City of St. Petersburg

City Council
Co-Sponsored Events Committee

Thursday, February 21, 2019, 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 four (4) events for FY 19
   a. waiving the non-profit requirement for one (1) events
   b. approval of liquor requests for two (2) events

III. Approval of twenty-three (23) events for FY 20
   a. waiving the non-profit requirement for six (6) events
   b. approval of liquor requests for six (6) events

IV. Public Comment

V. Adjournment

City of St. Petersburg

Co-Sponsored Events

Profit / Non Profit Report

2018 - 2019

Book #	Event Name	1st Year	Non Profit Organization	Profit Organization	Event Date	Times	Liquor Letter	Event Location
1	Swim Across America Tampa Bay	NO	SWIM ACROSS AMERICA, INC.		05/11/19	5:30am - 12pm	NO	Elva Rouse Park
2	One Step Closer 5K	NO	CELMA MASTRY OVARIAN CANCER FOUNDATION, INC.		09/21/19	5am - 11:30am	NO	Albert Whitted Park
3	Tash Sultana	YES	TBA	WE ARE CONCERTS, LLC.	05/08/19	3pm - 10pm	NO	Vinoy Park
4	CureSearch Walk	NO	CURESEARCH FOR CHILDREN'S CANCER CORPORATION		09/28/19	9am - 12pm	NO	Walter Fuller Park

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

Date Received: 8-14-18
Check or Cash:
Application #: 78
Packet: C
Permit #: 25387

Event Title: Swim Across America Tampa Bay Phone No.: 7276568413 Fax No.:

Entity Name: Swim Across America Tampa Bay Federal I.D. Number: 223248256

Event Date(s): May 11, 2019 Location: Northshore pool/park between pool and tennis courts, be

Day 1 of Event: Time Gates Open: Ending Time:

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

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

Application Prepared by: Amy Maguire Phone: 7276568413

Title: Event Director Cell Phