICAN DIABETES ASSOCIATION INC
1701 N BEAUREGARD ST
ALEXANDRIA VA 22311-1742



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

- 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.).
- Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
- Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
- 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.).
- 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.
- 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.

2.

3.

4.

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

In reply refer to: 0248556166
Oct. 16, 2009 LTR 4167C E0
13-1623888 000000 00
00012198
BODC: TE

 AMERICAN DIABETES ASSOCIATION INC
NATIONAL OFFICE
1701 N BEAUREGARD STREET
ALEXANDRIA VA 22311-1742

000303

Employer Identification Number: 13-1623888
Group Exemption Number:
Person to Contact: Mr Galluppi
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 06, 2009, request for information about your tax-exempt status.

Our records indicate that you were issued a determination letter in August 1992, and that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

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

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

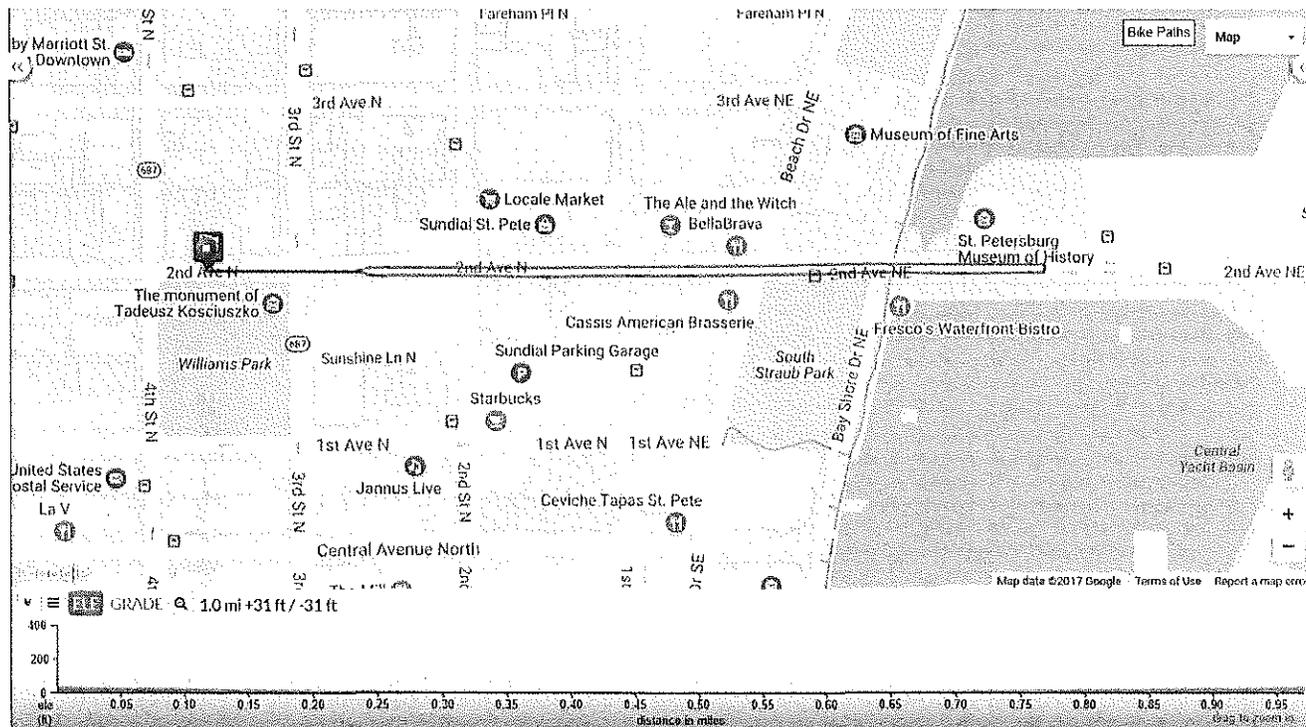
If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

2018 STEP Out: A Walk for Diabetes 1 Mile Route



Cue Sheet

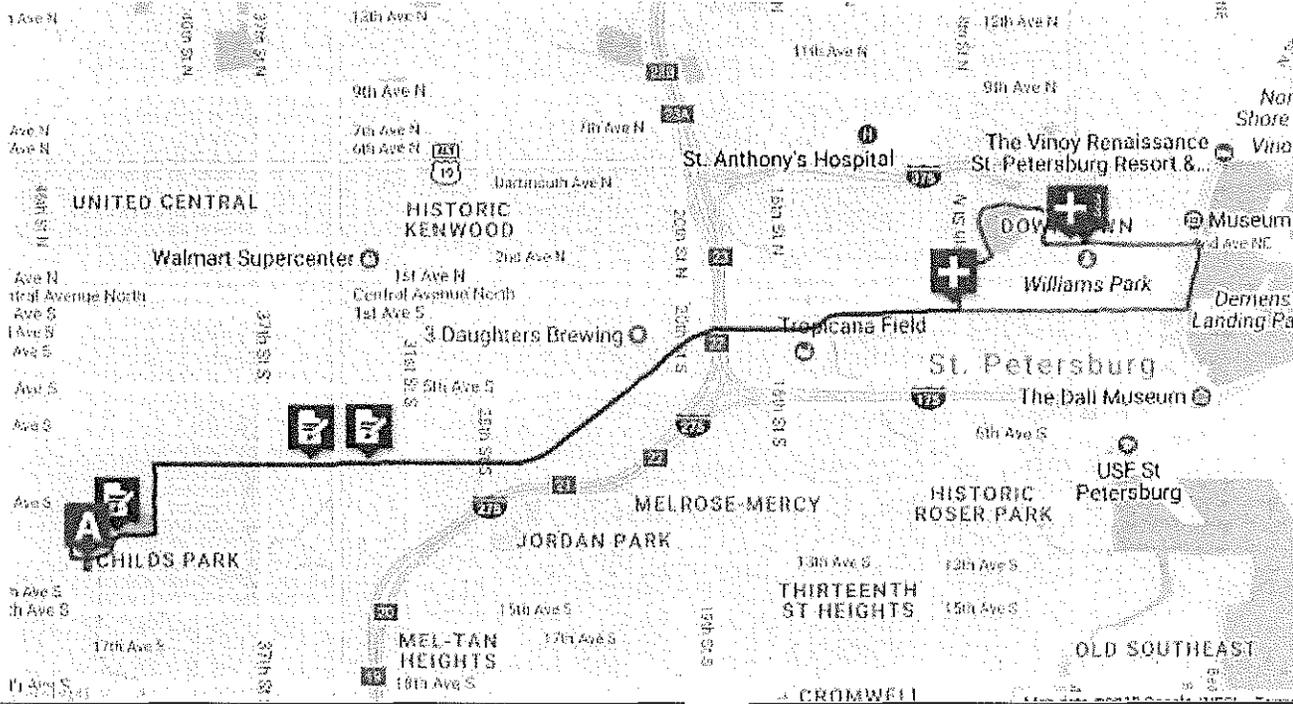
Thanks!

1.0 mi

East towards the old Pier	0.0 mi
Cross 3rd St N	0.0 mi
Cross 2nd St N	0.1 mi
Cross 1st St N	0.2 mi
Cross Beach Dr NE	0.3 mi
Straight across Bay Shore NE	0.4 mi
U-Turn back towards Museum	0.5 mi

Cross Bay Shore NE	0.6 mi
Cross Beach Dr NE	0.6 mi
Cross 1st St N	0.7 mi
Cross 2nd St N	0.8 mi
Cross 3rd St N	0.9 mi

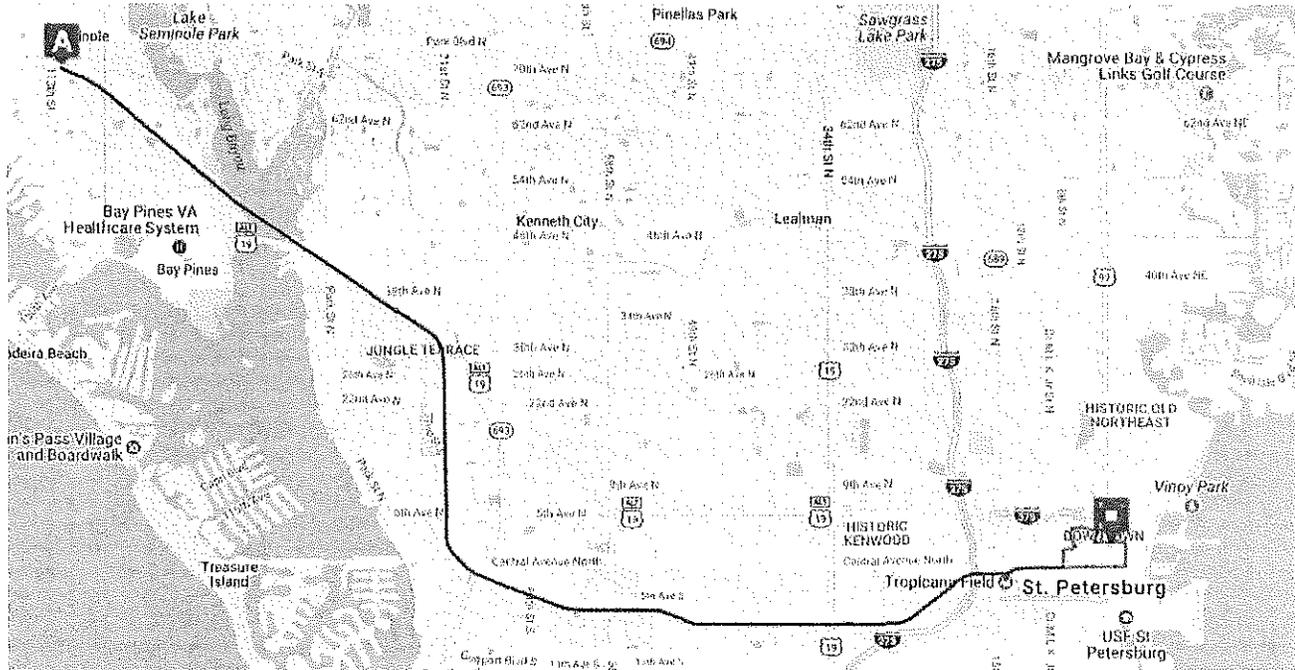
2018 TdC – 10 Mile Ride



Start East on 2nd Ave N	0.0 mi
Turn right toward Pinellas Trail	0.4 mi
Turn right onto Pinellas Trail	0.6 mi
Slight right to stay on Pinellas Trail	3.5 mi
Slight right toward Pinellas Trail	3.6 mi
Continue on Pinellas Trail	3.8 mi
Turn left towards park	4.3 mi
Turn left to follow trail back to Pinellas Trail	4.5 mi
Slight left at 43rd St S, cross 11th Ave into park	4.7 mi
follow park trail around the park	4.8 mi
Turn left towards park center	4.9 mi
Take a break	5.0 mi
Turn right to exit park and cross over to path along 11th Ave	5.2 mi
Turn right onto Pinellas Trail	5.6 mi
Slight right at 35th St S to stay on Pinellas Trail	6.1 mi
Continue onto Pinellas Trail	6.3 mi
Slight left to stay on Pinellas Trail	6.4 mi
Turn left onto 8th St S	8.5 mi
Turn right onto Arlington Ave N	8.7 mi
Turn left onto Mirror Lake Dr N	8.8 mi

Turn right onto 5th St N	9.2 mi
Turn left onto 2nd Ave N	9.3 mi
That's All Folks! Thanks!	9.4 mi

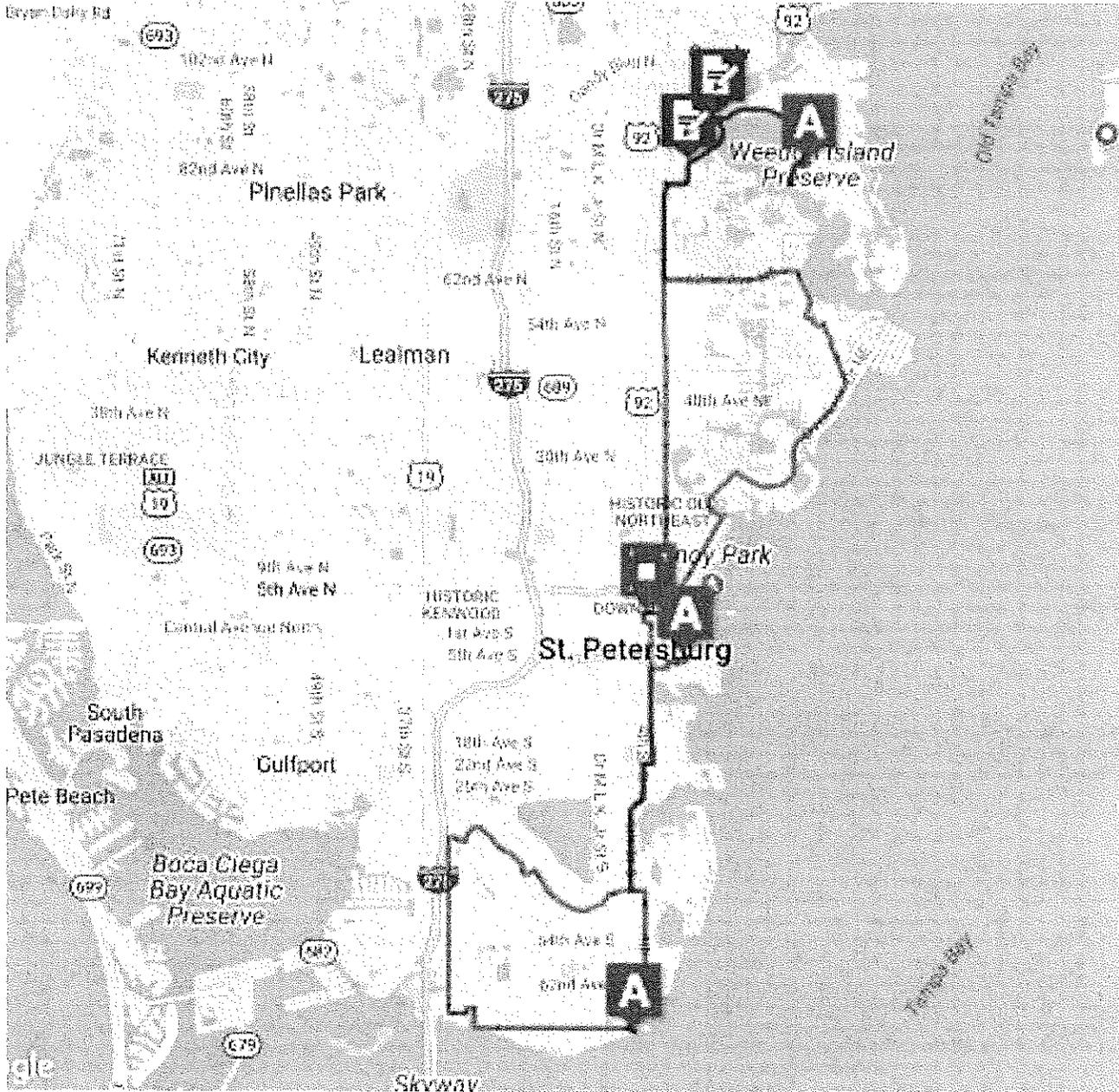
2018 TdC – 25 Mile Ride



Start off towards the old Pier	0.0 mi
Turn right onto 2nd St N	0.1 mi
Turn right onto Pinellas Trail	0.4 mi
Slight right to stay on Pinellas Trail	3.0 mi
Slight right toward Pinellas Trail	3.2 mi
Continue onto Pinellas Trail	3.3 mi
Continue straight to stay on Pinellas Trail	6.4 mi
Continue straight to stay on Pinellas Trail	9.9 mi
Continue straight to stay on Pinellas Trail	12.4 mi
Rest Stop @ David's World	13.0 mi
Continue straight to stay on Pinellas Trail	13.4 mi
Continue straight to stay on Pinellas Trail	16.3 mi
Keep right to stay on Pinellas Trail	19.2 mi
Left to exit the Trail towards Central Ave	19.3 mi
Slight right at 35th St S	22.7 mi
Continue onto Pinellas Trail	22.9 mi
Slight left to stay on Pinellas Trail	23.0 mi
Turn left onto 8th St S	25.1 mi
Turn right onto Arlington Ave N	25.3 mi

Turn left onto Mirror Lake Dr N	25.4 mi
Slight left onto Grove St N	25.6 mi
Turn left onto Mirror Lake Dr N	25.6 mi
Turn right onto 5th St N	25.8 mi
Turn left onto 2nd Ave N	25.9 mi
Finish - Thanks!	26.1 mi

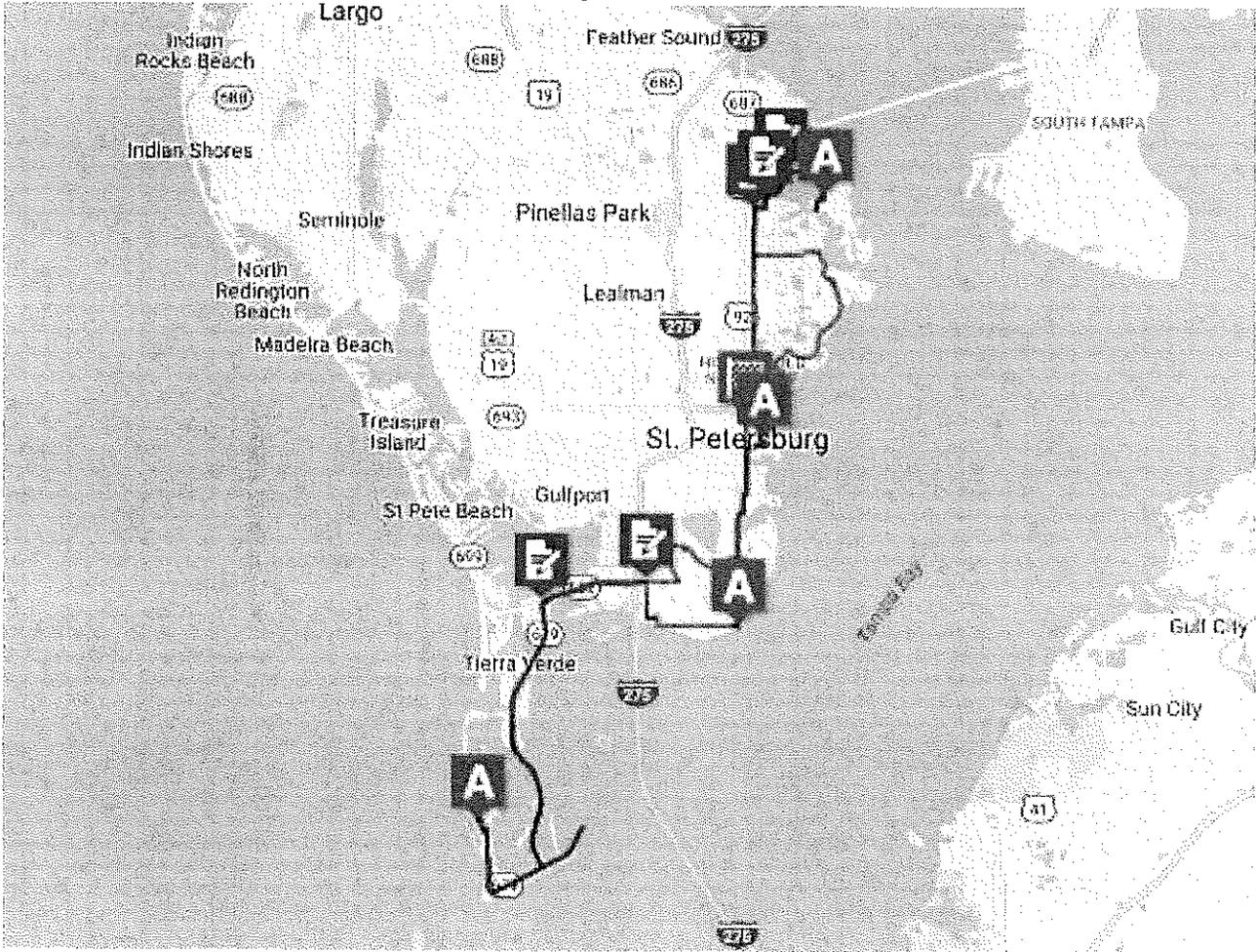
2018 TdC – 36 Mile (Half Metric) Ride



2018 TdC – 36 Mile (Half Metric) Ride

Turn left onto Beach Dr NE	0.3 mi	Turn right onto Bayshore Dr SE	20.2 mi
Turn left onto 5th Ave NE	0.6 mi	Turn left onto Dan Wheldon Way for Rest Stop as needed	20.5 mi
Turn right onto 1st St NE	0.8 mi	Continue onto 5th Ave SE/Dali Blvd	20.5 mi
Turn left onto 9th Ave NE	1.0 mi	Turn left onto 1st St SE	20.8 mi
Turn right onto bike trail along 1st St N	1.1 mi	Turn right onto 6th Ave S	20.9 mi
Continue straight on 1st St N	2.4 mi	Turn left onto 3rd St S	21.1 mi
Continue straight on 1st St N	5.3 mi	Turn right onto 22nd Ave S	22.1 mi
Slight left CAUTION Wooden Bridge	5.4 mi	Turn left onto 4th St S	22.2 mi
Turn right onto trail	5.4 mi	Continue onto 6th St S	22.8 mi
Continue onto Macoma Dr NE	5.7 mi	Turn left onto 45th Ave S	23.7 mi
Check with Traffic Control then turn right onto Patuca Rd NE	5.9 mi	Turn right onto 4th St S	23.9 mi
Becomes San Martin Blvd NE	6.2 mi	Turn left at Pinellas Point Dr S for Rest Stop	25.5 mi
Turn right into Weedon Island	6.6 mi	Rest Stop at Point Pinellas	25.6 mi
Slight right towards Pier and around the loop	8.3 mi	Turn left onto Pinellas Point Dr S	25.7 mi
Turn right towards Weedon Island History Center	8.7 mi	Continue onto 70th Ave S	27.3 mi
Rest Stop at Weedon Island	8.8 mi	Road curves Continue onto 28th St S	27.5 mi
Turn right towards park exit	9.0 mi	Turn left onto 66th Terrace S	27.7 mi
Turn left toward San Martin Blvd NE	10.4 mi	Continue onto 29th St S	27.8 mi
Turn left onto San Martin Blvd NE	10.4 mi	Turn right onto 67th Ave S	27.8 mi
Continue onto Patuca Rd NE	10.8 mi	Turn right onto 31st St S	28.0 mi
Turn left onto Macoma Dr NE	11.1 mi	Turn right onto 35th Terrace S	30.0 mi
Turn left to cross wooden bridge	11.6 mi	Slight left onto Cortez Way S	30.2 mi
Continue onto 1st St N	11.6 mi	Slight left onto Fairway Ave S	30.3 mi
Turn left onto 62nd Ave NE	12.7 mi	Turn left to stay on Fairway Ave S	31.3 mi
Turn right to Bayou Grande Blvd NE	14.3 mi	Turn left onto Alcazar Way S	31.3 mi
Turn left to stay on Bayou Grande Blvd NE	14.8 mi	Turn right onto Country Club Way S	31.4 mi
Turn right onto Chancellor St NE	15.1 mi	Turn left onto Azalea Way S	32.8 mi
Slight right onto Overlook Dr NE	15.8 mi	Continue onto 4th St S	33.8 mi
Road narrows - Take the lane and continue onto Snell Isle Blvd NE	16.6 mi	Turn right onto 22nd Ave S	34.3 mi
Turn left stay on Snell Isle Blvd NE	17.8 mi	Turn left onto 3rd St S	34.5 mi
Turn right onto Snell Isle Blvd NE	18.0 mi	Turn left onto 1st Ave N	36.1 mi
Get into left lane of bridge	18.2 mi	Turn right onto 4th St N	36.2 mi
Turn left onto Coffee Pot Blvd NE	18.3 mi	Turn right onto 2nd Ave N	36.3 mi
Turn right onto Beach Dr NE	18.6 mi	Finish - Thanks!	36.3 mi

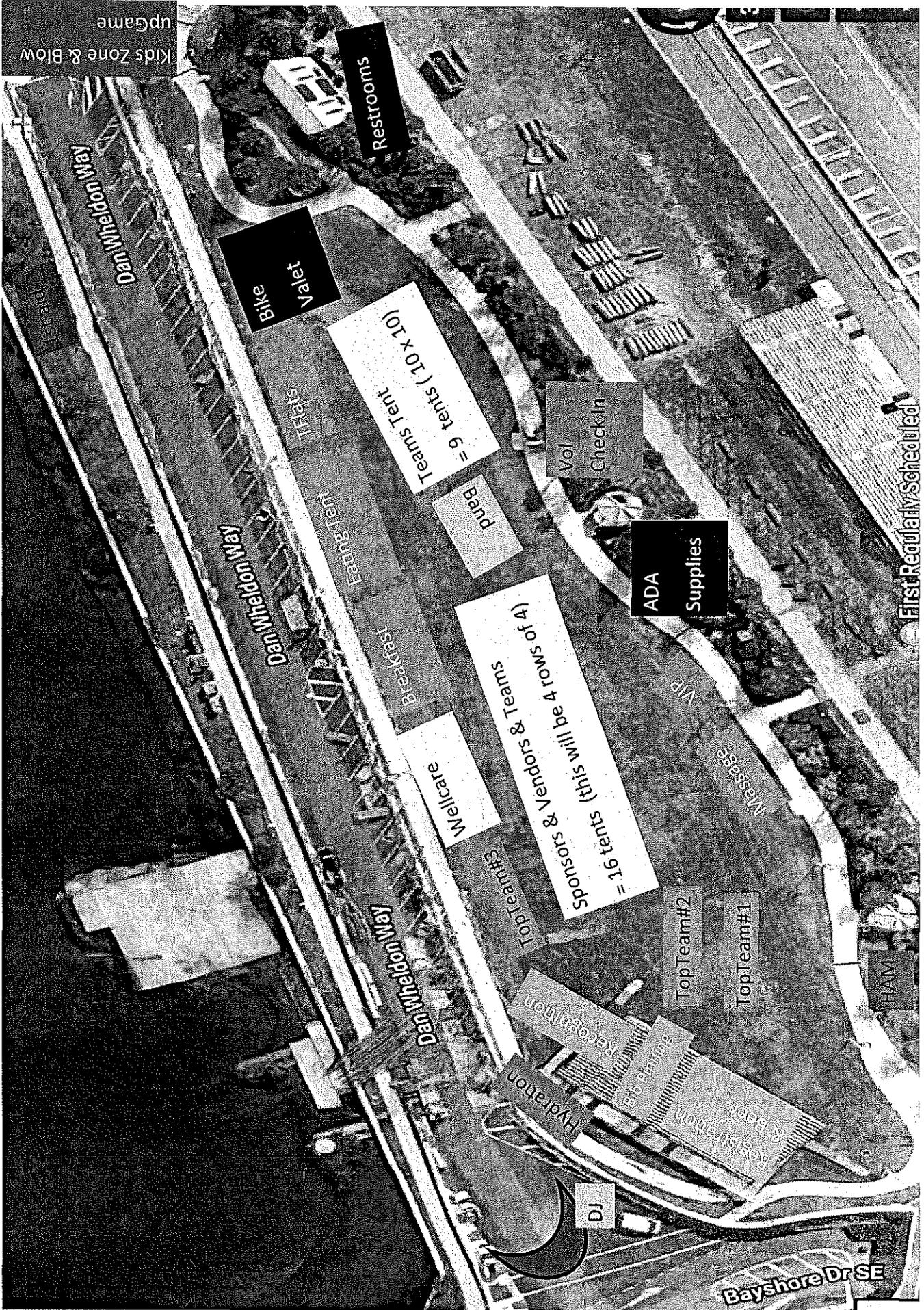
2018 TdC – 63 Mile (Metric) Ride



2018 TdC – 63 Mile (Metric) Ride Cue Sheet

Start east towards the pier	0.0 mi	Slight left to stay on Snell Isle Blvd	17.7 mi
Turn left onto 1st St NE	0.2 mi	Straight onto left lane of bridge	18.0 mi
Left turn on 9th Ave	0.8 mi	Turn left onto Coffee Pot Blvd NE	18.1 mi
Turn right onto bike trail along 1st St N	0.8 mi	Turn left onto 5th Ave NE	19.3 mi
Continue straight on 1st St N	5.1 mi	Turn right at Bay Shore Dr NE	19.4 mi
Slight left ... CAUTION Wooden Bridge	5.1 mi	Turn right	19.4 mi
Turn right onto trail	5.2 mi	Turn right onto 1st Ave NE	19.8 mi
Continue onto Macoma Dr NE	5.4 mi	Optional - Left for Rest Stop on Dan Wheldon Way	20.2 mi
Check traffic control then turn right onto Patuca Rd NE	5.6 mi	Continue onto 5th Ave SE/Dali Blvd	20.3 mi
Patuca Rd becomes San Martin Blvd NE	6.0 mi	Turn left onto 1st St SE	20.5 mi
Turn right towards Weedon Island Park	6.4 mi	Turn right onto 6th Ave S	20.6 mi
Turn into Traffic Circle	8.1 mi	Turn left onto 3rd St S	20.8 mi
Turn right toward History Center	8.4 mi	Turn right onto 22nd Ave S	21.9 mi
Rest Stop @ Weedon Island	8.6 mi	Turn left onto 4th St S	22.0 mi
Turn right onto Weedon Dr NE	8.7 mi	Continue onto 6th St S	22.6 mi
Turn left towards San Martin Blvd	10.1 mi	Turn left onto 45th Ave S	23.5 mi
Turn left onto San Martin Blvd NE	10.1 mi	Turn right onto 4th St S	23.6 mi
Becomes Patuca Rd	10.5 mi	Turn left at Pinellas Point Dr S for Rest Stop	25.3 mi
Check Traffic control then turn left onto Macoma Dr	10.9 mi	Proposed Rest Stop	25.3 mi
Turn left toward 1st St N ... CAUTION Wooden Bridge	11.3 mi	Turn left onto Pinellas Point Dr S	25.4 mi
Continue onto 1st St N	11.4 mi	Continue onto 70th Ave S	27.0 mi
Check Traffic Control then continue straight on 1st Ave N	11.4 mi	Follow road right onto 28th St S	27.2 mi
Turn left onto 62nd Ave NE	12.4 mi	Turn left onto 66th Terrace S	27.4 mi
Turn right onto Bayou Grande Blvd NE	14.0 mi	Continue straight onto 29th St S	27.5 mi
Turn left to stay on Bayou Grande Blvd NE	14.6 mi	Turn right onto 67th Ave S	27.6 mi
Turn right onto Chancellor St NE	14.8 mi	Turn right onto 31st St S	27.8 mi
Slight right onto Overlook Dr NE	15.5 mi	Check Traffic Control while at the light, turn left onto 54th Ave S	28.6 mi
Narrow Bridge - Take the lane - Continue onto Snell Isle Blvd NE	16.3 mi	Check Traffic Control, then turn left onto Pinellas Bayway	31.1 mi
Turn left to stay on Snell Isle Blvd NE	17.6 mi	Continue straight towards the Flag Pole about 2.5 miles	35.0 mi
		Turn right to head towards the fort and North beach	37.7 mi
		continue 1/2 mile to the loop	40.5 mi
		Turn right & follow road to access rest stop	41.2 mi
		Ft De Soto Rest Stop	41.4 mi

Turn right towards the fort	41.7 mi
Straight towards the Flag Pole	43.3 mi
Continue straight towards East Beach	44.5 mi
Continue straight towards East Beach Loop	45.0 mi
Return towards Flag Pole	46.0 mi
Turn right to leave the island	47.4 mi
Continue straight about 4 miles to next turn	49.9 mi
Check Traffic Control then turn right onto 54th Ave S/Pinellas Bayway	53.9 mi
Turn left onto Columbus Way S	57.2 mi
Turn right towards Greenway S	58.1 mi
Turn right onto Fairway Ave S	58.6 mi
Turn left to stay on Fairway Ave S	58.6 mi
Turn left onto Alcazar Way S	58.7 mi
Turn right onto Country Club Way S	58.8 mi
Turn left onto 9th St S/Dr M.L.K. Jr St S	59.8 mi
Turn right onto 45th Ave S	60.0 mi
Turn left onto 6th St S	60.2 mi
Continue onto 4th St S	61.2 mi
Turn left onto 2nd Ave N	63.6 mi
Metric Finish! Thanks!	63.6 mi



Kids Zone & Blow Upgame

Dan Wheldon Way

Restrooms

Bike Valet

Tents Tent (10 x 10) = 9 tents

Band

Vol Check In

ADA Supplies

Sponsors & Vendors & Teams = 16 tents (this will be 4 rows of 4)

Breakfast

Wellcare

Massage

Top Team #2

Top Team #1

Registration & Beer

Hydration

Recognition

Bib Exchange

DJ

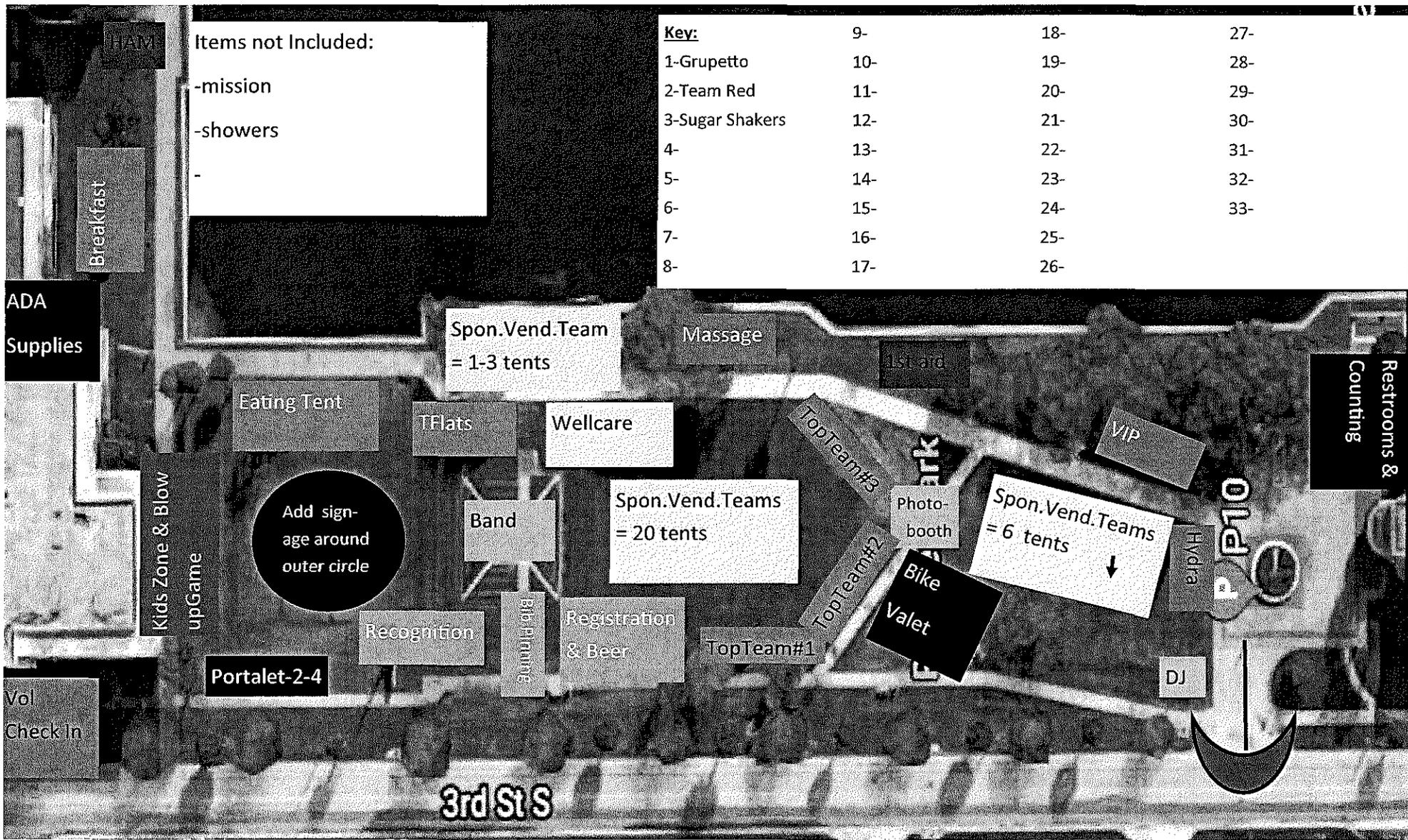
Bayshore Dr SE

First Regularly Scheduled

Items not Included:

- mission
- showers

Key:	9-	18-	27-
1-Grupetto	10-	19-	28-
2-Team Red	11-	20-	29-
3-Sugar Shakers	12-	21-	30-
4-	13-	22-	31-
5-	14-	23-	32-
6-	15-	24-	33-
7-	16-	25-	
8-	17-	26-	





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

Detail by Entity Name

Foreign Not For Profit Corporation
AMERICAN DIABETES ASSOCIATION, INC.

Filing Information

Document Number F98000001168
FEI/EIN Number 13-1623888
Date Filed 02/27/1998
State OH
Status ACTIVE

Principal Address

2451 Crystal Drive, Suite 900
Arlington, VA 22202

Changed: 04/28/2017

Mailing Address

2451 Crystal Drive, Suite 900
Arlington, VA 22202

Changed: 04/28/2017

Registered Agent Name & Address

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

Name Changed: 03/17/2014

Address Changed: 03/17/2014

Officer/Director Detail

Name & Address

Title Chair of the Board

DeMarco, David A
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Title President, Health Care & Education

Montgomery, Brenda

2451 Crystal Drive, Suite 900
Arlington, VA 22202

Title President, Medicine & Science

Powers, Alvin C
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Title Secretary-Treasurer

Verma, Umesh
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Title President-Elect, Health Care & Education

Hill-Briggs, Felicia
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Title President-Elect, Medicine & Science

Reusch, Jane
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Title Secretary / Treasurer - Elect

Ching, Michael
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Title Interim Chief Executive Officer

Clark, Martha
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Title Board of Directors

Friday, Jane Brown
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Title Board of Directors

Eckel, Robert H
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Title Board of Directors

Herrick, David
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Title Board of Directors

Kahn, C. Ronald
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Title Board of Directors

Lucas, Steve
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Title Board of Directors

Schmidt, Calvin
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Title Board of Directors

Squires, Catherine
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Title Board of Directors

Yatvin, Alan L
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Title Board of Directors

De Groot, Mary
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Title CFO

Carter, Charlotte M
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Annual Reports

Report Year	Filed Date
2016	04/27/2016
2017	04/28/2017
2018	04/14/2018



Contract/Permit

Contract #: 24401
Date: 24 Jul 2018

User: JSBENNIN
Status: Firm

AMERICAN DIABETES ASSOCIATION INC
 JALYSSA ELLEBY
 1511 N WESTSHORE BLVD STE 980
 TAMPA FL 33607 USA

Primary #: (813) 885-5644
 Secondary #: (727)
 Other #: ()

Purpose of Use: SOUTHWEST FLORIDA TOUR DE CURE **Expected:** 600 **Co-Sponsored Event** **Contract Balance**
\$200.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Fri 17 May 19 04:00 am **Ending:** Mon 20 May 19 11:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park Park	Fri	17 May 2019	04:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
		20 May 2019	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 Permit Fee	91:00	1	\$200.00	\$0.00	\$200.00
		1	\$200.00	\$0.00	\$200.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
24 Jul 2018	\$30.00	Money Order	Rental	3123176

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) **JALYSSA ELLEBY**
 AMERICAN DIABETES ASSOCIATION INC
 Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
 Parks and Recreation Department

Contract #: 24401
Date: 24 Jul 2018

User: JSBENNIN
Status: Firm

Supervisor II / Foreman Approved or Rejected Date: _____

Manager Approved or Rejected Date: _____

Manager Approved or Rejected Date: _____

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



City of St. Petersburg

AMERICAN DIABETES ASSOCIATION INC
JALYSSA ELLEBY
1511 N WESTSHORE BLVD STE 980
TAMPA, FL 33607 USA

Receipt #: 3123176
User: JSBENNIN
Issued: Tue 24 Jul 18 09:35 am

Description	Amount
Previous Balance	\$230.00
Applied To: 24401 - SOUTHWEST FLORIDA TOUR DE CURE Albert Whitted Park - Park May 17, 2019 4:00 am to May 20, 2019 11:00 pm	\$30.00
Payment: Money Order	(\$30.00)
Balance	\$200.00

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



Date Received: 7/20/18
 Check or Cash: # 1388
 Application #: 61
 Packet: C
 Permit #: 24859

Event Title: 26th Annual Corvettes at the Pier Corvette Show Phone No.: 727-686-2131 Fax No.:

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

Event Date(s): May 25, 2019 Location: North Straub Park

Day 1 of Event: May 25, 2019 Time Gates Open: 10:00 AM Ending Time: 4:00 PM

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

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

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

Title: Show Chairman, Suncoast Corvette Association Cell Phone: 727-686-2131

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

Email Address: rbryce2@tampabay.rr.com

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

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

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

Name of the for-profit entity? None

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

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

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

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

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

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

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

Will there be an admission / registration fee? YES NO Advanced Fee: \$30.00 Day of: \$35.00

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

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

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

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

Recreation Equipment

Showmobile (Yes/No)

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

Tables (6 ft) # needed Chairs # needed

Public Address System

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

Special Events Facilities

Mahaffey Theater

Coliseum

Sunken Gardens

Boyd Hill

Non-City Locations

Which Location?

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: Title: Date:

Co-Sign: Title: Date:

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/>	Public Invited	General Liability Insurance
<input checked="" type="checkbox"/>	Located in Park	Park Permit
<input checked="" type="checkbox"/>	Vending Product / Merchandise Sales	Occupational License
<input checked="" type="checkbox"/>	Vending Food / Beverage	Health Inspection
<input checked="" type="checkbox"/>	Vendors / Exhibitors	
	How many? <input type="text" value="20 - 30 typical"/>	
<input type="checkbox"/>	Vending Beer / Wine	Alcohol Permit Additional insurance Required
<input type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	Temporary Structure Permit
	How many? <input type="text"/>	
<input type="checkbox"/>	Fence Installation	Temporary Structure Permit
	What type? <input type="text"/>	
<input type="checkbox"/>	Other Structures	Temporary Structure Permit
	What structure? <input type="text"/>	
<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 checked="" 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="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.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? YES NO

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

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

No

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

Name:

Suncoast Corvette Association

 Phone:

727-686-2131

Address (including zip):

PO Box 836, Largo, Fl 33779

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

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

List Vending Products. Name & Provider.

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

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

None

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

None

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

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

Other Comments: Please describe your fee structure.

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

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

Other comments:

The Suncoast Corvette Association, a Florida non-profit Corporation (N06738, State of Florida), has held this event for the past 19 years ON the Pier, and since the Pier's closure for demolition, 3 years in South Straub Park and this will be the 4th year in North Straub park. We strongly desire to continue this annual event with the St. Petersburg waterfront and the Tampa Bay skyline as it's beautiful venue. Although we are a small car club without any formal sponsorship, we have successfully held this show every year for the past 25 years, attracting Corvettes from cities all across the State of Florida, and as many as 4 states including Georgia, South Carolina, Kentucky and New Jersey, as well as participation by the National Corvette Museum, Bowling Green, KY, and Sebring Raceway, Sebring, Fl.

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

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

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

Name: Robert Bryce

Title: SCA, Show Chairman

Date: 07/16/2018

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: 25th Annual Corvettes at the Pier
Date(s) of Event: August 25th, 2018

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

Amount

1.	Show Entry Fees	FINANCIALS NOT	
2.	Vendor Fees	AVAILABLE YET. SHOW	
3.	Sponsor Donations	WAS RE-SCHEDULED DUE	
4.		TO TROPICAL STORM. AND WILL	
5.		BE HELD ON 8-25-18.	
6.			
7.			
8.			
TOTAL GROSS REVENUE			

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

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

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

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

Prepared by: Robert Bryce Date: 7/16/2018

Print Application

Submit Application by Email



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

Detail by Entity Name

Florida Not For Profit Corporation
SUNCOAST CORVETTE ASSOCIATION, INC.

Filing Information

Document Number	N06738
FEI/EIN Number	N/A
Date Filed	12/19/1984
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	11/17/1986
Event Effective Date	NONE

Principal Address

Largo Community Center
400 Alt. Keene Road
Largo, FL 33771

Changed: 02/15/2014

Mailing Address

P.O. BOX 836
LARGO, FL 33779

Changed: 03/06/2009

Registered Agent Name & Address

GREENE, GEORGIA
10603 95th St. N.
Largo, FL 33777

Name Changed: 01/04/2018

Address Changed: 01/04/2018

Officer/Director Detail

Name & Address

Title PD

GREENE, GEORGIA
10603 95TH ST. N.
LARGO, FL 33777

Title TR

Davis, Michael
 381-12th Avenue
 Indian Rocks Beach, FL 33785

Title VP

Stillwagon, Mike
 7399 122nd Way
 Seminole, FL 33772

Annual Reports

Report Year	Filed Date
2016	01/21/2016
2017	02/23/2017
2018	01/04/2018

Document Images

01/04/2018 -- ANNUAL REPORT	View image in PDF format
02/23/2017 -- ANNUAL REPORT	View image in PDF format
01/21/2016 -- ANNUAL REPORT	View image in PDF format
02/06/2015 -- ANNUAL REPORT	View image in PDF format
02/15/2014 -- ANNUAL REPORT	View image in PDF format
02/13/2013 -- ANNUAL REPORT	View image in PDF format
04/09/2012 -- ANNUAL REPORT	View image in PDF format
04/15/2011 -- ANNUAL REPORT	View image in PDF format
01/09/2010 -- ANNUAL REPORT	View image in PDF format
03/06/2009 -- ANNUAL REPORT	View image in PDF format
02/15/2008 -- ANNUAL REPORT	View image in PDF format
07/14/2007 -- ANNUAL REPORT	View image in PDF format
03/29/2006 -- ANNUAL REPORT	View image in PDF format
01/21/2005 -- ANNUAL REPORT	View image in PDF format
03/08/2004 -- ANNUAL REPORT	View image in PDF format
03/17/2003 -- ANNUAL REPORT	View image in PDF format
05/12/2002 -- ANNUAL REPORT	View image in PDF format
03/05/2001 -- ANNUAL REPORT	View image in PDF format
01/29/2000 -- ANNUAL REPORT	View image in PDF format
03/01/1999 -- ANNUAL REPORT	View image in PDF format
02/26/1998 -- ANNUAL REPORT	View image in PDF format
04/25/1997 -- ANNUAL REPORT	View image in PDF format
02/23/1996 -- ANNUAL REPORT	View image in PDF format
05/01/1995 -- ANNUAL REPORT	View image in PDF format





City of St. Petersburg

SUNCOAST CORVETTE ASSOCIATION INC
ROBERT BRYCE
4201 69TH AVE N
PINELLAS PARK, FL 33781 USA

Receipt #: 3120149
User: RBMCCULL
Issued: Fri 20 Jul 18 09:37 am

Description	Amount
Previous Balance	\$230.00
Applied To: 24359 - 26TH ANNUAL CORVETTE CAR SHOW North Straub Park - Park May 24, 2019 9:00 am to May 25, 2019 6:00 pm	\$230.00
Payment: Check	(\$230.00)
Balance	\$0.00



Contract/Permit

Contract #: 24359
Date: 20 Jul 2018

User: RBMCCULL
Status: Firm

SUNCOAST CORVETTE ASSOCIATION INC
 ROBERT BRYCE
 4201 69TH AVE N
 PINELLAS PARK FL 33781 USA

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

Purpose of Use: 26TH ANNUAL CORVETTE CAR SHOW

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: Fri 24 May 19 09:00 am

Ending: Sat 25 May 19 06:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
North Straub Park Park	Fri	24 May 2019	09:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
		25 May 2019	06:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total	
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00	
				\$30.00	
Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Permit Fee	33:00	1	\$200.00	\$0.00	\$200.00
		1	\$200.00	\$0.00	\$200.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
20 Jul 2018	\$230.00	Check	Rental	3120149

Additional Notes:

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

By: (Sign Name)

(Print Name) ROBERT BRYCE

SUNCOAST CORVETTE ASSOCIATION INC

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name):

Parks and Recreation Superintendent

(Print Name)

Parks and Recreation Department

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



Date Received: 7/20/18
 Check or Cash: 5084
 Application #: 62
 Packet: C
 Permit #: 21364

Event Title: Mainsail Art Festival Phone No.: 727-580-3154 Fax No.: 727-873-8525
 Entity Name: Mainsail Art Festival, Inc. Federal I.D. Number: 59-2650459
 Event Date(s): April 20-21, 2019 Location: Vinoy Park
 Day 1 of Event: April 20, 2019 Time Gates Open: 9am Ending Time: 6pm
 Day 2 of Event: April 21, 2019 Time Gates Open: 10am Ending Time: 5pm
 Day 3 of Event: _____ Time Gates Open: _____ Ending Time: _____

Please see attachment regarding Friday, April 19, 2019.

Application Prepared by: Mary Bridget Nickens Phone: 727-580-3154
 Title: Steering Committee Member Cell Phone: 727-580-3154
 Address: 2701 70th Avenue South City: St. Petersburg State: FL Zip: 33712
 Email Address: artist@mainsailart.org
 Additional Contact Person: Lisa Wells Day Phone: 727-526-1911

What month/year were you incorporated as nonprofit? October 1993
 List all 501(c)3 entities that will benefit from this event. Mainsail Art Festival, Inc. / Pinellas County Schools
 Name of the for-profit entity? _____

Describe your event with details.

For more than 43 years, Mainsail has promoted and enhanced the quality of life in St. Petersburg through our visual, performing and culinary arts festival. We feature more than 250 renowned visual artists from around the country, and sponsor a Young at Art program, which allows Pinellas County student artists (Grades K-12) - in both public and private schools) - to compete for a chance to have their artwork chosen for display at the festival. Mainsail also grants the "Young Masters Award" to five high school seniors pursuing a degree in an arts-related major. Each receives \$1,000 and a special exhibit area at the festival, which is devoted solely to their work. Mainsail is one of the most anticipated events of the spring in St. Pete, as visitors enjoy seeing award-winning work in ceramics, fiber, glass, jewelry, metal, mixed media, oil/acrylic, photography, sculpture and watercolors. Sunshine Artist Magazine's annual artists' survey consistently ranks Mainsail as one of the best 100 fine art festivals in the U.S. citing our location in Vinoy Park as "one of the most beautiful settings in the country for an art festival!"

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

Mainsail draws approximately 100,000 people to the park. Many are residents of the Tampa Bay area, but also visitors from around the country and the world. Its proximity to the bustling downtown St. Pete waterfront benefits local hotels, restaurants, shopping and entertainment venues. Because Mainsail awards \$60,000 in prize money and is one of the most sought after invitations among exhibiting artists, many long-time, art-savvy collectors eagerly anticipate the announcement of who has been chosen to participate so that they can make plans to come to the festival on the first day! Each year, nearly a dozen or more local businesses and arts patrons underwrite "Purchase Awards," which allows them to support the artists while advertising their business to festivalgoers.

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.mainsailart.org

Please provide a phone number that can be advertised to the public. 727-873-5885

What is the estimated attendance for this event? Spectators 100,000 Participants 270 Last Year's Total Attendance 100,000

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: *John H. Wells* Title: Chair, Mainsail 2018 Date: 7-19-18

Co-Sign: *Mary B. Nicks* Title: Mainsail Committee member Date: 7-18-18

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input checked="" type="checkbox"/> Located in Park		Park Permit
<input checked="" type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input checked="" type="checkbox"/> Vending Food / Beverage		Health Inspection
<input checked="" type="checkbox"/> Vendors / Exhibitors	How many? <input type="text" value="Over 30 Vendors / Exhibitor"/>	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="15 we rent"/>	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="38"/> Disabled Units <input type="text" value="6"/> Hand Washing <input type="text" value="5"/>	
<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 type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers | <input checked="" type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> Remote Broadcast |

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

Electrical Requirements:

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

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

Other:

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

We use an RV for our Treasurer's staging area (to collect and account for water and poster and t-shirt sales). It's located on the water side about mid-way through the park. We also use one for the performing artists, which is located near the stage at the south end of the park. Both RVs require 30 amp service. Although we don't have food trucks in the venue, our restaurant vendors do use the power in the park for the operation of their equipment.

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: Mainsail Art Festival, Inc.

Phone: 727-580-3154

Address (including zip): 2701 70th Avenue South, St. Petersburg, FL 33712

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

One-stage, where performers vary from year to year. Usually they play soft rock, blues, folks and country. There are usually eight different bands that perform - four bands each day, starting around noon and ending when the festival closes.

List Vending Products. Name & Provider.

In addition to the food vendors, Mainsail Art Festival, Inc. sells posters, t-shirts, wine, beer and water. Various food vendors include long-time local restaurants (Pipo's Cuban, Island Noodles, Southern Yankee Barbecue. We are always trying to include more local restaurants, who see this as a chance for residents to try their food and then visit their businesses.

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

Great Bay Distributors (2750 Valpak Avenue North, St. Petersburg, FL 33716 - 727-584-8626)

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

No speeches are on the schedule. Performers are announced by an m.c. from the performing arts stage. Some artists may work on pieces in their booths, and we have Duncan McClellan's DMG School Project giving glass blowing demonstrations.

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

Please see our attachment for specific days and times when festival "load-in and load-out" takes place. You will see that although the festival is a two-day event, the Mainsail Committee relies very much on City Parks and City Recreation staff to be on site the entire day on the Friday that artists arrive and set-up their tents.

**Appendix B
President or CEO
Responsible Party Information**

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation:	Mainsail Art Festival
Name of Responsible Party (President or CEO ONLY):	Lisa Wells
Title of Responsible Party:	Chair, 2018 Mainsail Art Festival
Physical Address of Responsible Party:	1311 Monticello Blvd., St. Petersburg, FL 33703
Phone Number of Responsible Party:	727-526-1911
Email Address of Responsible Party:	ufwells@yahoo.com
Nonprofit (Employee Identification Number):	

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

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

What method of invoicing would your organization prefer?

BY Mail

Contact Name	
Address	
City, State, Zip	

BY EMAIL

Email Address:	ufwells@yahoo.com
----------------	-------------------

Other Comments: Please describe your fee structure.

Artists pay a \$35 fee when they apply for consideration to be included in the show. Once accepted, they pay a fee for their booth space, which is \$350 for a single space and \$700 for a double. (We limit the double booths to about 30.) Food vendors also pay a set fee, rather than a percentage of their sales for the weekend.

Other comments:

When the City of St. Petersburg premiered the first Mainsail Art Festival in 1976, it was known as the St. Petersburg Sidewalk Arts & Colonial Crafts Festival. Only about 100 artists were featured in the original South Straub location. There are volunteers still serving on this committee who were part of the first festival! They have worked hand in hand with the City as this event grew ever larger, moving to North Straub Park and now in Vinoy Park. Mainsail boasts one of the best reputations of any fine art festival in the U.S., which is fitting for a city that is recognized as one of the best cultural and arts scenes in the southeastern U.S. Mainsail is one of the original events to establish an arts-related economic presence in downtown St. Petersburg by offering a much anticipated annual cultural activity that brings thousands to the city. It is a love of community and a recognition of the importance of historic traditions that keeps the non-profit organization - self supported and run by an all-volunteer committee - dedicated to ensuring that this long-running, well-regarded festival continues for a 44th year. We appreciate the City of St. Petersburg's support in that endeavor.

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: Lisa Wells *Lisa Wells* Title: Chair, 2018 Mainsail Date: *7-19-18*

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

Name of Event: Mainsail Art Festival
Date(s) of Event: Apr 21, 2018 - Apr 22, 2018

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

	Amount
1. Artist Fees	\$122,103.70
2. Concessions	\$53,000.93
3. Sponsorships	\$5,800.00
4. Culinary Arts Vendors	\$15,715.00
5. Interest	\$4.74
6. Misc. Income (from ATM machines on site)	\$165.47
7.	
8.	
TOTAL GROSS REVENUE	\$196,789.84

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

1. Administrative Costs	\$20,786.43
2. Performing Arts	\$12,671.48
3. Judging & Awards	\$64,565.38
4. Concessions & Promotions	\$18,790.71
5. Publicity/Advertising/Web/Printing/Event Support Costs (Rentals & Security)	\$19,923.23
6. City, Permits, Sales Tax, Insurance	\$52,029.96
7. Refunds	\$1,500.00
8. Young at ART	\$6,979.42
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	\$197,246.61
TOTAL NET INCOME	(\$456.77)

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

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

Prepared by: Cathy Hakes, Mainsail Treasurer

Date: July 11, 2017

Print Application

Submit Application by
Email

Florida Department of State

DIVISION OF CORPORATIONS



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

Detail by FEI/EIN Number

Florida Not For Profit Corporation
MAINSAIL ART FESTIVAL, INCORPORATED

Filing Information

Document Number	N11835
FEI/EIN Number	59-2650459
Date Filed	10/31/1985
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	02/17/1989
Event Effective Date	NONE

Principal Address

1311 Monticello Blvd. No.
ST PETERSBURG, FL 33703

Changed: 01/11/2017

Mailing Address

717 LUTHER PALMER ROAD
CLEVELAND, GA 30528

Changed: 07/17/2007

Registered Agent Name & Address

Wells, Lisa, CHAIR
1311 Monticello Blvd No.
ST. PETERSBURG, FL 33703

Name Changed: 01/11/2017

Address Changed: 02/02/2018

Officer/Director Detail

Name & Address

Title TR

HAKES, CATHY
717 LUTHER PALMER ROAD
CLEVELAND, GA 30528

Title DIR

FISHER, GREGORY H
5520 FIRST AVE N.
ST PETERSBURG, FL 33710

Title DIR

FERGUSON, JANE
4838 PARADISE WAY SO
ST. PETERSBURG, FL 33705

Title DIRECTOR

NICKENS, BRIDGET
2701 70TH AVE SO
ST. PETERSBURG, FL 33712

Title DIR

Osterland, Stevie S
5219 19th Ave No.
St. Petersburg, FL 33710

Title Dir

Firebaugh, Chloe
728 46 Ave No
St. Petersburg, FL 33703

Annual Reports

Report Year	Filed Date
2016	01/26/2016
2017	01/11/2017
2018	02/02/2018

Document Images

02/02/2018 -- ANNUAL REPORT	View image in PDF format
01/11/2017 -- ANNUAL REPORT	View image in PDF format
01/26/2016 -- ANNUAL REPORT	View image in PDF format
01/08/2015 -- ANNUAL REPORT	View image in PDF format
02/19/2014 -- ANNUAL REPORT	View image in PDF format
01/28/2013 -- ANNUAL REPORT	View image in PDF format
07/09/2012 -- ANNUAL REPORT	View image in PDF format
01/24/2012 -- ANNUAL REPORT	View image in PDF format
02/06/2011 -- ANNUAL REPORT	View image in PDF format
01/06/2010 -- ANNUAL REPORT	View image in PDF format
01/12/2009 -- ANNUAL REPORT	View image in PDF format
01/31/2008 -- ANNUAL REPORT	View image in PDF format
07/17/2007 -- ANNUAL REPORT	View image in PDF format

01/11/2006 -- ANNUAL REPORT	View image in PDF format
01/11/2005 -- ANNUAL REPORT	View image in PDF format
03/04/2004 -- ANNUAL REPORT	View image in PDF format
02/12/2003 -- ANNUAL REPORT	View image in PDF format
11/27/2002 -- ANNUAL REPORT	View image in PDF format
01/27/2001 -- ANNUAL REPORT	View image in PDF format
08/08/2000 -- ANNUAL REPORT	View image in PDF format
04/19/1999 -- ANNUAL REPORT	View image in PDF format
02/09/1998 -- ANNUAL REPORT	View image in PDF format
02/19/1997 -- ANNUAL REPORT	View image in PDF format
02/27/1996 -- ANNUAL REPORT	View image in PDF format
03/13/1995 -- ANNUAL REPORT	View image in PDF format

Florida Department of State, Division of Corporations



City of St. Petersburg

MAINSAIL ART FESTIVAL INC
LISA WELLS
2701 70TH AVE S
ST PETERSBURG, FL 33712 USA

Receipt #: 3120577
User: TCStubbs
Issued: Fri 20 Jul 18 02:07 pm

Description	Amount
Previous Balance	\$0.00
Applied To: 24369 - Mainsail Art Festival Vinoy Park - Vinoy Park April 17, 2019 9:00 am to April 22, 2019 9:00 pm	\$30.00
Payment Cancellation: Check - Input error	\$630.00
Payment: Check	(\$30.00)
Balance	\$600.00

Describe your events set-up and tear down time frame.

Please provide first day/date of set up and last day/date of tear down.

First day/date of set up is Friday, April 19 and last day of tear down is Sunday, April 21, 2019

Mainsail Committee members are in the park starting Tuesday, April 17, 2019 (to do a first walk through of the park) and Wednesday, April 18, 2019 as the City staff delivers the Performing Arts stage and our tent rental company begins set up of tents next to the Performing Arts Stage for performers and in front of the stage for those who will be enjoying the entertainment. They also set up tents for our 10 to 12 food vendors and for our t-shirt and poster sales venue.

Although our exhibiting artists will arrive very early on Friday, April 20, 2019 check in does not begin until the Mainsail Committee is satisfied that the booth spaces have been drawn and – most importantly – marked to indicate booth space numbers. This is usually around 1 p.m.

Having the City staff there starting early Friday has always been helpful, as they assist with parking direction – monitor entrance and exit from the park to their parking area, and troubleshoot issues within the park (e.g. electric, water and filling in holes with mulch). Activity in the park on Friday is almost as busy as on the first day of the festival as food vendors, the Junior League “Kids Create” volunteers set up their activities, and the “Young at Art” student artwork exhibit is set up in its designated area of the park. Great Explorations joined us last year with kids’ activities and Duncan McClellan DMG School Project sets up on Friday for their glass blowing demonstrations on Saturday and Sunday.

With so many moving parts on Friday, we have been grateful that in the past the City staff has been there to help us to ensure that all of our exhibiting and vendor guests are operating with care and that park rules and city regulations are followed.

The show closes at 5 pm on Sunday and we do not allow any of the artist or vendors to drive into the park (to pack up their tents) until fire safety officials and St. Pete police have confirmed that all festival guests have cleared the park and City staff give us the go-ahead to allow vehicles into the park.

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



Date Received: 7-20-18
 Check or Cash: 2034
 Application #: 63
 Packet: B
 Permit #: 24402

Event Title: Awakening Into The Sun Health & Arts Spring Fest Phone No.: 727-565-2214 Fax No.:

Entity Name: Awakening Into The Sun, Inc Federal I.D. Number: 45-4064670

Event Date(s): Sat, March 2nd - Sun, March 3rd 2019 Location: South Straub Park, Saint Petersburg, FL

Day 1 of Event:	<u>3/2/2019</u>	Time Gates Open:	<u>9:00am</u>	Ending Time:	<u>6:00pm</u>
Day 2 of Event:	<u>3/3/2019</u>	Time Gates Open:	<u>10:00am</u>	Ending Time:	<u>6:pm</u>
Day 3 of Event:	<u></u>	Time Gates Open:	<u></u>	Ending Time:	<u></u>

Application Prepared by: Maria T. Carranza Phone: 727-688-1921

Title: President and Owner Cell Phone: Same as above

Address: 6161 Dr. MLK Jr. North Suite 100 City: St. Petersburg State: FL Zip: 33703

Email Address: carranzamaite@hotmail.com

Additional Contact Person: John A. DeRugieris Day Phone:

What month/year were you incorporated as nonprofit? October, 2013

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

Name of the for-profit entity?

Describe your event with details.

Bringing health services and education to the community is a key part of our mission. This Health & Wellness Festival features a number of presentations on topics such as mental health, financial health and breast cancer prevention. Attendees have numerous opportunities to win prizes, participate in safe physical activities and learn about local resources and programs to help them improve their health.

This event offers FREE exercise classes (mostly low impact, like Yoga) are introduced to everyone, even people who have never tried them before so they get to see them, try them and experience them. Most of these exercises help develop muscle-toning, core-strengthening.

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

This event aims to help innovators and small business owners too, since it works as a Network event as well. Small business owners get to

*See next Page →
info added*

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.awakeningintothesun.org

Please provide a phone number that can be advertised to the public. 727-565-2214

What is the estimated attendance for this event? Spectators >5,000 Participants 75-80 Last Year's Total Attendance >7,500

Benefits the event will bring to St Petersburg

This event aims to help innovators and small business owners too, since it works as a Network event as well. Small business owners get to meet others, introduce their products, exchange ideas which may create new opportunities and the possibility to grow.

Awakening Into The Sun is scheduled for the first weekend of March of every year, which typically is Spring break and brings not only young but families together to have fun (all together under the sun). On March 2017 we had over 6500 visitors, last March (2018) we had about 7500.

Having an all day event with no gates allow us to keep the number of participants growing, since they can come and go as they pleased. Restaurants in the area also benefit of the event and they love it!

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:	<input type="text" value="Maria T. Carranza"/>	Title:	<input type="text" value="President - Founder"/>	Date:	<input type="text" value="7-17-2018"/>
Co-Sign:	<input type="text" value="John A. DeRugieris"/>	Title:	<input type="text" value="Co-Founder"/>	Date:	<input type="text" value="7-17-2018"/>

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/>	Public Invited	General Liability Insurance
<input checked="" type="checkbox"/>	Located in Park	Park Permit
<input checked="" type="checkbox"/>	Vending Product / Merchandise Sales	Occupational License
<input checked="" type="checkbox"/>	Vending Food / Beverage	Health Inspection
<input checked="" type="checkbox"/>	Vendors / Exhibitors	Alcohol Permit
How many?	Over 70 Vendors / Exhibitors	
<input type="checkbox"/>	Vending Beer / Wine	Additional insurance Required
<input checked="" type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	Temporary Structure Permit
How many?	Maybe	Temporary Structure Permit
<input type="checkbox"/>	Fence Installation	
What type?		
<input type="checkbox"/>	Other Structures	Temporary Structure Permit
What structure?		Fire Inspection Permit
<input checked="" type="checkbox"/>	Open Flame Food Preparation	Fireworks Permit
<input type="checkbox"/>	Pyrotechnics	Parade or Street Closure Permit(s)
<input type="checkbox"/>	Require Street Closure	
<input type="checkbox"/>	VIP Area	
<input checked="" type="checkbox"/>	Staging	
<input checked="" type="checkbox"/>	Amplified Sound	
<input checked="" type="checkbox"/>	Security	
<input checked="" type="checkbox"/>	Sanitary Facilities - Port-O-Lets	
<input type="checkbox"/>	Off-site Parking / Shuttle	
<input type="checkbox"/>	Semitruck / Tractor Trailer	
<input checked="" type="checkbox"/>	Professional	
<input type="checkbox"/>	Showmobile	
<input type="checkbox"/>	Other	
<input checked="" type="checkbox"/>	Performers	
<input type="checkbox"/>	Announcement Only	
<input checked="" type="checkbox"/>	Daytime - Private	
<input checked="" type="checkbox"/>	Overnight - Private	
<input type="checkbox"/>	Event Time Frame - SPPD	
Regular Units		
Disabled Units	2	
Hand Washing	2	

Marketing: Please check all that apply.

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

We will need the 110/20 amp (most likely we will not need anything higher) We need to make sure the department I aware of it.

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: Maria T. Carranza

Phone: 727-688-1921

Address (including zip): 6161 Dr. MLK Jr.N Suite 100 Saint Petersburg, FL 33703

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

List Vending Products. Name & Provider.

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

N/A

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

Health topics; awareness and prevention.

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

Other Comments: Please describe your fee structure.

Other comments:

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

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

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

Name: Title: Date:

**Appendix B
President or CEO
Responsible Party Information**

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Awakening Into The Sun, Inc
Name of Responsible Party (President or CEO ONLY): Maria T. Carranza
Title of Responsible Party: President/Founder
Physical Address of Responsible Party: 720 White Sand Dr. N.E. Saint Petersburg, FL 33703
Phone Number of Responsible Party: 727-688-1921
Email Address of Responsible Party: carranzamaite@hotmail.com
Nonprofit (Employee Identification Number): 45-4064670

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

MARIA T. CARRANZA

Address

720 WHITE SAND DR. N.E

City, State, Zip

ST. PETE 33703

BY EMAIL

Email Address:

carranzamaite@hotmail.com

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

DEPARTMENT OF THE TREASURY

Date:

OCT 27 2016

AWAKENING INTO THE SUN INC
2915 7TH ST NORTH
ST PETERSBURG, FL 33704-0000

Employer Identification Number:
46-4064670
DLN:
26053644003046
Contact Person:
MARILYN COLEMAN ID# 31511
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
October 31
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
May 15, 2016
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Based on the information you submitted on your application, we approved your request for retroactive reinstatement under Section 4 of Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is retroactive to your date of revocation.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar

Letter 5436

AWAKENING INTO THE SUN INC

to view Publication 4221-PC, Compliance Guide for 501(c) (3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements



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

Detail by Entity Name

Florida Not For Profit Corporation
AWAKENING INTO THE SUN, INC.

Filing Information

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

Principal Address

6161 9th St N
Suite 100
SAINT PETERSBURG, FL 33703

Changed: 02/16/2018

Mailing Address

720 White Sand Dr NE
SAINT PETERSBURG, FL 33703

Changed: 02/16/2018

Registered Agent Name & Address

Carranza, Maria
720 White Sand Drive NE
St Petersburg, FL 33703

Name Changed: 01/24/2017

Address Changed: 02/16/2018

Officer/Director Detail

Name & Address

Title PSD

CARRANZA, MARIA T
720 White Sand Drive NE
SAINT PETERSBURG, FL 33703

Title D

DERUGERIS, JOHN
720 White Sand Dr NE
SAINT PETERSBURG, FL 33703

Title Director

Carranza, Norma
720 White Sand Dr NE
SAINT PETERSBURG, FL 33703

Annual Reports

Report Year	Filed Date
2017	01/24/2017
2018	02/16/2018
2018	04/19/2018

Document Images

04/19/2018 -- AMENDED ANNUAL REPORT	View image in PDF format
02/16/2018 -- ANNUAL REPORT	View image in PDF format
01/24/2017 -- ANNUAL REPORT	View image in PDF format
04/14/2016 -- ANNUAL REPORT	View image in PDF format
07/31/2015 -- ANNUAL REPORT	View image in PDF format
04/30/2014 -- ANNUAL REPORT	View image in PDF format
10/31/2013 -- Domestic Non-Profit	View image in PDF format



Contract/Permit

Contract #: 24402
Date: 24 Jul 2018

User: JSBENNIN
Status: Firm

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

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

Purpose of Use: AWAKENING INTO THE SUN HEALTH & ARTS **Expected:** 0 **Co-Sponsored Event** **Contract Balance**
 SPRING FEST \$0.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Fri 01 Mar 19 06:00 am **Ending:** Sun 03 Mar 19 11:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
South Straub Park	Fri	01 Mar 2019	06:00 AM	\$0.00	\$400.00	\$0.00	\$400.00
Park		03 Mar 2019	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 Permit Fee	65:00	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
24 Jul 2018	\$430.00	Check	Rental	3123232

Additional Notes:

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

By: (Sign Name) _____
 (Print Name) **MARIA CARRANZA**

 AWAKENING INTO THE SUN INC
 Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Contract #: 24402
Date: 24 Jul 2018

User: JSBENNIN
Status: Firm

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

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



City of St. Petersburg

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

Receipt #: 3123232
User: JSBENNIN
Issued: Tue 24 Jul 18 10:06 am

Description	Amount
Previous Balance	\$430.00
Applied To: 24402 - AWAKENING INTO THE SUN HEALTH & ARTS SPRING FEST South Straub Park - Park March 1, 2019 6:00 am to March 3, 2019 11:00 pm	\$430.00
Payment: Check	(\$430.00)
Balance	\$0.00

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



Date Received: 7-20-18
 Check or Cash: 17034/17035
 Application #: 64
 Packet: C
 Permit #: 24413

Event Title: WUSF Public Media The Longest Table Phone No.: 800-288-0854 Fax No.: 941-556-0990
 Entity Name: University of South Florida Foundation, Inc. Federal I.D. Number: 59-0879015
 Event Date(s): April 11, 2019 Location: Bayshore Dr NE
 Day 1 of Event: 9:00 am Time Gates Open: 5:00 pm Ending Time: 11:00 pm
 Day 2 of Event: Time Gates Open: Ending Time:
 Day 3 of Event: Time Gates Open: Ending Time:
 Application Prepared by: Brian James Wiggins Phone: 800-288-0854 ext 312
 Title: Chief Event Officer Cell Phone: 941-713-4621
 Address: PO Box 20251 City: Bradenton State: FL Zip: 34204
 Email Address: brian@brianwiggins.com
 Additional Contact Person: JoAnn Urofshy Day Phone: 813-974-8622
 What month/year were you incorporated as nonprofit? September 16, 1960
 List all 501(c)3 entities that will benefit from this event. USF Foundation, Inc. for the benefit of WUSF Public Media
 Name of the for-profit entity?

Describe your event with details.

See attached event detail statement.

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

See attached event detail statement.

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

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

Please provide the website address for your event. wusf.org/longesttable

Please provide a phone number that can be advertised to the public. 800-661-0823

What is the estimated attendance for this event? Spectators Participants 1000 Last Year's Total Attendance 1200

Event Details

WUSF Public Media Presents

The Longest Table

The Longest Table, benefiting WUSF Public Media, is a dining event that showcases prix fixe menus paired with custom adult beverages from the area's finest restaurants. Diners enjoy an epicurean experience at grandly set tables right down the middle of Bayshore Drive NE in St. Petersburg. This is the fifth annual Longest Table and is a fundraising event for WUSF Public Media.

Where & When

Location:	Downtown St. Petersburg on Bayshore Drive NE from the Museum of Fine Arts to the Vinoy
Date:	Thursday, April 11, 2019 (Rain Date: Friday, April 12, 2019)
Time:	5:30 Check in – 6:15 pm Grand Toast – 6:30 pm Dinner Begins
Ticket Price:	Depends on the restaurant you choose
Attire:	Evening casual
Event Beneficiary:	WUSF Public Media

Reservations Required

Menus for each of the participating restaurants are available online at www.wusf.org/longesttable (available mid February). Please select your dining experience and reserve your seat at www.wusf.org/longesttable or by calling (800) 661-0823. Seating is limited. Guests must be 21 or older. Last day to reserve seating is April 7, 2019.

Check in and Seating

On the evening of April 11, 2019, make your way to the designated check in area starting at 5:30 pm midway between the Museum of Fine Arts and the Vinoy to pick up your tickets. From there a host or hostess will direct you to your restaurant's area.

Parking

Public parking lots and garage parking are available. Bayshore Drive NE from the Museum of Fine Arts to the Vinoy will be closed during the event. Side streets will remain open for vehicle access. Visit downtown St. Petersburg at www.stpete.org for more information.

Shopping

Downtown St. Petersburg, our host city, invites you to arrive early and explore the vibrant, charming downtown area filled with unique boutiques and galleries that make this a one-of-kind destination.

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input checked="" type="checkbox"/> Located in Park		Park Permit
<input type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input checked="" type="checkbox"/> Vending Food / Beverage		Health Inspection
<input type="checkbox"/> Vendors / Exhibitors	How many? <input style="width: 150px;" type="text"/>	
<input checked="" type="checkbox"/> Vending Beer / Wine		Alcohol Permit Additional insurance Required
<input type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <input style="width: 100px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Fence Installation	What type? <input style="width: 200px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Other Structures	What structure? <input style="width: 200px;" type="text"/>	Temporary Structure Permit
<input checked="" type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input checked="" type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input checked="" type="checkbox"/> VIP Area		
<input 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 type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD	
<input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <input style="width: 50px;" type="text"/> Disabled Units <input style="width: 50px;" type="text"/> Hand Washing <input style="width: 50px;" 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 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: Mixon & Wiggins, LLC (Brian James Wiggins) Phone: 800-288-0854

Address (including zip): PO Box 20251 Bradenton, FL 34204

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.

TBD

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

Welcome guest and provide instruction.

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

N/A

Other Comments: Please describe your fee structure.

This is a ticketed event. Reservations are highly recommended but not required.

Other comments:

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

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

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

Name:  Patricia Jones Williams Title: Chief Events Officer Date: 7/20/18

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: University of South Florida Foundation, Inc for the benefit of WUSF Public Media
Name of Responsible Party (President or CEO ONLY): JoAnn Urofsky
Title of Responsible Party:
Physical Address of Responsible Party: 4202 E Fowler TVB 100 Tampa, FL 33620
Phone Number of Responsible Party: 813-974-8622
Email Address of Responsible Party: jurofsky@wusf.org
Nonprofit (Employee Identification Number): 59-0879015

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

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

What method of invoicing would your organization prefer?

BY Mail

Contact Name
Address
City, State, Zip

BY EMAIL

Email Address: brian@brianwiggins.com

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

Name of Event: WUSF Longest Table 2019
Date(s) of Event: 4/11/2019 - 4/11/2019

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

Amount

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

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

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

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

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

Prepared by: Brian James Wiggins and Tim Smith

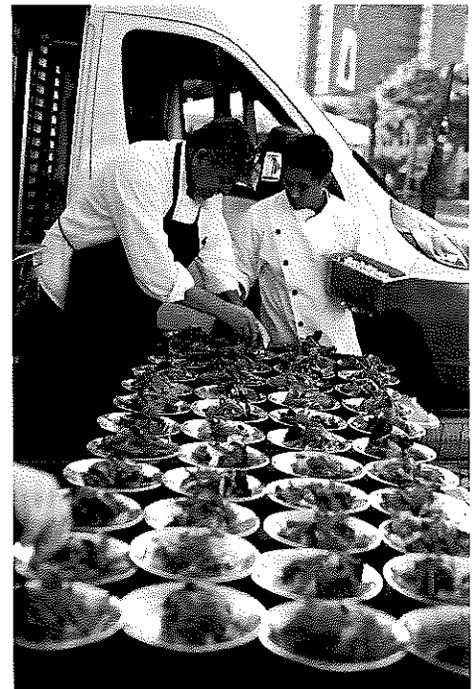


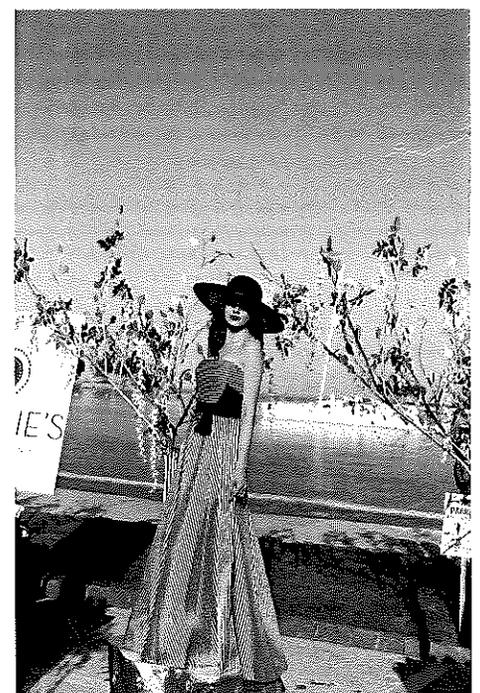
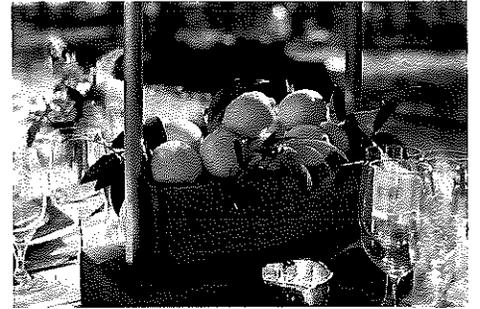
Date: 7/18/18

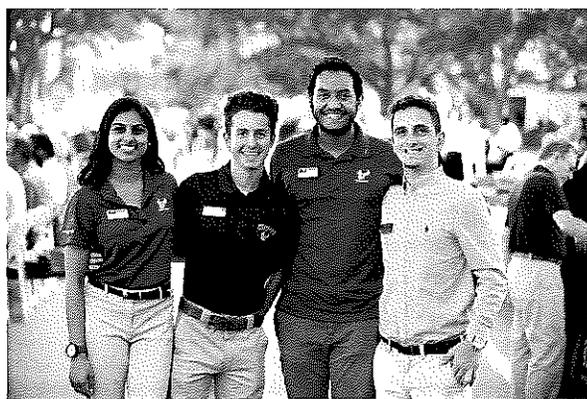
Print Application

Submit Application by Et

PHOTO'S FROM
2018 WUSF LONGEST TABLE EVENT
DOWNTOWN ST PETERSBURG, FL









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

Detail by Entity Name

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

Filing Information

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

Principal Address

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

Changed: 04/27/2009

Mailing Address

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

Changed: 04/27/2009

Registered Agent Name & Address

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

Name Changed: 08/13/2003

Address Changed: 01/06/2004

Officer/Director Detail

Name & Address

Title CHRM

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

Title P

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

Title VCHR

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

Title S

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

Title T

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

Title CFO

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

Annual Reports

Report Year	Filed Date
2016	01/20/2016
2017	01/11/2017
2018	01/23/2018

Document Images

01/23/2018 -- ANNUAL REPORT	View image in PDF format
01/11/2017 -- ANNUAL REPORT	View image in PDF format
01/20/2016 -- ANNUAL REPORT	View image in PDF format
01/16/2015 -- ANNUAL REPORT	View image in PDF format
01/07/2014 -- ANNUAL REPORT	View image in PDF format



Contract/Permit

Contract #: 24413
Date: 24 Jul 2018

User: JSBENNIN
Status: Firm

MIXON & WIGGINS LLC
 BRIAN WIGGINS
 PO BOX 20251
 BRADENTON FL 34204 USA

Primary #: (941) 556-0999
 Secondary #: ()
 Other #: ()

Purpose of Use: WUSF PUBLIC MEDIA THE LONGEST TABLE **Expected:** 1,000 **Co-Sponsored Event** **Contract Balance** \$0.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Thu 11 Apr 19 06:00 am **Ending:** Thu 11 Apr 19 11:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
North Straub Park	Thu	11 Apr 2019	06:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
Park			11:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00
Extra Fee - Bookings	Hours	Quantity	Charge	Tax
Co-Sponsored Permit Fee	17:00	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	\$230.00	\$0.00	\$0.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
24 Jul 2018	\$200.00	Check	Rental	3123816
24 Jul 2018	\$30.00	Check	Rental	3123817

Additional Notes:

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

By: (Sign Name) _____
 (Print Name) **BRIAN WIGGINS**

 MIXON & WIGGINS LLC

 Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Contract #: 24413
Date: 24 Jul 2018

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

MIXON & WIGGINS LLC
BRIAN WIGGINS
PO BOX 20251
BRADENTON, FL 34204 USA

Receipt #: 3123816
User: JSBENNIN
Issued: Tue 24 Jul 18 02:58 pm

Description	Amount
Previous Balance	\$230.00
Applied To: 24413 - WUSF PUBLIC MEDIA THE LONGEST TABLE North Straub Park - Park April 11, 2019 6:00 am to April 11, 2019 11:00 pm	\$200.00
Payment: Check	(\$200.00)
Balance	\$30.00



City of St. Petersburg

MIXON & WIGGINS LLC
BRIAN WIGGINS
PO BOX 20251
BRADENTON, FL 34204 USA

Receipt #: 3123817
User: JSBENNIN
Issued: Tue 24 Jul 18 02:58 pm

Description	Amount
Previous Balance	\$30.00
Applied To: 24413 - WUSF PUBLIC MEDIA THE LONGEST TABLE North Straub Park - Park April 11, 2019 6:00 am to April 11, 2019 11:00 pm	\$30.00
Payment: Check	(\$30.00)
Balance	\$0.00

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



Date Received: 3-20-18
 Check or Cash: _____
 Application #: 65
 Packet: C
 Permit #: 24415

Event Title: Walk For Life Phone No.: 727-216-1410 Fax No.: 727-216-1411

Entity Name: New Life Solutions Federal I.D. Number: 59-2588366

Event Date(s): May 11, 2019 Location: North Shore Park/Vinoy Park

Day 1 of Event: Saturday Time Gates Open: 6:00am Ending Time: 12:00pm

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

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

Application Prepared by: Christina Maurice Phone: 727-216-1410 ext 403

Title: Special Events Coordinator Cell Phone: 423-957-2340

Address: 1910 East Bay Drive City: Largo State: FL Zip: 33771

Email Address: christina@newlifefesolutions.org

Additional Contact Person: Gail Friedman-Barrett Day Phone: 727-216-1410 ext 400

What month/year were you incorporated as nonprofit? 1985

List all 501(c)3 entities that will benefit from this event. New Life Solutions, A Woman's Place Medical Clinic, More2Life, Passages of Hope

Name of the for-profit entity? N/a

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.
Funds raised through this event will enable the Medical Clinics to provide essential services known to be effective in decreasing maternal and infant health disparities in both pregnancy and birth for residents of Pinellas County.

Describe what economic benefit and impact this event will bring to St. Petersburg.
Participants who come from all over Pinellas County will walk in the morning and then stay downtown St. Petersburg to shop, dine, etc. afterwards.

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

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

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

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

Please provide the website address for your event. iwalkforlife.com

Please provide a phone number that can be advertised to the public. 727-216-1410

What is the estimated attendance for this event? Spectators n/a Participants 450 Last Year's Total Attendance 450



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

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

Marketing: Please check all that apply.

- | | |
|--|---|
| <input 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.

Other Comments: Please describe your fee structure.

N/a

Other comments:

N/a

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

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

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

Name: Christina Martin Title: Special Events Coordinator Date: 3-20-18



Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation:	New Life Solutions, Inc.
Name of Responsible Party (President or CEO ONLY):	Sol Pitchon
Title of Responsible Party:	President, CEO
Physical Address of Responsible Party:	1910 East Bay Drive, Largo, FL 33771
Phone Number of Responsible Party:	727-216-1402 ext 502
Email Address of Responsible Party:	sol@newlifesolutions.org
Nonprofit (Employee Identification Number):	59-2588366

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

1:42 PM

03/20/18

Accrual Basis

New Life Solutions, Inc.-Walk for Life

Profit & Loss

January through December 2017

	<u>Jan - Dec 17</u>
Ordinary Income/Expense	
Income	
4300 · Special Event Income	746,420.30
Total Income	<u>746,420.30</u>
Gross Profit	746,420.30
Expense	
5000 · Special Events-Direct Expenses	
5030 · Advertising	5,970.32
5100 · Awards and Prizes	25,817.36
5120 · Bank Service Chgs/Merchant Fees	5,529.00
5180 · Contract Services	10,755.21
5210 · Decorations	20.45
5050 · Dinner Club	6,033.36
5260 · Dues and Subscriptions	139.59
5270 · Entertainment	126.50
5810 · Equipment Rental	6,335.31
5300 · Event Fees	2,841.94
5380 · Food and Beverages	4,065.59
5400 · Honorariums	855.19
5040 · Liaison Kick Off Breakfast	4,189.33
5540 · Materials and Supplies	6,255.89
5530 · Mileage	1,016.91
5680 · Postage & Mailhouse Fees	7,859.06
5660 · Printing	10,819.35
5661 · Printing-Copier Allocation	1,673.81
5820 · Rent - Facilities	1,050.00
5185 · Video Production	5,950.28
5186 · Website Maintenance	1,271.82
Total 5000 · Special Events-Direct Expenses	<u>108,576.27</u>
Total Expense	<u>108,576.27</u>
Net Ordinary Income	<u>637,844.03</u>
Net Income	<u><u>637,844.03</u></u>



Consumer's Certificate of Exemption

DR-14
R. 10/15

Issued Pursuant to Chapter 212, Florida Statutes

85-8012666233C-6	11/30/2016	11/30/2021	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

NEW LIFE SOLUTIONS INC
1910 E BAY DR
LARGO FL 33771-2218

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



Important Information for Exempt Organizations

DR-14
R. 10/15

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



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248359979
Sep. 17, 2014 LTR 4168C 0
59-2588366 000000 00

00024751
BODC: TE

NEW LIFE SOLUTIONS INC
1910 E BAY DR
LARGO FL 33771



2801

Employer Identification Number: 59-2588366
Person to Contact: Ms. Sene
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Sep. 08, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in December 1985.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.



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

Detail by Entity Name

Florida Not For Profit Corporation
NEW LIFE SOLUTIONS, INC.

Filing Information

Document Number	N07972
FEI/EIN Number	59-2588366
Date Filed	03/05/1985
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	06/05/2014
Event Effective Date	NONE

Principal Address

1910 EAST BAY DRIVE
LARGO, FL 33771

Changed: 04/20/2007

Mailing Address

1910 EAST BAY DRIVE
LARGO, FL 33771

Changed: 04/20/2007

Registered Agent Name & Address

PITCHON, SOL
467 BRIDLE PATH WAY
TARPON SPRINGS, FL 34688

Name Changed: 04/18/2000

Address Changed: 04/20/2007

Officer/Director Detail

Name & Address

Title P

PITCHON, SOL
467 BRIDLE PATH WAY
TARPON SPRINGS, FL 34688

Title DT

STUART, RODERICK
1539 RIDGEWOOD STREET
CLEARWATER, FL 33755

Title DC

PILKINGTON, DAVID
7295 SAVOY COURT
SEMINOLE, FL 33776

Title D

CHAPMAN, TOM
9109 Silverthorn Rd
Seminole, FL 33777

Title Director

Konrad, William
3617 Town Ave
New Port Richey, FL 34655

Title Director, Second Vice Chair

Arrington, Kathy
2239 NW 82nd Terrace
Bell, FL 32619

Title Director

Shields, Stephen, Dr.
1211 Reynolds Avenue, Suite B
Clearwater, FL 33756

Title Director, Secretary

Higgins, Hugh, Esq.
3201 2nd Street N
St. Petersburg, FL 33704

Title Director, VC

Gaylord, Blake, Esq.
3935 Venetian Way
Tampa, FL 33634

Title Director

Behling, Jeremiah

14640 Bellamy Brothers Blvd
Dade City, FL 33525

Title Director

Shirley, Jody
207 Harrison Ave
Belleair Beach, FL 33786

Title Director

Ullrich, John
7641 16th Ave N
St Petersburg, FL 33710

Title Director

Weis, Josh
3853 Northdale Blvd
Ste 192
Tampa, FL 33624

Annual Reports

Report Year	Filed Date
2016	04/26/2016
2017	03/21/2017
2018	03/28/2018

Document Images

03/28/2018 -- ANNUAL REPORT	View image in PDF format
03/21/2017 -- ANNUAL REPORT	View image in PDF format
04/26/2016 -- ANNUAL REPORT	View image in PDF format
04/23/2015 -- ANNUAL REPORT	View image in PDF format
09/03/2014 -- AMENDED ANNUAL REPORT	View image in PDF format
06/05/2014 -- Name Change	View image in PDF format
04/21/2014 -- ANNUAL REPORT	View image in PDF format
04/24/2013 -- ANNUAL REPORT	View image in PDF format
04/19/2012 -- ANNUAL REPORT	View image in PDF format
04/20/2011 -- ANNUAL REPORT	View image in PDF format
04/22/2010 -- ANNUAL REPORT	View image in PDF format
04/21/2009 -- ANNUAL REPORT	View image in PDF format
04/18/2008 -- ANNUAL REPORT	View image in PDF format
04/20/2007 -- ANNUAL REPORT	View image in PDF format
04/24/2006 -- ANNUAL REPORT	View image in PDF format
03/31/2005 -- ANNUAL REPORT	View image in PDF format
04/23/2004 -- ANNUAL REPORT	View image in PDF format
05/01/2003 -- ANNUAL REPORT	View image in PDF format
04/04/2002 -- ANNUAL REPORT	View image in PDF format
01/25/2001 -- ANNUAL REPORT	View image in PDF format
04/18/2000 -- ANNUAL REPORT	View image in PDF format



Contract/Permit

Contract #: 24415
Date: 24 Jul 2018

User: JSBENNIN
Status: Firm

NEW LIFE SOLUTIONS INC
 GAIL FRIEDMAN-BARRETT
 1910 EAST BAY DR
 LARGO FL 33771 USA

Primary #: (727) 216-1410
 Secondary #: ()
 Other #: ()

Purpose of Use: WALK FOR LIFE

Expected: 500

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 11 May 19 06:00 am

Ending: Sat 11 May 19 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Sat	11 May 2019	06:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
Vinoy Park			09:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00
Extra Fee - Bookings				
Co-Sponsored Permit Fee	1	\$200.00	\$0.00	\$200.00
	1	\$200.00	\$0.00	\$200.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$230.00	\$0.00	\$230.00	\$0.00	\$0.00	\$230.00	\$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) **GAIL FRIEDMAN-BARRETT**

 NEW LIFE SOLUTIONS 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 #: 24415
Date: 24 Jul 2018

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

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

Receipt #: 3123732
User: JSBENNIN
Issued: Tue 24 Jul 18 02:18 pm

Description	Amount
Previous Balance	\$330.00
Applied To: 24292 - REBELUTION Vinoy Park - Vinoy Park August 12, 2019 6:00 am to August 20, 2019 11:00 pm	\$330.00
Payment: Check	(\$330.00)
Balance	\$0.00



Contract/Permit

Contract #: 24292
Date: 12 Jul 2018

User: JSBENNIN
Status: Firm

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

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

Purpose of Use: REBELUTION

Expected:
7,000

Co-Sponsored Event

Contract Balance
\$0.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Mon 12 Aug 19 06:00 am

Ending: Tue 20 Aug 19 11:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Mon	12 Aug 2019	06:00 AM	\$0.00	\$300.00	\$0.00	\$300.00
Vinoy Park		20 Aug 2019	11:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total	
Co-Sponsored Application Fee	1	\$300.00	\$0.00	\$300.00	
				\$300.00	
Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Permit Fee (Vinoy)	209:00	1	\$300.00	\$0.00	\$300.00
				\$0.00	\$300.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$330.00	\$0.00	\$330.00	\$0.00	\$330.00	\$0.00	\$0.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
24 Jul 2018	\$330.00	Check	Rental	3123732

Additional Notes:

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

By: (Sign Name) _____

(Print Name) **GAETANO RIFUGIATO**

WE ARE CONCERTS LLC

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name): _____

Parks and Recreation Superintendent

(Print Name) _____

Parks and Recreation Department

Contract #: 24292
Date: 12 Jul 2018

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
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION**



Date Received: 7-20-13
 Check or Cash: _____
 Application #: 66
 Packet: A
 Permit #: 24416

Event Title: Gulf to Bay - Themed monthly events Phone No.: 813-720-8060 Fax No.: _____

Entity Name: Gulf to Bay Food Truck Association Federal I.D. Number: 46-4784426

Event Date(s): Every 3rd Friday Feb-Nov, July 27, Dec date// Location: Varies by month, Albert Whitted, North Straub, Skyway,

Day 1 of Event: _____ Time Gates Open: 6pm Ending Time: 11pm

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

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

Application Prepared by: Beata Browne Phone: 609-672-8726

Title: Treasurer Cell Phone: _____

Address: 2305 S. Thixton Ct. City: Tampa State: FL Zip: 33629

Email Address: gulftobayfta@gmail.com

Additional Contact Person: Maggie Loflin Day Phone: 727-667-7001

What month/year were you incorporated as nonprofit? 01/27/2014

List all 501(c)3 entities that will benefit from this event. Gulf to Bay Food Truck Association

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.

Food truck events always bring a great sense of community as well as fun. They bring many different types of people all together for an evening of fun and food. St. Pete already has a great image of being on the cutting edge and more "in tune" to what the public seeks and this just helps add to the repertoire of that image.

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

Benefits include creating a wonderful free community event for all ages to enjoy. We also will be utilizing small businesses in the St. Pete area including but not limited to, local ice company, local alcohol delivery, local table and chair rental company and more. We employ city staff (police and parks and rec) which brings additional revenue to the city workers.

We will have at least half of the food trucks who are from St. Pete, as well as additional staff hired for the day to work the event local to the St. Pete area. We are the epitome of eat local.

Some attendees may not be from St. Pete but may come just for the occasion of participating in the event and may then filter out and go into other businesses in the area, to continue celebrating all things local, so it will help with additional revenue to all the surrounding businesses.

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

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

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

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

Please provide the website address for your event. FB: https://www.facebook.com/events/1858715594391995/?

Please provide a phone number that can be advertised to the public. 813-720-7060

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

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

Recreation Equipment

Showmobile (Yes/No)

no

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

Tables (6 ft) # needed

10

Chairs # needed

50

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: Beata Browne

Title: Treasurer

Date: 7/5/18

Co-Sign: Maggie Loflin

Title: President

Date: 7/5/18

- 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 checked="" 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 | How many? <input type="text"/> | Additional insurance Required |
| <input checked="" 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 | | Temporary Structure Permit |
| <input type="checkbox"/> Pyrotechnics | | Fire Inspection Permit |
| <input type="checkbox"/> Require Street Closure | | Fireworks Permit |
| <input type="checkbox"/> VIP Area | | Parade or Street Closure Permit(s) |
| <input checked="" type="checkbox"/> Staging | <input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other | |
| <input type="checkbox"/> Amplified Sound | <input type="checkbox"/> Performers <input type="checkbox"/> Announcement Only | |
| <input checked="" type="checkbox"/> Security | <input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD | |
| <input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets | Regular Units <input type="text" value="7"/> Disabled Units <input type="text" value="2"/> Hand Washing <input type="text" value="2"/> | |
| <input checked="" 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 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.

Live Band, one stage

List Vending Products. Name & Provider.

NA

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

We will carry our own liquor license for the event.

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

NA

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

We will need parking for the attendees when the event is located in Albert Whitted park . We will need to have the park area block off as early as possible, on the day of the event until the crowds disperse at the end of the event at 11pm.

Other Comments: Please describe your fee structure.

Fee structure is based on providing additional events for our Members. We do not profit from the event instead use funds to pay for each event and future events where there is less alcohol revenue and sponsor monies coming in.

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:	Gulf to Bay Food Truck Association
Name of Responsible Party (President or CEO ONLY):	Maggie Loflin
Title of Responsible Party:	President
Physical Address of Responsible Party:	8201 37th Avenue N, St. Petersburg, FL 33710
Phone Number of Responsible Party:	813-720-8060
Email Address of Responsible Party:	gulftobayfta@gmail.com
Nonprofit (Employee Identification Number):	46-4784426

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: Gulf to Bay Food Truck Events
 Date(s) of Event: 2018 monthly date -

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

total revenue varies from event to event

II. EXPENSES (attach sheet if more space is needed)		
1.	All City Rentals (Tables, Chairs, Stage, Lighting, power sources)	Varies
2.	Port o Johns	Varies
3.	Alcohol	Varies
4.	Additional staff	Varies
5.	Entertainment	Varies
6.	Misc.	Varies
7.	Advertising	Varies
8.	City of St. Pete parks staff and police	Varies
9.		
10.		
11.		
12.		total expenses range \$8-10k
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: Beata Browne Date: 7/5/2018



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

Detail by Entity Name

Florida Not For Profit Corporation

GULF TO BAY FOOD TRUCK ASSOCIATION INC.

Filing Information

Document Number N14000001027
FEI/EIN Number 46-4784426
Date Filed 01/27/2014
State FL
Status ACTIVE

Principal Address

2305 S. Thixton Ct.
Tampa, FL 33629

Changed: 01/15/2018

Mailing Address

2305 S. Thixton Ct.
Tampa, FL 33629

Changed: 01/15/2018

Registered Agent Name & Address

Browne, Beata M
2305 S. Thixton Ct.
Tampa, FL 33629

Name Changed: 01/15/2018

Address Changed: 01/15/2018

Officer/Director Detail

Name & Address

Title President

LOFLIN, MARGARET R
7101 BURLINGTON AVE N
ST. PETERSBURG, FL 33710

Title VP

Solgot, Steven

2305 S. Thixton Ct
Tampa, FL 33629

Title Treasurer

Browne, Beata M
2305 S Thixton Ct
Tampa, FL 33629

Annual Reports

Report Year	Filed Date
2016	04/28/2016
2017	01/10/2017
2018	01/15/2018

Document Images

01/15/2018 -- ANNUAL REPORT	View image in PDF format
01/10/2017 -- ANNUAL REPORT	View image in PDF format
04/28/2016 -- ANNUAL REPORT	View image in PDF format
04/22/2015 -- ANNUAL REPORT	View Image in PDF format
01/27/2014 -- Domestic Non-Profit	View image in PDF format



Contract/Permit

Contract #: 24416
Date: 24 Jul 2018

User: JSBENNIN
Status: Firm

GULF TO BAY FOOD TRUCK ASSOCIATION INC
 BEATA BROWNE
 8201 37TH AVE N
 ST PETERSBURG FL 33710 USA

Primary #: (602) 672-8272
 Secondary #: (727)
 Other #: ()

Purpose of Use: GULF TO BAY FOOD TRUCK RALLY **Expected:** 0 **Co-Sponsored Event** **Contract Balance**
 \$630.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Fri 19 Oct 18 06:00 am **Ending:** Fri 20 Sep 19 11:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Fri	19 Oct 2018	06:00 AM 11:00 PM	\$0.00	\$600.00	\$0.00	\$600.00
Albert Whitted Park	Fri	21 Dec 2018	06:00 AM 11:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Albert Whitted Park	Fri	18 Jan 2019	06:00 AM 11:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Albert Whitted Park	Fri	15 Feb 2019	06:00 AM 11:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Albert Whitted Park	Fri	15 Mar 2019	06:00 AM 11:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Albert Whitted Park	Fri	19 Apr 2019	06:00 AM 11:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Albert Whitted Park	Fri	21 Jun 2019	06:00 AM 11:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Albert Whitted Park	Fri	19 Jul 2019	06:00 AM 11:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Albert Whitted Park	Fri	16 Aug 2019	06:00 AM 11:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Albert Whitted Park	Fri	20 Sep 2019	06:00 AM 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 Permit Fee	17:00	3	\$600.00	\$0.00
		3	\$600.00	\$0.00

Charges:

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

Balance of rental due and payable immediately.

Contract #: 24416
Date: 24 Jul 2018

User: JSBENNIN
Status: Firm

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) **BEATA BROWNE**

GULF TO BAY FOOD TRUCK ASSOCIATION INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) _____

Parks and Recreation Superintendent

(Print Name) _____

Parks and Recreation Department

Supervisor II / Foreman

Approved or Rejected

Date: _____

Manager

Approved or Rejected

Date: _____

Manager

Approved or Rejected

Date: _____

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

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



Date Received: 7-23-18
 Check or Cash: _____
 Application #: 67
 Packet: C
 Permit #: 24418

Event Title: St. Pete Earth Day Phone No.: 813-505-3061 Fax No.: None

Entity Name: Chart 411, Inc. Federal I.D. Number: 45-5338192

Event Date(s): April 20, 2019 or 4-13-18 Location: Historic Williams Park

Day 1 of Event: April 20, 2019 Time Gates Open: 10:00 AM Ending Time: 5:00 PM

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

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

Application Prepared by: Lucinda Johnston Phone: 813-505-3061

Title: Executive Director Cell Phone: 813-505-3061

Address: 1017 9th Ave N City: St Petersburg State: FL Zip: 33705

Email Address: ljohnston@chart411.com

Additional Contact Person: Howard Johnston Day Phone: 813-240-2620

What month/year were you incorporated as nonprofit? 05/2012

List all 501(c)3 entities that will benefit from this event. Multiple nonprofits that are able to participate for a small fee or free of charge.

Name of the for-profit entity? Too many to list

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

Earth Day is the largest civic celebration in the world, involving more than a billion people in 200 countries. As Florida's first "green city," it is fitting that St. Petersburg celebrate its commitment to sustainability, showcase its own accomplishments in environmental stewardship, and continue to educate the public about sustainable living. This event also features healthy, outdoor activity, including a "Go Outside and Play" area that is linked to the city's Parks and Recreation Department and Healthy St. Pete initiatives. St. Petersburg's Earth Day combines recreation, education, and earth-friendly businesses in order to model an integrated approach to green living in a beautiful outdoor setting.

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

The 2018 Earth Day celebration in Williams Park involved more than 160 exhibitors, businesses, nonprofits, food vendors, and advocacy and service groups. Fees are kept low to encourage small businesses and eco-friendly start ups to promote their goods and services to a large audience of committed consumers; nonprofits pay little or nothing to participate. Local artists, musicians, and makers also demonstrated their arts or crafts on the stage or in exhibit booths, thereby introducing St. Petersburg's rich talent pool to attendees. The attendees filled parking garages, used ride share and the public transportation system (some for the first time), and patronized the businesses surrounding Williams Park. The organizers also use multiple local services, such as restaurant suppliers, sanitary services, and rental companies. The 2019 celebration is expected to be equally large and produce similar, productive economic activity.

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.earthdaysp.com

Please provide a phone number that can be advertised to the public. 813-505-3061

What is the estimated attendance for this event? Spectators _____ Participants 2500 Last Year's Total Attendance 2500

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

Recreation Equipment

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

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
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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:	Executive Director	Date:	7/18/2018
Co-Sign:		Title:	Chair, Board of Trustees	Date:	7/18/2018

- 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"/> | | |
| <input type="checkbox"/> Vending Beer / Wine | | | Alcohol Permit 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 checked="" type="checkbox"/> Other Structures | What structure? <input type="text" value="Possibly a tiny house"/> | | 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 checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets | Regular Units <input type="text" value="4"/> Disabled Units <input type="text" value="2"/> Hand Washing <input type="text" value="2"/> | | |
| <input type="checkbox"/> Off-site Parking / Shuttle | | | |
| <input type="checkbox"/> Semitruck / Tractor Trailer | | | |

Marketing: Please check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Invitations | <input type="checkbox"/> Radio |
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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.

None

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.

Folk or Bluegrass

List Vending Products. Name & Provider.

Artists
Food Products
Plants
Green Living Products

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.

Some presentations will be made on the topic of green living and sustainability

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

A very limited number of vendors may need to drive into the park. Almost all loading/unloading will be done on perimeter of park. We are super careful about the park's grass and plants, and any vendors who have not acted responsibly in the past are not invited back for 2019.

Other Comments: Please describe your fee structure.

Vendors are charged a fee of \$125-150
Food vendors are charged a fee of \$200-250
Nonprofits will pay no more than \$50, and most will be granted a waiver.

Other comments:

Thanks for all of your help with the past, very successful Earth Day celebrations!

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

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

Name:

Puencade Johnson

Title:

Executive Director

Date:

7/18/2018

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- * 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:	Chart 411, Inc.
Name of Responsible Party (President or CEO ONLY):	Howard Johnston 
Title of Responsible Party:	Chair, Board of Trustees
Physical Address of Responsible Party:	348 11th Ave NE, St. Petersburg, FL 33701
Phone Number of Responsible Party:	813-240-2620
Email Address of Responsible Party:	howard@chart411.com (please copy ljohnston@chart411.com)
Nonprofit (Employee Identification Number):	45-5338192

Name of the For-profit Corporation:	None
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. Vendor Fees	\$6,450.00
2. Sponsor John Powell	\$1,000.00
3. Sponsor USF College of Marine Science	\$1,000.00
4. Sponsor Gapirilla Realty	\$500.00
5. Sponsor Howard and Lucinda Johnston	\$1,000.00
6. General Fund, Chart 411, LLC	\$1,231.00
7.	
8.	
TOTAL GROSS REVENUE	\$11,181.00

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

1. A detailed itemized list follows this page and totals:	\$11,181.00
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	\$11,181.00
TOTAL NET INCOME	\$0.00

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

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

Prepared by:

Date:

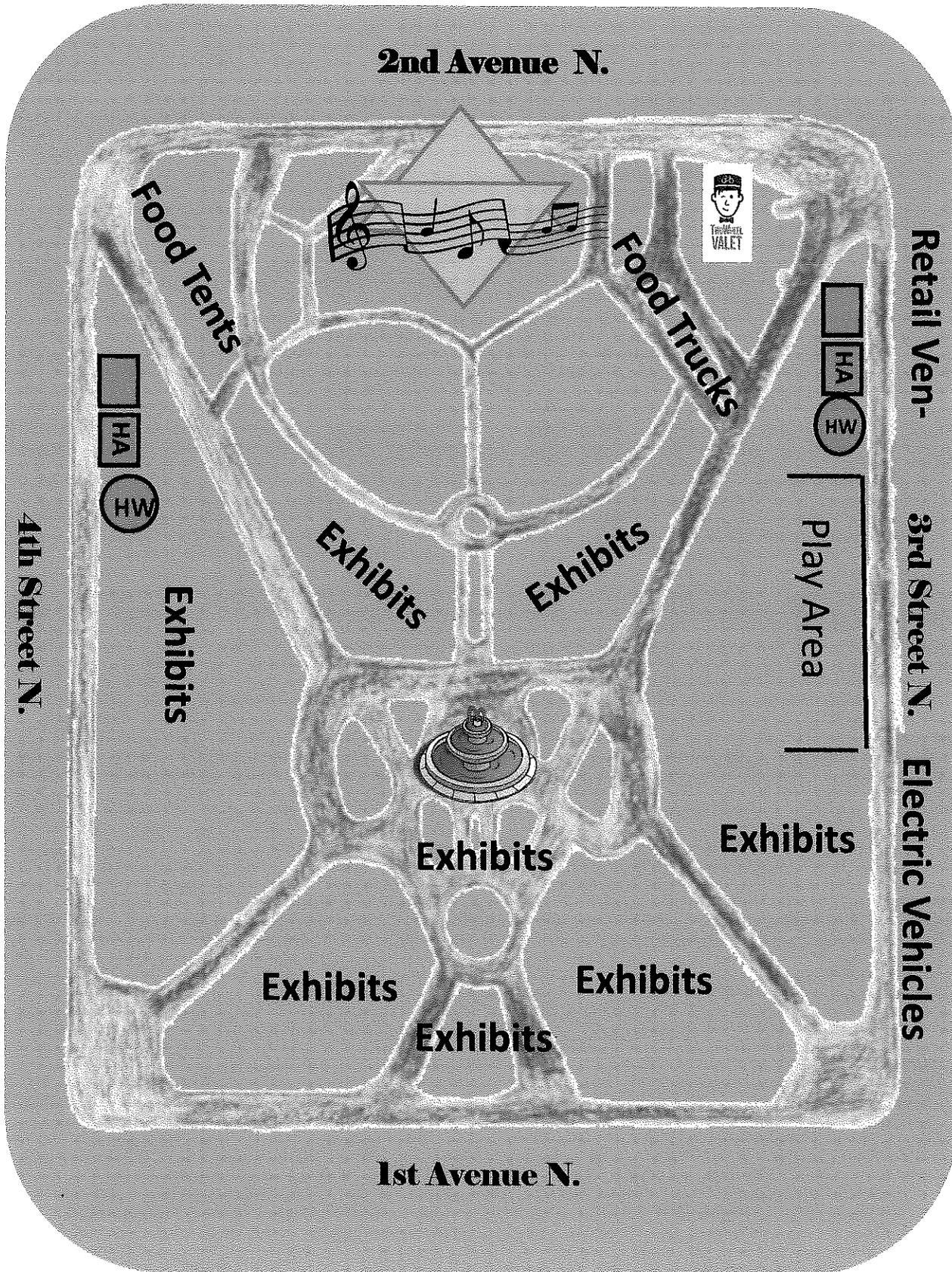
Print Application

Submit Application by Email

Expenditures, St Pete Earth Day 2018

<u>Item</u>	<u>Amount</u>
Credit Card Fees	207
Reusable Bottles	935
Reusable Tumblers	313
Reusable Shopping Bags	1,300
Sanitation	575
Suncoast Compost Waste Management	1,000
Rental Tables, Chairs, etc.	635
Poster Design Local Artist	250
Advertising	2,650
Bike Valet	300
Paid assistants	150
Stage Decorations	290
DJ	500
Insurance	572
T-shirts	647
Banners	357
Ice	<u>250</u>
Total	<u>\$11,181</u>

St Pete Earth Day 2018



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

DEPARTMENT OF THE TREASURY

Date: **OCT 30 2012**

CHART 411 INC
C/O CHART 411
1201 N RIVERHILLS DR
TAMPA, FL 33617

Employer Identification Number:
45-5338192
DLN:
17053250371002
Contact Person:
RENEE RAILEY NORTON ID# 31172
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
May 17, 2012
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

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

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

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

Letter 947 (DO/CG)

CHART 411 INC

Sincerely,

A handwritten signature in black ink that reads "Holly O. Paz". The signature is written in a cursive style with a large, looped "H" and "P".

Holly O. Paz
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

Certificate of Status

I certify from the records of this office that CHART 411, INC. is a corporation organized under the laws of the State of Florida, filed electronically on May 17, 2012, effective May 20, 2012.

The document number of this corporation is N12000004982.

I further certify that said corporation has paid all fees due this office through December 31, 2012, and its status is active.

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

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 120517120908-000235245980#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Seventeenth day of May, 2012



Ken Detzner
Ken Detzner
Secretary of State

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000004982

Entity Name: CHART 411, INC.

Current Principal Place of Business:

1017 9TH AVE N.
ST. PETERSBURG, FL 33705

Current Mailing Address:

1017 9TH AVE N
ST. PETERSBURG, FL 33705 US

FEI Number: 45-5338192

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSTON, LUCINDA L
348 11TH AVE NE
ST. PETERSBURG, FL 33701 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C/D
Name JOHNSTON, HOWARD
Address 348 11TH AVE NE
City-State-Zip: ST. PETERSBURG FL 33701

Title ED
Name JOHNSTON, LUCINDA L
Address 111 SECOND AVE NE
SUITE 325
City-State-Zip: ST. PETERSBURG FL 33701

Title D
Name HANSFORD, GENEVA
Address 73 W MAIN STREET
City-State-Zip: LAKELAND GA 31635

Title DIRECTOR
Name DIXON, CHRISTOPHER R
Address 644 4TH AVE S.
#6
City-State-Zip: ST PETERSBURG FL 33701

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LUCINDA JOHNSTON

EXECUTIVE DIRECTOR

04/27/2018

Electronic Signature of Signing Officer/Director Detail

Date



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

Detail by Entity Name

Florida Not For Profit Corporation

CHART 411, INC.

Filing Information

Document Number N12000004982
FEI/EIN Number 45-5338192
Date Filed 05/17/2012
Effective Date 05/20/2012
State FL
Status ACTIVE
Last Event AMENDMENT
Event Date Filed 07/17/2012
Event Effective Date NONE

Principal Address

1017 9th Ave N.
 St. Petersburg, FL 33705

Changed: 03/31/2016

Mailing Address

1017 9th Ave N
 St. Petersburg, FL 33705

Changed: 03/31/2016

Registered Agent Name & Address

JOHNSTON, LUCINDA L
 348 11th Ave NE
 St. Petersburg, FL 33701

Address Changed: 04/30/2015

Officer/Director Detail

Name & Address

Title C/D

JOHNSTON, HOWARD
 348 11th Ave NE
 St. Petersburg, FL 33701

Title ED

JOHNSTON, LUCINDA L
 111 Second Ave NE
 Suite 325
 St. Petersburg, FL 33701

Title D

Hansford, Geneva
 73 W Main Street
 Lakeland, GA 31635

Title Director

Dixon, Christopher R
 644 4th Ave S.
 #6
 St Petersburg, FL 33701

Annual Reports

Report Year	Filed Date
2016	03/31/2016
2017	04/26/2017
2018	04/27/2018

Document Images

04/27/2018 -- ANNUAL REPORT	View image in PDF format
04/26/2017 -- ANNUAL REPORT	View image in PDF format
03/31/2016 -- ANNUAL REPORT	View image in PDF format
04/30/2015 -- ANNUAL REPORT	View image in PDF format
03/31/2014 -- ANNUAL REPORT	View image in PDF format
04/30/2013 -- ANNUAL REPORT	View image in PDF format
07/17/2012 -- Amendment	View image in PDF format
05/17/2012 -- Domestic Non-Profit	View image in PDF format



Contract/Permit

Contract #: 24418
Date: 24 Jul 2018

User: JSBENNIN
Status: Firm

CHART 411
 LUCINDA JOHNSTON
 1017 9TH AVE N
 ST PETERSBURG FL 33701 USA

Primary #: (813) 505-3061
 Secondary #: (727)
 Other #: ()

Purpose of Use: ST. PETE EARTH DAY

Expected:
3,000

Co-Sponsored Event

Contract Balance
\$230.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Fri 12 Apr 19 06:00 am

Ending: Sun 14 Apr 19 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Williams Park	Fri	12 Apr 2019	06:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
Park		14 Apr 2019	09:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total	
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00	
				\$30.00	
Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Permit Fee	63:00	1	\$200.00	\$0.00	\$200.00
		1	\$200.00	\$0.00	\$200.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$230.00	\$0.00	\$230.00	\$0.00	\$0.00	\$230.00	\$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) **LUCINDA JOHNSTON**
 CHART 411
 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 #: 24418
Date: 24 Jul 2018

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.

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 50 Chairs # needed 50
Public Address System Yes
of portable risers needed (4 in. x 8 in. x 16 in. sections) 4

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

New, Two(2) Inflatable

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	Alcohol Permit
<input type="checkbox"/>	Vending Beer / Wine	Additional insurance Required
<input checked="" type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	Temporary Structure Permit
<input type="checkbox"/>	Fence Installation	Temporary Structure Permit
<input type="checkbox"/>	Other Structures	Temporary Structure Permit
<input type="checkbox"/>	Open Flame Food Preparation	Fire Inspection Permit
<input type="checkbox"/>	Pyrotechnics	Fireworks Permit
<input 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"/>	Amplified Sound	
<input checked="" type="checkbox"/>	Security	
<input type="checkbox"/>	Sanitary Facilities - Port-O-Lets	
<input type="checkbox"/>	Off-site Parking / Shuttle	
<input type="checkbox"/>	Semitruck / Tractor Trailer	
	How many? <input type="text"/>	
	How many? <input type="text"/>	
	What type? <input type="text"/>	
	What structure? <input type="text"/>	
	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
	<input type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD	
	Regular Units <input type="text"/> Disabled Units <input type="text"/> Hand Washing <input type="text"/>	

Marketing: Please check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Invitations | <input 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

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

Name: Phone:

Address (including zip):

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

List Vending Products. Name & Provider.

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

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

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

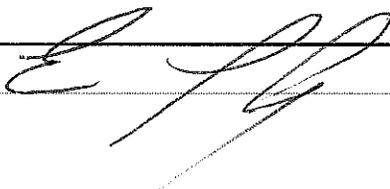
Other Comments: Please describe your fee structure.

Other comments:

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

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

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

Name:  Title: *President* Date: *7-5-18*

Appendix A

Co-Sponsored Event Park Fee Structure

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

**Appendix B
President or CEO
Responsible Party Information**

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation:	Friends of Johnson Branch Library, Inc.
Name of Responsible Party (President or CEO ONLY):	Ernie L. Coney
Title of Responsible Party:	President
Physical Address of Responsible Party:	2526 - 67th Ave. So, St. Petersburg, FL 33712
Phone Number of Responsible Party:	727-459-9500
Email Address of Responsible Party:	allrise777@hotmail.com
Nonprofit (Employee Identification Number):	59-3035195

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	Friends of Johnson Branch Library, Inc.
Address	P. O. Box 1061
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:

Date(s) of Event: -

*See attached
Page*

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

Amount

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

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

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

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

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

Prepared by:

Date:

[Print Application](#)

[Submit Application by Email](#)

James Weldon Johnson Literacy Festival

Budget 2019

City of St. Peterburg Co- sponsorship application	\$30.00
Park Permitt	\$30.00
Enoch Davis Center Rental	\$150.00
Parade Permitt	\$30.00
Flyer	\$ 210.00
T – shirts	\$ 900.00
Pencils	\$85.00
Insurance	\$400.00
Stage	\$728. 65
Tent	\$200.00
Book purchase	\$ 200.00
Braclets/ Armbands	\$150.00
Food Supplies	\$ 110.00
Gift Cards	\$160.00
Equipment rented from City	\$ 1700.00
Total Cost	\$5083.65



Application for Facility Use
Parks and Recreation Department
 1400 19th Street North • St. Petersburg, FL 33713
 (727) 893-7441

Receipt of the application is not a guarantee of facility use. Application will not be finalized until approved and executed by the Parks and Recreation Superintendent or designee.

Today's Date 6/25/2018

Name of Applicant Kevin William Johnson
First Middle Last

Organization (if applicable) Friends of Johnson Branch Library Inc.
All paperwork, including refunds, will be made out in the organization's name.

Is your Organization tax exempt? Yes No If yes, please attach a copy.

Address P.O. Box 1061

City St. Petersburg State FL Zip Code 33731-1061

Phone numbers Main 227-328-4003 Cell 727-342-2235
 Work 328-4003 Fax _____

Email Address KevinJohnson537@yahoo.com

Secondary Contact Ernie Concy Phone 727-459-9500

Event Details

Type of City Facility Park Center Field Pool

Name of Complex Park area behind Enuch Davis Center and Johnson Community Library

Name of Facility _____

Event Name James Weldon Johnson Literacy Festival Estimated Attendance 500

Event Description
The James Weldon Johnson Literacy Festival will promote promote and read in the community and promote the James Weldon Johnson Community Library

Special requests or additional information

Event Dates and Times

Day of Week	Date (mm/dd/yy) Please include all setup & takedown time.	Start Time	End Time
Sunday		am/pm	am/pm
Monday		am/pm	am/pm
Tuesday		am/pm	am/pm
Wednesday		am/pm	am/pm
Thursday		am/pm	am/pm
Friday		10:00 am/pm	4:00 am/pm
Saturday	<u>Saturday March 16, 2019</u>	am/pm	am/pm

Dates to be excluded or further details regarding times



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

Detail by Entity Name

Florida Not For Profit Corporation
 FRIENDS OF JOHNSON BRANCH LIBRARY, INC.

Filing Information

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

Principal Address

1059 18 AVE SOUTH
 SAINT PETERSBURG, FL 33701

Changed: 05/05/2003

Mailing Address

PO BOX 1061
 ST. PETERSBURG, FL 33731

Changed: 04/24/2012

Registered Agent Name & Address

CONEY, ERNIE
 2526 67TH AVE SOUTH
 SAINT PETERSBURG, FL 33712

Name Changed: 05/01/2002

Address Changed: 05/01/2002

Officer/Director Detail

Name & Address

Title P

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

Title S

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

Title T

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

Title VP

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

Annual Reports

Report Year	Filed Date
2016	03/08/2016
2017	04/25/2017
2018	04/29/2018

Document Images

04/29/2018 -- ANNUAL REPORT	View image in PDF format
04/25/2017 -- ANNUAL REPORT	View image in PDF format
03/08/2016 -- ANNUAL REPORT	View image in PDF format
03/17/2015 -- ANNUAL REPORT	View image in PDF format
01/09/2014 -- ANNUAL REPORT	View image in PDF format
05/20/2013 -- ANNUAL REPORT	View image in PDF format
04/24/2012 -- ANNUAL REPORT	View image in PDF format
04/23/2011 -- ANNUAL REPORT	View image in PDF format
05/05/2010 -- ANNUAL REPORT	View image in PDF format
04/30/2009 -- ANNUAL REPORT	View image in PDF format
04/28/2008 -- ANNUAL REPORT	View image in PDF format
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05/16/1997 -- ANNUAL REPORT	View image in PDF format
07/31/1996 -- ANNUAL REPORT	View image in PDF format
02/06/1995 -- ANNUAL REPORT	View image in PDF format



Contract/Permit

Contract #: 24452
Date: 27 Jul 2018

User: tdskirch
Status: Firm

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

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

Purpose of Use: James Weldon Johnson Literacy Festival **Expected:** 0 **Co-Sponsored Event**

Contract Balance
\$0.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Sat 16 Mar 19 06:00 am **Ending:** Sat 16 Mar 19 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Enoch Davis Park	Sat	16 Mar 2019	06:00 AM	\$0.00	\$30.00	\$0.00	\$30.00
Park			09:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00
Extra Fee - Bookings	Hours	Quantity	Charge	Tax
Application Processing Fee - Parks	15:00	1	\$30.00	\$0.00
		1	\$30.00	\$0.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$60.00	\$0.00	\$60.00	\$0.00	\$60.00	\$0.00	\$0.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
27 Jul 2018	\$30.00	Check	Rental	3126837
27 Jul 2018	\$30.00	Check	Rental	3126842

Additional Notes:

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

By: (Sign Name) _____
 (Print Name) **KEVIN JOHNSON**
 FRIENDS OF JOHNSON BRANCH LIBRARY INC
 Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Contract #: 24452
Date: 27 Jul 2018

User: tdskirch
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

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

Receipt #: 3126837
User: tdskirch
Issued: Fri 27 Jul 18 02:04 pm

Description	Amount
Previous Balance	\$60.00
Applied To: 24452 - James Weldon Johnson Literacy Festival Enoch Davis Park - Park March 16, 2019 6:00 am to March 16, 2019 9:00 pm	\$30.00
Payment: Check	(\$30.00)
Balance	\$30.00



City of St. Petersburg

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

Receipt #: 3126842
User: tdskirch
Issued: Fri 27 Jul 18 02:05 pm

Description	Amount
Previous Balance	\$30.00
Applied To: 24452 - James Weldon Johnson Literacy Festival Enoch Davis Park - Park March 16, 2019 6:00 am to March 16, 2019 9:00 pm	\$30.00
Payment: Check	(\$30.00)
Balance	\$0.00

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



Date Received: 5/4/18
 Check or Cash: 9303
 Application #: 69
 Packet: B
 Permit #: 24451

Event Title: Inaugural St. Petersburg Distance Classic Phone No.: 727 468-9196 Fax No.:
 Entity Name: WaterCross International, Inc. / Running Starfish Foundation, Inc Federal I.D. Number: 59-3057632 / 46-4481962
 Event Date(s): Sunday, February 10, 2019 Location: Start/Finish at Albert Whitted Park, downtown roads
 Day 1 of Event: February 10 Time Gates Open: 5:30 am Ending Time: 2:00 pm
 Day 2 of Event: Time Gates Open: Ending Time:
 Day 3 of Event: Time Gates Open: Ending Time:
 Application Prepared by: Chris Lauber Phone: 727 468-9196
 Title: President / Race Director Cell Phone: 727 468-9196
 Address: 6161 7th Avenue N. City: St. Petersburg State: FL Zip: 33710
 Email Address: FLRoadRaces@aol.com
 Additional Contact Person: Day Phone:

What month/year were you incorporated as nonprofit? WaterCross: March 1991 / Starfish: December 2013
 List all 501(c)3 entities that will benefit from this event. Multiple non-profits to be determined thru our Running Starfish Foundation
 Name of the for-profit entity? WaterCross International, Inc. dba Florida Road Races

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

The St. Petersburg Distance Classic will consist of 3 timed running events: marathon, half marathon, and 5K Race and Walk, along with an Expo on Saturday, February 9 and during the races on Sunday, February 10. The St. Petersburg Marathon will be just one of two marathons staged in the Tampa Bay area.

The St. Petersburg Distance Classic will promote a healthy, active lifestyle, while showcasing our city's gorgeous waterfront, generating a positive economic impact for our tourism industry, and funding for small, local non-profits. This event will demonstrate our community's vitality, while providing runners another long distance event to enjoy, and may generate statewide and national publicity. Local businesses and organizations will be invited to participate in a number of different ways.

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

While direct economic benefit will initially be relatively modest, we have an established history in growing events. As this race progresses, we will generate increased economic benefits and widespread publicity which will showcase our vibrant community and our downtown waterfront area.

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

Does your group presently have liability insurance? YES NO How much? will secure \$1,000,000 pre-race
 Are there plans to sell or distribute beer/wine at your event? YES NO
 Will there be an admission / registration fee? YES NO Advanced Fee: \$30 - \$75 Day of: \$55 - \$140
 Please provide the website address for your event. To be added at www.FloridaRoadRaces.com
 Please provide a phone number that can be advertised to the public. 727 347-4440 (Voicemail)
 What is the estimated attendance for this event? Spectators 2,000 Participants 2,000 Last Year's Total Attendance NA

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input checked="" type="checkbox"/> Located in Park		Park Permit
<input 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="11 - 20 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 checked="" type="checkbox"/> Fence Installation	What type? <input type="text" value="Snow fencing"/>	Temporary Structure Permit
<input checked="" type="checkbox"/> Other Structures	What structure? <input type="text" value="Start / Finish Truss"/>	Temporary Structure Permit
<input checked="" type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input checked="" type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input 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 checked="" 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="TBD"/> Disabled Units <input type="text" value="TBD"/> Hand Washing <input type="text" value="TBD"/>	
<input type="checkbox"/> Off-site Parking / Shuttle		
<input type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

Traffic restrictions customary with running events. Hospitality beer for participants - Michelob Ultra, supplied by Great Bay Distributors, to be served in a fenced-in area, 8:00 am - 2:00 pm race day only, Sunday, February 10, 2019. ABT permit will be secured prior to race day.

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.

Background music at post-race celebration, One stage, One Folk Singer

We also hope to add live performers / disc jockeys along the course.

List Vending Products. Name & Provider.

To be determined

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

Running Starfish Foundation, Inc. (please note: this is our corporate funded foundation, but not a 501(c)3 organization)
6161 7th Avenue N.
St. Petersburg, FL 33710 / 727 468-9196

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

"Speeches" will consist solely of: welcoming the participants before the race, announcing the finishers at the finish line, awards recipients at post-race celebration, and thanking the participants for joining us.

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

We will set up the expo and start / finish line area starting at 9:00 am on Saturday, February 9, 2019 and will completely tear down by 5:00 pm, Sunday, February 10, 2019, all at Albert Whitted Park.

Other Comments: Please describe your fee structure.

Entry Fees will vary by event distance and date of registrations as follows:

Marathon: \$75 - \$140
Half Marathon: \$60 - \$110
5K Race: \$30 - \$50

Other comments:

PLEASE NOTE: At time of application, there are many aspects of this new race still in development, such as finalized race courses, site plan, etc. This critical information will be developed in consultation with city staff.

Saturday, February 9: Site prep starts at Albert Whitted Park at about 9:00 am
Sunday, February 10: Final site prep starts at Albert Whitted Park at 4:00 am; registration / packet pick-up from 5:00 - 7:00 am
Races start at 7:00 am, with last finisher arriving at about 2:00 pm
Finish line activity throughout the morning, finishing at about 2:00 pm, with tear-down completed by 5:00 pm
Cones will be set out to mark the courses starting at about 5:00 am, entirely removed by 2:00 pm.

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

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

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

Name: Chris Lawler Title: President / Race Director Date: May 4, 2019



Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Running Starfish Foundation, Inc.

Name of Responsible Party (President or CEO ONLY): Chris Lauber

Title of Responsible Party: President

Physical Address of Responsible Party: 6161 7th Avenue N., St. Petersburg, FL 33710

Phone Number of Responsible Party: 727 468-9196

Email Address of Responsible Party: FLRoadRaces@aol.com

Nonprofit (Employee Identification Number): 46-4481962

Name of the **For-profit** Corporation: WaterCross International, Inc., dba Florida Road Races

Name of Responsible Party (President or CEO ONLY): Chris Lauber

Title of Responsible Party: President / Race Director

Physical Address of Responsible Party: 6161 7th Avenue N., St. Petersburg, FL 33710

Phone Number of Responsible Party: 727 468-9196

Email Address of Responsible Party: FLRoadRaces@aol.com

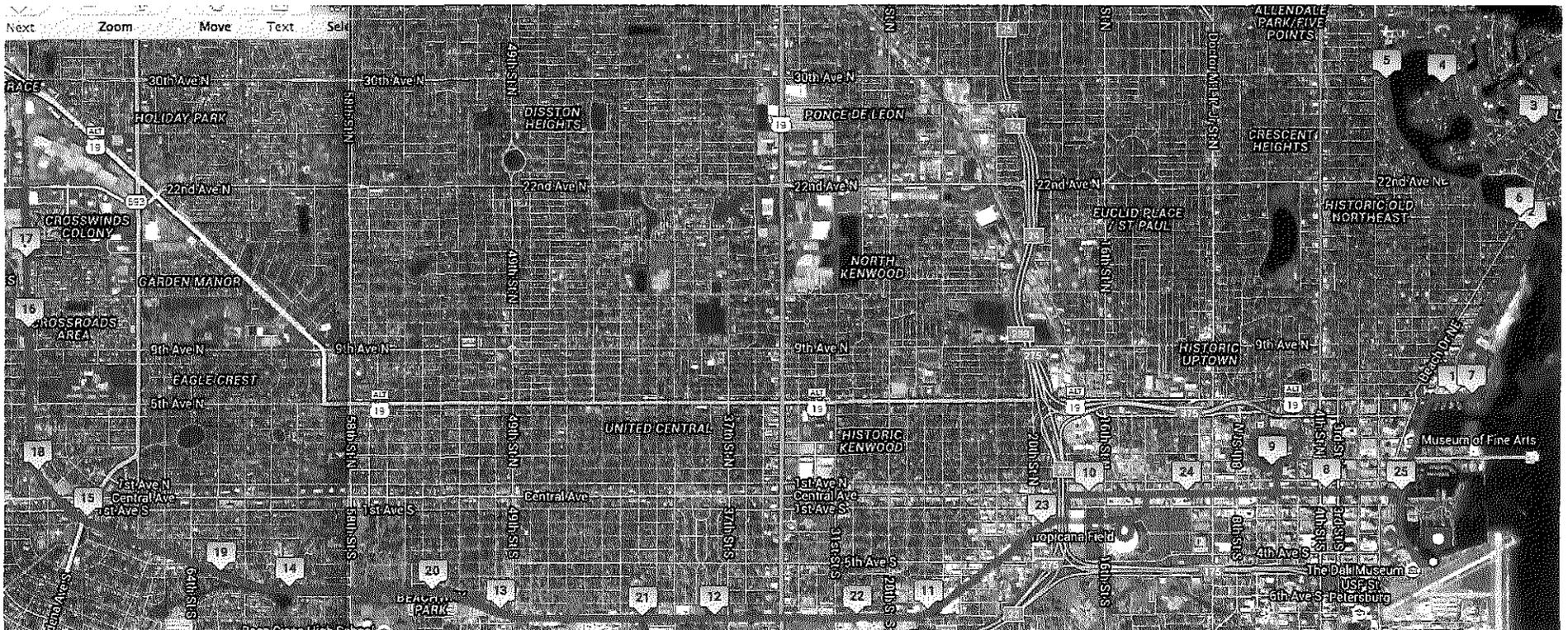
For-profit (Employee Identification Number) 59-3057632

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

St. Petersburg Distance Classic: Marathon Course

Course Description: Starts at Albert Whitted Park, north to Snell Island, loop around Coffee Pot Bayou, back towards the Vinoy, and Central Avenue, west to 6th Street N., north around Mirror Lake, south to Central Avenue, west to 17th Street N., south to Pinellas Trail, west to 22nd Avenue N., turn-around, back on Trail to Trop, quick lap on field perimeter, back to Central Avenue, east to waterfront, south to finish line at Albert Whitted Park. This represents our first draft and will need to be refined and adjusted. Half marathon and 5K courses will use the same basic route, but obviously much shorter, cutting back towards the finish line at the appropriate times.

Please note: Inclusion of a lap around the field at the Trop is solely contingent upon permission granted to use as one of the City's community days at no cost.





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

Detail by Entity Name

Florida Profit Corporation

WATERCROSS INTERNATIONAL, INC.

Filing Information

Document Number	S36469
FEI/EIN Number	59-3057632
Date Filed	03/08/1991
State	FL
Status	ACTIVE
Last Event	CANCEL ADM DISS/REV
Event Date Filed	12/08/2006
Event Effective Date	NONE

Principal Address

6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Changed: 10/07/2005

Mailing Address

6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Changed: 10/07/2005

Registered Agent Name & Address

LAUBER, CHRISTOPHER JMR.
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Name Changed: 10/07/2005

Address Changed: 10/07/2005

Officer/Director Detail

Name & Address

Title PD

LAUBER CHRISTOPHER

LAUBER, CHRISTOPHER
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL

Title V

LAUBER, RAISSA
6161 7TH AVENUE N.
ST. PETERSBURG, FL

Annual Reports

Report Year	Filed Date
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2017	04/28/2017
2018	03/01/2018

Document Images

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Detail by Entity Name

Florida Not For Profit Corporation
RUNNING STARFISH FOUNDATION, INC.

Filing Information

Document Number	N14000000073
FEI/EIN Number	46-4481962
Date Filed	12/31/2013
Effective Date	01/01/2014
State	FL
Status	ACTIVE

Principal Address

6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Mailing Address

6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Registered Agent Name & Address

LAUBER, CHRIS J
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Officer/Director Detail

Name & Address

Title P

LAUBER, CHRIS J
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Title VP

LAUBER, RYA C
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Title S

LAUBER, LEAH F
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Title T

LAUBER, NICOLE M
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Annual Reports

Report Year	Filed Date
2016	04/29/2016
2017	04/28/2017
2018	03/01/2018

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04/29/2016 -- ANNUAL REPORT	View image in PDF format
04/28/2015 -- ANNUAL REPORT	View image in PDF format
12/31/2013 -- Domestic Non-Profit	View image in PDF format

**Electronic Articles of Incorporation
For**

N1400000073
FILED
December 31, 2013
Sec. Of State
mdickey

RUNNING STARFISH FOUNDATION, INC.

The undersigned incorporator, for the purpose of forming a Florida not-for-profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

RUNNING STARFISH FOUNDATION, INC.

Article II

The principal place of business address:

6161 7TH AVENUE NORTH
ST. PETERSBURG, FL. US 33710

The mailing address of the corporation is:

6161 7TH AVENUE NORTH
ST. PETERSBURG, FL. US 33710

Article III

The specific purpose for which this corporation is organized is:

THIS CORPORATE RUN FOUNDATION WILL BE FUNDED PRIMARILY BY THE RACE-RELATED ACTIVITIES OF WATERCROSS INTERNATIONAL, INC. FUNDS WILL BE ALLOCATED TO SUPPORT ATHLETES IN FINANCIAL NEED AND TO OTHER NON-PROFIT ORGANIZATIONS.

Article IV

The manner in which directors are elected or appointed is:

AS PROVIDED FOR IN THE BYLAWS.

Article V

The name and Florida street address of the registered agent is:

CHRIS J LAUBER
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL. 33710

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: CHRIS LAUBER

N1400000073
FILED
December 31, 2013
Sec. Of State
mdickey

Article VI

The name and address of the incorporator is:

CHRIS LAUBER
6161 7TH AVENUE NORTH

ST. PETERSBURG, FL 33710

Electronic Signature of Incorporator: CHRIS LAUBER

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
CHRIS J LAUBER
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL. 33710 US

Title: VP
RYA C LAUBER
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL. 33710 US

Title: S
LEAH F LAUBER
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL. 33710 US

Title: T
NICOLE M LAUBER
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL. 33710 US

Article VIII

The effective date for this corporation shall be:

01/01/2014



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Detail by Entity Name

Florida Profit Corporation
WATERCROSS INTERNATIONAL, INC.

Filing Information

Document Number S36469
FEI/EIN Number 59-3057632
Date Filed 03/08/1991
State FL
Status ACTIVE
Last Event CANCEL ADM DISS/REV
Event Date Filed 12/08/2006
Event Effective Date NONE

Principal Address

6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Changed: 10/07/2005

Mailing Address

6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Changed: 10/07/2005

Registered Agent Name & Address

LAUBER, CHRISTOPHER JMR.
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Name Changed: 10/07/2005

Address Changed: 10/07/2005

Officer/Director Detail

Name & Address

Title PD

LAUBER, CHRISTOPHER
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL

Title V

LAUBER, RAISSA
 6161 7TH AVENUE N.
 ST. PETERSBURG, FL

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11/29/2004 -- REINSTATEMENT	View image in PDF format
05/01/2003 -- ANNUAL REPORT	View image in PDF format
04/25/2002 -- ANNUAL REPORT	View image in PDF format
09/14/2001 -- ANNUAL REPORT	View image in PDF format
09/14/2000 -- ANNUAL REPORT	View image in PDF format
03/10/1999 -- ANNUAL REPORT	View image in PDF format
10/01/1998 -- ANNUAL REPORT	View image in PDF format
04/17/1997 -- ANNUAL REPORT	View image in PDF format
08/14/1996 -- ANNUAL REPORT	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
RUNNING STARFISH FOUNDATION, INC.

Filing Information

Document Number N14000000073
FEI/EIN Number 46-4481962
Date Filed 12/31/2013
Effective Date 01/01/2014
State FL
Status ACTIVE

Principal Address

6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Mailing Address

6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Registered Agent Name & Address

LAUBER, CHRIS J
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Officer/Director Detail

Name & Address

Title P

LAUBER, CHRIS J
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Title VP

LAUBER, RYA C
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Title S

LAUBER, LEAH F

6161 7TH AVENUE NORTH
 ST. PETERSBURG, FL 33710

Title T

LAUBER, NICOLE M
 6161 7TH AVENUE NORTH
 ST. PETERSBURG, FL 33710

Annual Reports

Report Year	Filed Date
2016	04/29/2016
2017	04/28/2017
2018	03/01/2018

Document Images

03/01/2018 -- ANNUAL REPORT	View image in PDF format
04/28/2017 -- ANNUAL REPORT	View image in PDF format
04/29/2016 -- ANNUAL REPORT	View image in PDF format
04/28/2015 -- ANNUAL REPORT	View image in PDF format
12/31/2013 -- Domestic Non-Profit	View image in PDF format

Florida Department of State, Division of Corporations



Contract/Permit

Contract #: 24451
Date: 27 Jul 2018

User: JSBENNIN
Status: Firm

WATERCROSS INTERNATIONAL
 CHRIS LAUBER
 6161 7TH AVE N
 ST PETERSBURG FL 33710 USA

Primary #: (727) 468-9196
 Secondary #: ()
 Other #: ()

Purpose of Use: INAUGURAL ST. PETERSBURG DISTANCE CLASSIC
Expected: 2,000
Co-Sponsored Event
Contract Balance \$0.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Fri 08 Feb 19 06:00 am
Ending: Sun 10 Feb 19 11:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Fri	08 Feb 2019	06:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
Park		10 Feb 2019	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 Permit Fee	65:00	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	\$230.00	\$0.00	\$0.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
27 Jul 2018	\$230.00	Check	Rental	3126797

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 LAUBER**

WATERCROSS INTERNATIONAL

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
 Parks and Recreation Department

Contract #: 24451
Date: 27 Jul 2018

User: JSBENNIN
Status: Firm

Supervisor II / Foreman

Approved or Rejected Date: _____

Manager

Approved or Rejected Date: _____

Manager

Approved or Rejected Date: _____

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



City of St. Petersburg

WATERCROSS INTERNATIONAL
CHRIS LAUBER
6161 7TH AVE N
ST PETERSBURG, FL 33710 USA

Receipt #: 3126797
User: JSBENNIN
Issued: Fri 27 Jul 18 01:50 pm

Description	Amount
Previous Balance	\$230.00
Applied To: 24451 - INAUGURAL ST. PETERSBURG DISTANCE CLASSIC Albert Whitted Park - Park February 8, 2019 6:00 am to February 10, 2019 11:00 pm	\$230.00
Payment: Check	(\$230.00)
Balance	\$0.00



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

Detail by Entity Name

Florida Profit Corporation
WATERCROSS INTERNATIONAL, INC.

Filing Information

Document Number	S36469
FEI/EIN Number	59-3057632
Date Filed	03/08/1991
State	FL
Status	ACTIVE
Last Event	CANCEL ADM DISS/REV
Event Date Filed	12/08/2006
Event Effective Date	NONE

Principal Address

6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Changed: 10/07/2005

Mailing Address

6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Changed: 10/07/2005

Registered Agent Name & Address

LAUBER, CHRISTOPHER JMR.
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Name Changed: 10/07/2005

Address Changed: 10/07/2005

Officer/Director Detail

Name & Address

Title PD

LAUBER, CHRISTOPHER
6161 7TH AVENUE NORTH
ST. PETERSBURG, FL

Title V

LAUBER, RAISSA
 6161 7TH AVENUE N.
 ST. PETERSBURG, FL

Annual Reports

Report Year	Filed Date
2016	04/29/2016
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04/29/2016 -- ANNUAL REPORT	View image in PDF format
04/28/2015 -- ANNUAL REPORT	View image in PDF format
03/02/2014 -- ANNUAL REPORT	View image in PDF format
02/27/2013 -- ANNUAL REPORT	View image in PDF format
04/02/2012 -- ANNUAL REPORT	View image in PDF format
04/15/2011 -- ANNUAL REPORT	View image in PDF format
04/02/2010 -- ANNUAL REPORT	View image in PDF format
04/16/2009 -- ANNUAL REPORT	View image in PDF format
04/30/2008 -- ANNUAL REPORT	View image in PDF format
05/03/2007 -- ANNUAL REPORT	View image in PDF format
12/08/2006 -- REINSTATEMENT	View image in PDF format
10/07/2005 -- REINSTATEMENT	View image in PDF format
11/29/2004 -- REINSTATEMENT	View image in PDF format
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04/17/1997 -- ANNUAL REPORT	View image in PDF format
08/14/1996 -- ANNUAL REPORT	View image in PDF format

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



Date Received: 7-24-18
 Check or Cash: _____
 Application #: 70
 Packet: B
 Permit #: 24461

Event Title: PAP's Gospel Jazz + Jokes Fest Phone No.: 3529426913 Fax No.: _____
 Entity Name: Purple Action Project Federal I.D. Number: 37-1729385
 Event Date(s): JANUARY 26, 2019 Location: Albert Whitted Park
 Day 1 of Event: 1-26-19 Time Gates Open: 12 noon Ending Time: 10pm
 Day 2 of Event: _____ Time Gates Open: _____ Ending Time: _____
 Day 3 of Event: _____ Time Gates Open: _____ Ending Time: _____

Application Prepared by: Deshunee Davis Phone: (352)9426913
 Title: Executive Director Cell Phone: (352)9426913
 Address: 1807 2nd Avenue East City: Palmetto State: FL Zip: 34221
 Email Address: Joinpap@yahoo.com
 Additional Contact Person: Gladys Anderson Day Phone: (305)746-8334

What month/year were you incorporated as nonprofit? March 2013

List all 501(c)3 entities that will benefit from this event. Purple Action Project, Mt. Zion Missionary Progressive, Friends & Baptists Church
 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.

People Perish for the lack of knowledge, this charitable event will benefit those with Diabetes, Cancer, Lupus, Homeless and the Abused in the St. Petersburg Community, The Venue is designed to educate, promote wellness and offer Support + literature for each Noble cause. The PAP Team + Volunteers along with Professionals will assist those in Dire need. We will honor (3) Pastors with a "Doer of the Word" Award. We will raise funds with ticket sales + Sponsors donations to assist and provide live entertainment for this Venue.

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

Local Residence will be invited to attend the venue. This increases employment for the City of St. Pete, Vendor's, Churches, Event Staff. Resources will be provided for the transition for the Homeless, the Abused will have staff support available, Guest Speakers, valuable information provided for Diabetes, Cancer + Lupus patients to promote wellness + References for testing + educational content.

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.PurpleActionProject.com

Please provide a phone number that can be advertised to the public. (352)942-6913

What is the estimated attendance for this event? Spectators 5000 Participants _____ Last Year's Total Attendance N/A

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

Recreation Equipment

Showmobile (Yes/No) No

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

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) N/A

Special Events Facilities

Mahaffey Theater

Coliseum

Sunken Gardens

Boyd Hill

Non-City Locations

Which Location?

Albert Whitten Park

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: Deshunee Davis Title: Executive Director Date: 5-3-18
Co-Sign: _____ Title: _____ Date: _____

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

Condition

Obligation

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

How many?

How many?

What type?

What structure?

Professional Showmobile Other

Performers Announcement Only

Daytime - Private Overnight - Private Event Time Frame - SPPD

Regular Units Disabled Units Hand Washing

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

Marketing: Please check all that apply.

- Invitations
- Posters / Flyers
- Newspaper / Internet

- Radio
- Television
- Remote Broadcast

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

Electrical Requirements:

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

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

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

To be determined. Have not registered Vendor's yet but will provide additional information when received.

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? Master Sound Productions

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? YES

Name: Purple Action Project Phone: (352) 942-6913

Address (including zip): 1807 2nd Ave East Palmetto, FL 34221

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

Gospel Music, Jazz Music, R+B Music, 1 stage and 3 Bands

List Vending Products. Name & Provider.

Food, Arts n' Crafts, Beverages, Pepsi Products - to be determined
Local Vendor's applications are being accepted

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

Purple Action Project 1807 2nd Avenue East, Palmetto, FL 34221

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

Healing and Education Awareness, Promoting Health and Wellness

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

Master Sound Productions stage Set Up, Chair & Seating Arrangements, 2 days prior event and 1-2 days after event date.

Other Comments: Please describe your fee structure.

Ticket sales, Vendor Registration fees, to be determined
Park Event Fee \$200 per Event day

Other comments:

The Albert Whitted Park is a great location for this upcoming venue. The PAP Team is working hard to provide Exceptional Service, Live Entertainment, and honoring Local Pastors in St. Petersburg. This is our Non-Profit first major event. Prior sponsors for Whiskey North, Tampa. Jazz + Jokes Venue in 2013.

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: Deshaneé Davis

Title: Exec. Director

Date: 5-2-18

Appendix A

Co-Sponsored Event Park Fee Structure

- * Events in Vinoy Park will be assessed \$300.00 per event day (e.g., 1 day event = \$300.00, 2 days = \$600.00, 3 days or more = \$900.00.) This includes the \$30.00 park permit fee.
- * Events in any other park will be assessed \$200.00 per event day (e.g., 1 day event = \$200.00, 2 days = \$400.00, 3 or more days = \$600.00). This includes the \$30.00 park permit fee.
- * The above fees will be due at the time you submit your application plus the \$30.00 co-sponsored application fee.
- * All co-sponsored event applications must be submitted at least 6 month prior to the event.
- * Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable \$1,200.00 late fee.
- * **The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.**
- * **Payment will be required at least ten (15) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.**
- * **All first time entities requesting events will be required to complete a credit application.**

**Appendix B
President or CEO
Responsible Party Information**

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Purple Action Project
Name of Responsible Party (President or CEO ONLY): Deshunee Davis
Title of Responsible Party: President / Executive Director
Physical Address of Responsible Party: 1807 2nd Ave East Palmetto, FL 34221
Phone Number of Responsible Party: (352) 942-6913
Email Address of Responsible Party: Joinpap@yahoo.com
Nonprofit (Employee Identification Number): 37-1729385

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

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

What method of invoicing would your organization prefer?

BY Mail

Contact Name
Address
City, State, Zip

BY EMAIL

Email Address: Joinpap@yahoo.com

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

Name of Event: PAP's Gospel Jazz + Jokeo Fest
Date(s) of Event: JANUARY 26, 2019

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

Amount

1.	<u>N/A - None</u>	
2.		
3.		
4.		
5.		
6.		
7.		
8.		

TOTAL GROSS REVENUE

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

1.	<u>N/A</u>	
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.	<u>N/A</u>	
2.		
3.		
4.		
5.		
6.		

TOTAL ALLOCATION OF NET INCOME

Prepared by:

Deshunee Davis

Date:

5-2-18

Print Application

Submit Application by
Email



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

Detail by Entity Name

Florida Not For Profit Corporation
PURPLE ACTION PROJECT INC.

Filing Information

Document Number N13000002940
FEI/EIN Number 37-1729385
Date Filed 03/26/2013
State FL
Status ACTIVE

Principal Address

1807 2ND AVENUE E
PALMETTO, FL 34221

Mailing Address

1807 2nd Avenue East
Palmetto, FL 34221

Changed: 04/14/2016

Registered Agent Name & Address

DAVIS, DESHUNEE ONI
1807 2ND AVENUE E
PALMETTO, FL 34221

Officer/Director Detail

Name & Address

Title D/P

DAVIS, DESHUNEE ONI
1807 2ND AVENUE E
PALMETTO, FL 34221

Title D

POOLE, CARLTON A
1807 2ND AVENUE E
PALMETTO, FL 34221

Title D

ANDERSON, GLADYS

1807 2nd Avenue East
Palmetto, FL 34221

Annual Reports

Report Year	Filed Date
2016	04/14/2016
2017	04/26/2017
2018	04/05/2018

Document Images

04/05/2018 -- ANNUAL REPORT	View image in PDF format
04/26/2017 -- ANNUAL REPORT	View image in PDF format
04/14/2016 -- ANNUAL REPORT	View image in PDF format
04/26/2015 -- ANNUAL REPORT	View image in PDF format
02/04/2014 -- ANNUAL REPORT	View image in PDF format
03/26/2013 -- Domestic Non-Profit	View image in PDF format

Florida Department of State, Division of Corporations



Contract/Permit

Contract #: 24461
Date: 30 Jul 2018

User: JSBENNIN
Status: Firm

PURPLE ACTION PROJECT
 DESHUNEE DAVIS
 1807 2ND AVE E
 PALMETTO FL 34221 USA

Primary #: (352) 942-6913
 Secondary #: (727)
 Other #: ()

Purpose of Use: PAP'S GOSPEL JAZZ & JOKE FEST **Expected:** 5,000 **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:** Thu 24 Jan 19 06:00 am **Ending:** Mon 28 Jan 19 11:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Thu	24 Jan 2019	06:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
Park		28 Jan 2019	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 Permit Fee	113:00	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) **DESHUNEE DAVIS**

PURPLE ACTION PROJECT

 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 #: 24461
Date: 30 Jul 2018

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
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION**



Date Received: 7-24-18
 Check or Cash: _____
 Application #: 71
 Packet: 8
 Permit #: 24462

Event Title: Et Cultura St Pete Phone No.: 727-748-6451 Fax No.: _____

Entity Name: Et Cultura LLC Federal I.D. Number: 81-2297123

Event Date(s): Wed, Feb 13th - Sun Feb 17th , 2019 Location: South Straub Park

Day 1 of Event: 2/13 (Set up) Time Gates Open: 9am Ending Time: 10pm

Day 2 of Event: 2/14-2/16 Time Gates Open: 9am Ending Time: 11pm

Day 3 of Event: 2/17 Time Gates Open: 9am Ending Time: 5pm

Application Prepared by: Lea Umberger Phone: 7277486451

Title: EVP/ Director of Film and Art Cell Phone: 7277486451

Address: 360 Central Ave, Suite 800 City: St. Pete State: FL Zip: 33701

Email Address: lea@etcultura.com

Additional Contact Person: Joel Malizia Day Phone: 7276448186

What month/year were you incorporated as nonprofit? we are not non profit, but SPAA (St. Pete Art Alliance) as Fiscal Sponsor

List all 501(c)3 entities that will benefit from this event. SPAA ,Museum of Fine Arts, OPEN USF St Pete

Name of the for-profit entity? Et Cultura

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

Et Cultura is a fesitval of Creative culture in its third year of presenting in the city. We currently have a relationship with the City of St. Pete as a sponsored festival, but this is the first year we would potentially like to use South Straub Park for part of the event.

The park will be the hub for Et Kidtura, a balloon zoo, Saturday and Sunday Morning Yoga and VW BUG/ BUS will be a free event.

Et Cultura is bringing together the best and brightest of creatives, tastemakers, innovators, and decision makers to St. Pete and creating a world stage in the Bay Area. Over the course of five days in February 2019, Et Cultura will create new avenues for innovative thinking and will help foster conversations with audiences, our community, and contributing artists while supporting emerging artists and providing an environment for learning through film, music, art, and interactive sessions.

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

The festival spends roughly \$500K-\$600K in producing the festival each year
 Attendance expectation through out the 5 day event is roughly around 5-8K

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

Does your group presently have liability insurance? YES NO How much? We match city expectations

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.etcultura.com

Please provide a phone number that can be advertised to the public. 727-748-6451

What is the estimated attendance for this event? Spectators 8000 Participants 550 Last Year's Total Attendance 5500

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

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

POLICE: Public Safety Personnel, Marine Services
TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)
FIRE: Paramedics, Inspectors
PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other 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: <i>Lee Umbreit</i>	Title: EVP/ Director Film and Art	Date: 7/25/18
Co-Sign: <i>Joel Matzia</i>	Title: President	Date: 7/25/18

- 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 type="checkbox"/> Vending Food / Beverage | | Health Inspection |
| <input type="checkbox"/> Vendors / Exhibitors | How many? <input type="text"/> | 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 checked="" 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 checked="" 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 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 type="checkbox"/> Invitations | <input checked="" type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers | <input checked="" type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> Remote Broadcast |

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

Electrical Requirements:

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

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

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

Will you supply your own generators? YES NO

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

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

No

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

Name: Et Cultura Phone: 727-748-6451

Address (including zip): 360 Central Ave , Suite 800 St Petersburg, FL 33701

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

Live Music for Yoga Sessions
Live Music during the VW BUG/ BUS SHOW
ONLY ON SATURDAY for MUSIC
1 stage - show mobile
1 solo for yoga 9am-10am
2-3 bands for VW Show from 12pm -4pm

List Vending Products. Name & Provider.

ONLY ON SATURDAY FOR VENDOR

Saltwater Hippie
Clothing, Jewelry, etc

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

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

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

LOAD IN for Et Kidtura Balloon Park- Wednesday 9am load in- balloons stay up the rest of the week
LOAD IN for Show Mobile - Friday Afternoon on Bayshore Drive, park side
LOAD IN Saltwater Hippie/ VW- applying for street closure on Beach Drive in front of park only
LOAD OUT for Et Kidtura Balloon Park- Sunday 8pm
LOAD OUT for Show Mobile - Monday Morning

Other Comments: Please describe your fee structure.

Park events are free - Tickets for the rest of the festival will have the following fee structure

\$35 Day of Tickets (only sold at door)

All Access 5 Day Pass : \$70 until Dec 2018 / \$80 after Dec 2018

VIP Pass: \$400 until Dec 2018 / \$500 after Dec 2018

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: Lea Umberger

Title: EVP/ Director Film and Art

Date: 7/25/18

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



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

Detail by Entity Name

Florida Limited Liability Company
ET CULTURA LLC

Filing Information

Document Number	L16000074150
FE/EIN Number	81-2297123
Date Filed	04/04/2016
Effective Date	04/04/2016
State	FL
Status	ACTIVE
Last Event	LC STMNT OF RA/RO CHG
Event Date Filed	10/19/2016
Event Effective Date	NONE

Principal Address

360 CENTRAL AVE
SUITE 800
ST. PETERSBURG, FL 33701

Changed: 10/19/2016

Mailing Address

360 CENTRAL AVE
SUITE 800
ST. PETERSBURG, FL 33701

Changed: 10/19/2016

Registered Agent Name & Address

FL PATEL LAW PLLC
360 CENTRAL AVE
SUITE 800
ST. PETERSBURG, FL 33701

Name Changed: 10/19/2016

Address Changed: 10/19/2016

Authorized Person(s) Detail

Name & Address

Title MGR

MALIZIA, JOEL M
705 SOUTH PROSPECT AVENUE
CLEARWATER, FL 33756

Title MGR

ALLISON, DAVID C
1018 12TH ST N
SAINT PETERSBURG, FL 33705

Title MGR

UMBERGER, LEA
2137 OAK GROVE DR
CLEARWATER, FL 33764

Annual Reports

Report Year	Filed Date
2017	04/11/2017
2018	03/08/2018

Document Images

03/08/2018 -- ANNUAL REPORT	View image in PDF format
04/11/2017 -- ANNUAL REPORT	View image in PDF format
10/19/2016 -- CORLCRACHG	View image in PDF format
04/04/2016 -- Florida Limited Liability	View image in PDF format



Contract/Permit

Contract #: 24462
Date: 30 Jul 2018

User: JSBENNIN
Status: Firm

ET CULTURA LLC
 LEA UMBERGER
 360 CENTRAL AVE, SUITE 800
 ST PETERSBURG FL 33701 USA

Primary #: (727) 748-6451
 Secondary #: (727)
 Other #: ()

Purpose of Use: ET CULTURA ST PETE

Expected:
8,000

Co-Sponsored Event

Contract Balance \$630.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Wed 13 Feb 19 06:00 am

Ending: Mon 18 Feb 19 11:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
South Straub Park	Wed	13 Feb 2019	06:00 AM	\$0.00	\$600.00	\$0.00	\$600.00
Park		18 Feb 2019	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 Permit Fee	137:00	3	\$600.00	\$0.00	\$600.00
		3	\$600.00	\$0.00	\$600.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By: (Sign Name) _____
 (Print Name) **LEA UMBERGER**

 ET CULTURA LLC

 Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Contract #: 24462
Date: 30 Jul 2018

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
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION**



Date Received: 7-30-18
 Check or Cash: _____
 Application #: 72
 Packet: B
 Permit #: 24470

Event Title: Reggae Rise Up Music Festival Phone No.: (801) 419-0858 Fax No.: _____
 Entity Name: Live Nite Events Federal I.D. Number: 45-5502551
 Event Date(s): March 15-17 Location: Vinoy Park
 Day 1 of Event: Friday Time Gates Open: 1pm Ending Time: 10:00 PM
 Day 2 of Event: Saturday Time Gates Open: Noon Ending Time: 10:00 PM
 Day 3 of Event: Sunday Time Gates Open: 1pm Ending Time: 10:00 PM
 Application Prepared by: Vaughn Carrick Phone: (801) 419-0858
 Title: Owner Cell Phone: (801) 652-7955
 Address: 331 S. Rio Grande Street STE 108 City: Salt Lake City State: Utah Zip: 84101
 Email Address: vaughn@liveniteevents.com
 Additional Contact Person: Joey Traum Day Phone: (385) 319-9946
 What month/year were you incorporated as nonprofit? N/A
 List all 501(c)3 entities that will benefit from this event. The Teal Recovery Project
 Name of the for-profit entity? Live Nite Events, LLC

Describe your event with details.

The fifth series of Reggae Rise Up Florida will be a continue to be an impact to one of the largest reggae markets in the country. More than just a reggae festival, Reggae Rise Up is also a celebration of the diverse and dynamic culture of each community we visit. Featuring cuisiness from local eateries, local, brews, and local showcasing artists to round out the experience.

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

The event will be attended by thousands of people, many of whom will visit local businesses ranging from gas stations to restaurants. We also plan to work out a "festival rate" with local hotels to encourage people to spend the night in St. Petersburg. The event itself will employ 200+ people who live in the St. Petersburg area.

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

Does your group presently have liability insurance? YES NO How much? \$3,000,000.00

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: \$40.00 Day of: \$70.00

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

Please provide a phone number that can be advertised to the public. (801) 419-0858

What is the estimated attendance for this event? Spectators 30,000 Participants 300 Last Year's Total Attendance 30,000

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

Name:	Vaughn Carrick	Title:	Owner	Date:	7/30/18
Co-Sign:	Joey Traum	Title:	Partner	Date:	7/30/18

- 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"/>	Vending Beer / Wine	
<input checked="" type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	Temporary Structure Permit
<input checked="" type="checkbox"/>	Fence Installation	Temporary Structure Permit
<input checked="" type="checkbox"/>	Other Structures	Temporary Structure Permit
	How many? <input type="text" value="20"/>	
<input checked="" type="checkbox"/>	Open Flame Food Preparation	Fire Inspection Permit
<input type="checkbox"/>	Pyrotechnics	Fireworks Permit
<input checked="" type="checkbox"/>	Require Street Closure	Parade or Street Closure Permit(s)
<input checked="" type="checkbox"/>	VIP Area	
<input checked="" type="checkbox"/>	Staging	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input 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="110"/> Disabled Units <input type="text" value="15"/> Hand Washing <input type="text" value="15"/>
<input type="checkbox"/>	Off-site Parking / Shuttle	
<input checked="" type="checkbox"/>	Semitruck / Tractor Trailer	

Marketing: Please check all that apply.

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

Stage and lights, Box Office, Back stage production offices and artist green room areas.

Will you supply your own generators? YES NO

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

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

N/A

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

Name: Live Nite Events, LLC

Phone: 801-419-0858

Address (including zip): 331 S. Rio Grande St STE 108 Salt Lake City, Utah 84101

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

15-16 Reggae music artists will be performing on two stages.

List Vending Products. Name & Provider.

TBD

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

The Teal Recovery Project

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

N/A

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

We would like to begin load in 4 days before event and load out will take place up to 3 days after the event. Parking needs are undetermined at this time.

Other Comments: Please describe your fee structure.

The tickets will vary pending artist confirmations. \$40 - \$200 depending on GA or VIP and time purchased prior to event. They will go up in price as the event gets closer.

Other comments:

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

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

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

Name: Vaughn Carrick

Title: Owner

Date: 7/30/18

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:
Date(s) of Event: -

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

II. EXPENSES (attach sheet if more space is needed)	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	
TOTAL NET INCOME	

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

Prepared by: Date:

REGGAE RISE UP

Monday, July 30th 2018

Council Chair Amy Foster,

After another successful year of Reggae Rise Up at Vinoy Park, we are excited at the opportunity to come back to the city of St. Petersburg in March 2019. We are looking forward to better developing a relationship with the City and community of St. Petersburg.

We would like to request the use of liquor for our upcoming event taking place March 15-17, 2019. We are happy and willing to answer any questions or provide any documentation needed to fulfill this request.

Thank you in advance for your time.

Sincerely,

Vaughn Carrick
Reggae Rise Up

LEGEND

SYMBOL DESCRIPTION

-  PERIMETER FENCE
-  CROWD CONTROL BARRIER

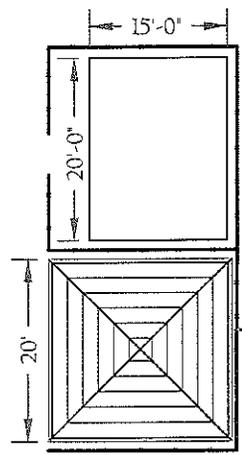
SYMBOL DESCRIPTION

-  SANITATION FACILITY
-  RISE UP STAGE
-  STAGE TENTS

UTILITY LEGEND

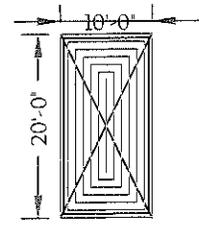
SYMBOL MANUFACTURE/MOD/DESCRIPTION

-  POWER RECEPTACLE_GFI
-  HOSE BIB
-  LIGHT POLE

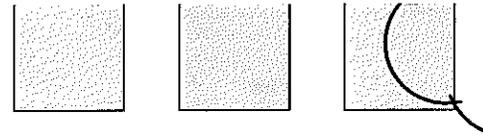


W

90'-0"

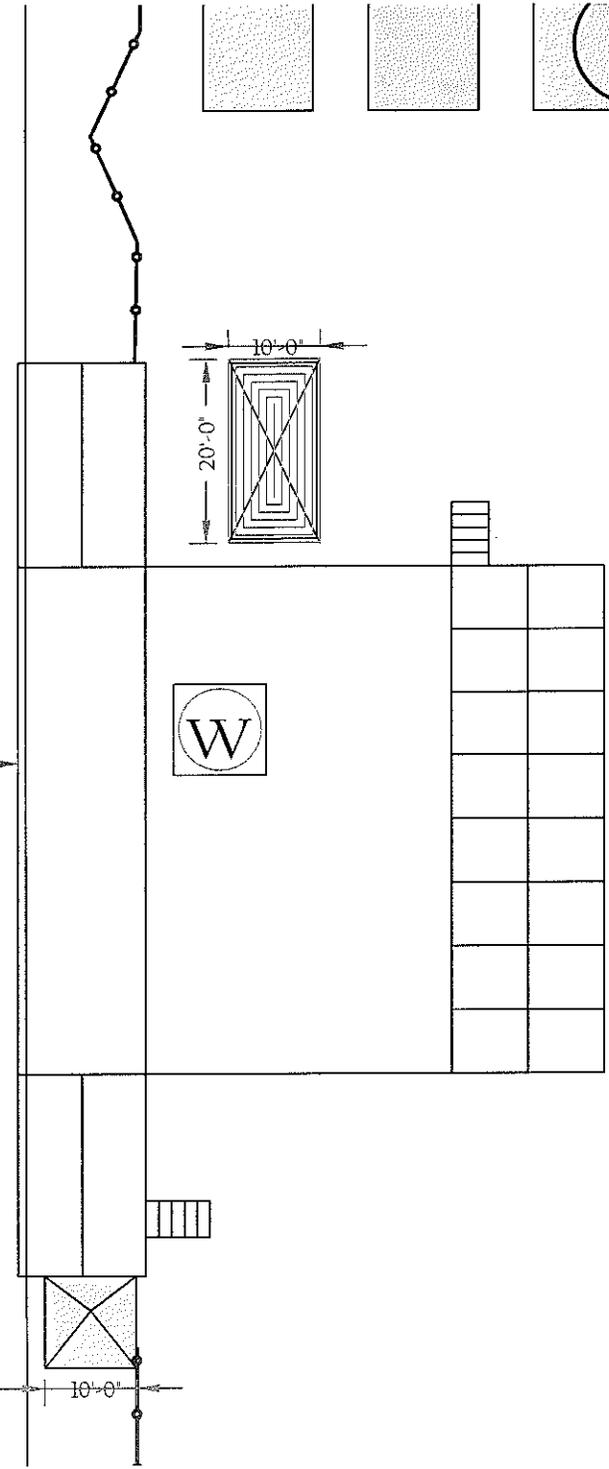


10'-0"

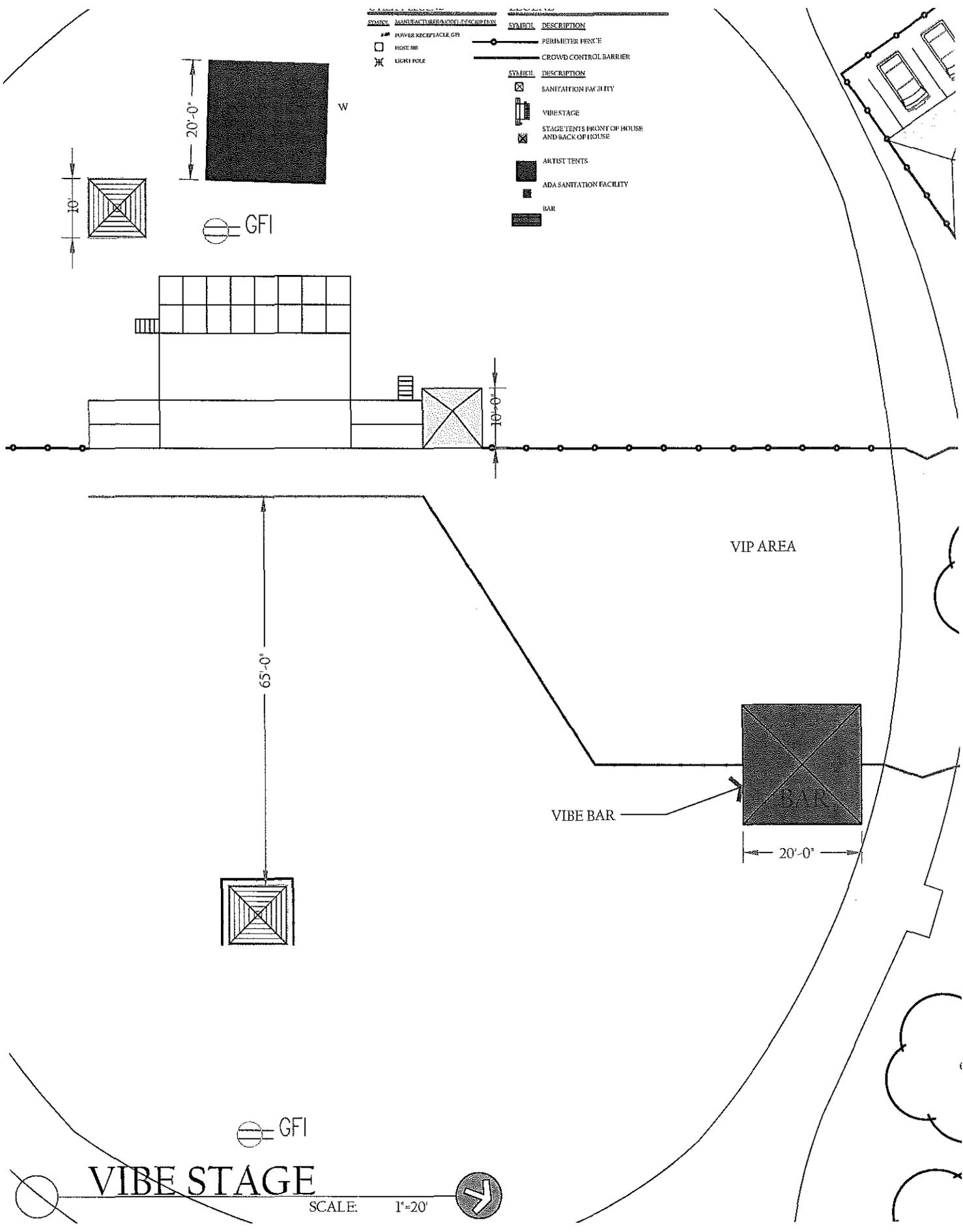


 GFI

 **RISE UP STAGE**
SCALE: 1"=20' 



SYMBOL	MANUFACTURER/MODEL/DESCRIPTION	SYMBOL	DESCRIPTION
□	POWER RECEPTACLE, GFI	○	PERIMETER FENCE
□	EDGE BAR	—	CROWD CONTROL BARRIER
⊗	LIGHT POLE	⊗	SANITATION FACILITY
		⊞	VIBE STAGE
		⊞	STAGE TENT'S FRONT OF HOUSE AND BACK OF HOUSE
		■	ARTIST TENTS
		■	ADA SANITATION FACILITY
		■	BAR



VIBE STAGE

SCALE: 1"=20'

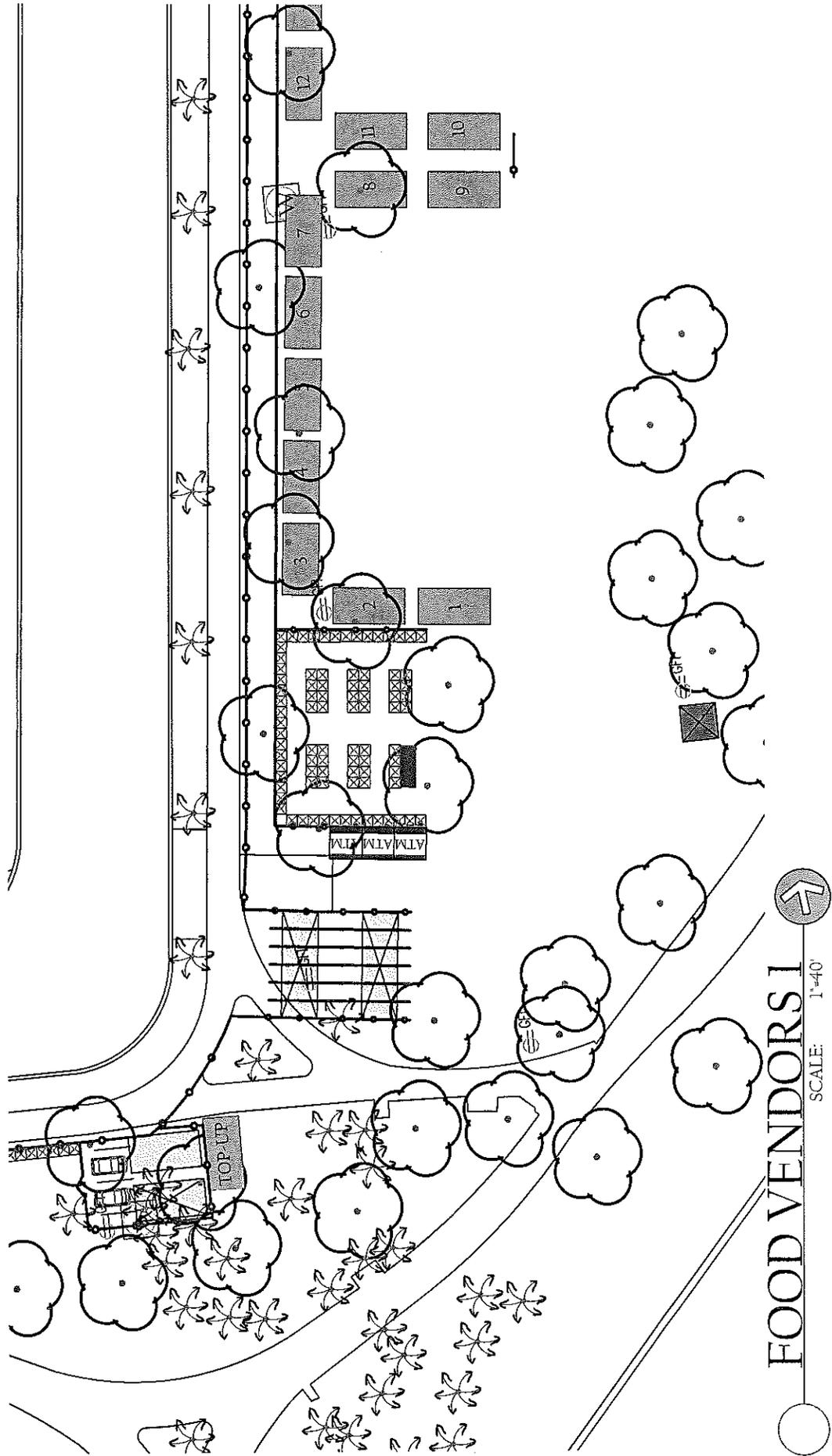


LEGEND

- DESCRIPTION
- PERIMETER FENCE
- STABLES
- 10'x10' VENDOR BOOTH
- 10'x20' FOOD VENDOR BOOTH
- SANITATION FACILITY
- TOP-UP STATION
- ADMIN INSTALLATION
- ATM

UTILITY LEGEND

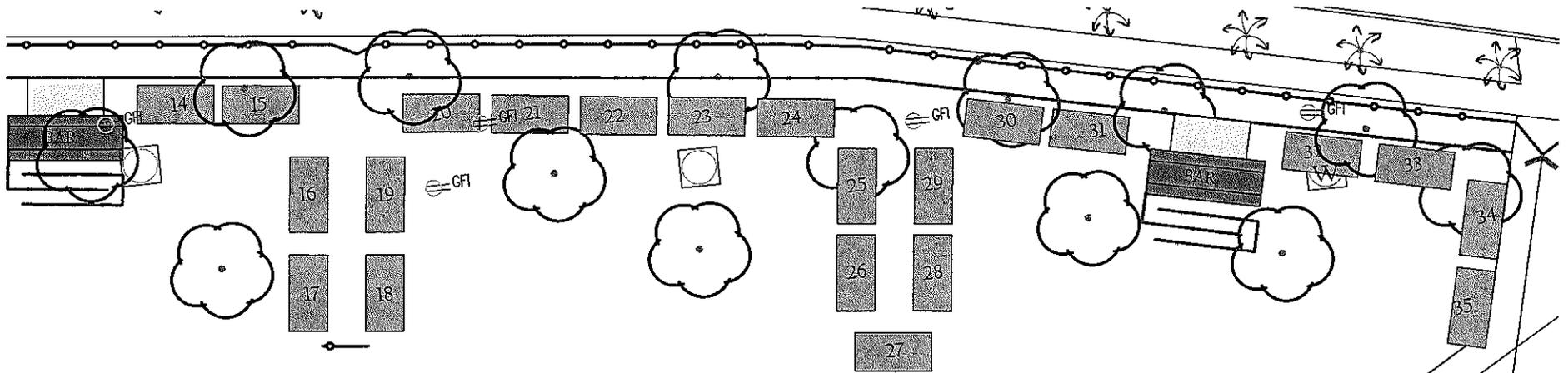
- POWER RECEPTACLE, GFI
- HOSE REEL
- LIGHT POLE



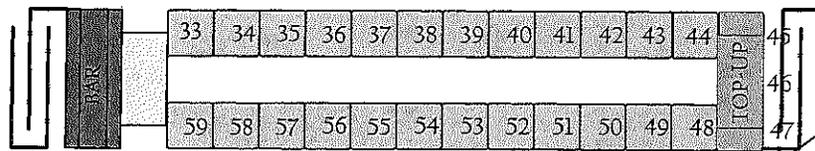
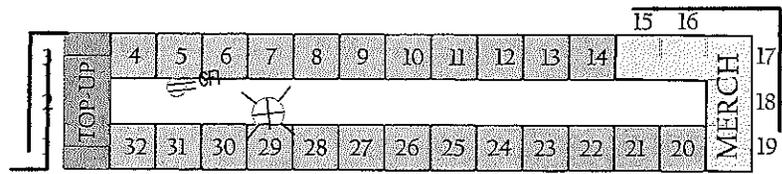
FOOD VENDORS I

SCALE: 1"=40'





FINAL EXIT



UTILITY LEGEND

SYMBOL	MANUFACTURER/MODEL/DESCRIPTION
	POWER RECEPTACLE_GFI
	HOSE BIB
	LIGHT POLE

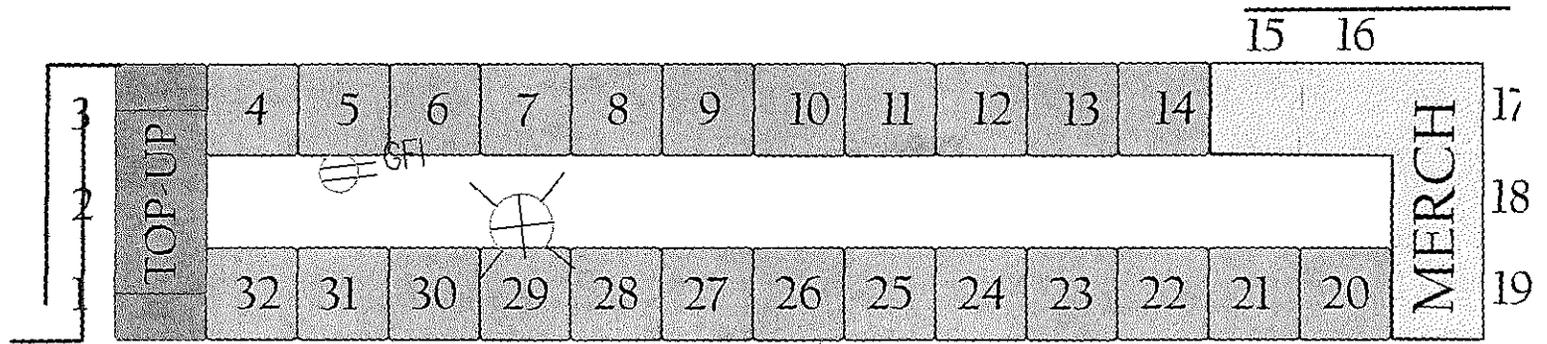
LEGEND

SYMBOL	DESCRIPTION	SYMBOL	DESCRIPTION
	PERIMETER FENCE		ADMIN INSTALLATION
	10'x10' VENDOR BOOTH		MEDICAL/HYDRATION STATION
	10'x20' FOOD VENDOR BOOTH		ADA SANITATION FACILITY
	SANITATION FACILITY		BAR
	TOP UP STATION		ATM

FOOD VENDORS 2

SCALE: 1"=40'





= GFI

- LEGEND**
- | SYMBOL | DESCRIPTION |
|--------|---------------------------|
| | PERIMETER FENCE |
| | 10'x10' VENDOR BOOTH |
| | 10'x20' FOOD VENDOR BOOTH |
| | SANITATION FACILITY |
| | TOP-UP STATION |
| | ADMIN INSTALLATION |
| | ATM |

- UTILITY LEGEND**
- | SYMBOL | MANUFACTURER/MODEL/DESCRIPTION |
|--------|--------------------------------|
| | POWER RECEPTACLE/GFI |
| | HOSE BIB |
| | LIGHT POLE |

VENDOR BOOTHS
 SCALE: 1"=20'

= GFI

LIVE NITE EVENTS , LLC

[Update this Business](#)

Entity Number: 8357503-0160

Company Type: LLC - Domestic

Address: 331 S RIO GRANDE ST STE 108 SLC, UT 84101

State of Origin:

Registered Agent: VAUGHN CARRICK

Registered Agent Address:

331 SOUTH RIO GRANDE STE 108

[View Management Team](#)

SALT LAKE CITY, UT 84101

Status: Active

[Purchase Certificate of Existence](#)

Status: Active  as of 09/09/2015

Renew By: 06/30/2019

Status Description: Current

The "Current" status represents that a renewal has been filed, within the most recent renewal period, with the Division of Corporations and Commercial Code.

Employment Verification: Not Registered with Verify Utah

History

[View Filed Documents](#)

Registration Date: 06/25/2012

Last Renewed: 07/05/2018

Additional Information

NAICS Code: 7113 **NAICS Title:** 7113-Promoters of Performing Arts, Sport

<< Back to Search Results

Search by:

Business Name:



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

Detail by Entity Name

Florida Not For Profit Corporation
TEAL RECOVERY PROJECT INC

Filing Information

Document Number N13000001185
FEI/EIN Number 80-0891587
Date Filed 02/06/2013
Effective Date 02/01/2013
State FL
Status ACTIVE

Principal Address

13235 STATE RD 52
110
HUDSON, FL 34669

Mailing Address

13235 STATE RD 52
110
HUDSON, FL 34669

Registered Agent Name & Address

JACKSON, ANDREW BIII
13235 STATE RD 52
110
HUDSON, FL 34669

Officer/Director Detail

Name & Address

Title P

JACKSON, ANDREW BIII
13235 STATE RD 52
HUDSON, FL 34669

Title S

GREEN, BIANCA B
400 S. ORLEANS AVE.
TAMPA, FL 33606

Title VP

Carideo, Rena S
5508 S. MacDill Ave.
TAMPA, FL 33611

Annual Reports

Report Year	Filed Date
2016	04/18/2016
2017	01/03/2017
2018	01/15/2018

Document Images

01/15/2018 -- ANNUAL REPORT	View image in PDF format
01/03/2017 -- ANNUAL REPORT	View image in PDF format
04/18/2016 -- ANNUAL REPORT	View image in PDF format
01/05/2015 -- ANNUAL REPORT	View image in PDF format
08/15/2014 -- ANNUAL REPORT	View image in PDF format
02/06/2013 -- Domestic Non-Profit	View image in PDF format



Contract/Permit

Contract #: 24470
Date: 30 Jul 2018

User: DWBurns
Status: Firm

LIVE NITE EVENTS LLC
 VAUGHN CARRICK
 324 SOUTH 400 W STE 275
 SALT LAKE CITY FL 84101 USA

Primary #: (801) 652-7955
 Secondary #: ()
 Other #: ()

Purpose of Use: REGGAE RISEUP 2019

Expected:
 25,000

Co-Sponsored Event

Contract Balance \$660.00

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 12 Mar 19 06:00 am

Ending: Tue 19 Mar 19 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Tue	12 Mar 2019	06:00 AM	\$0.00	\$900.00	\$0.00	\$900.00
Vinoy Park		19 Mar 2019	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 Permit Fee (Vinoy)	183:00	3	\$900.00	\$0.00
		3	\$900.00	\$0.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$930.00	\$0.00	\$930.00	\$0.00	\$270.00	\$660.00	\$630.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
03 Jan 2018	\$270.00	Check	Rental	2955114

Additional Notes:

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

By: (Sign Name) _____
 (Print Name) VAUGHN CARRICK
 LIVE NITE EVENTS LLC
 Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Contract #: 24470
Date: 30 Jul 2018

User: DWBurns
Status: Firm

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

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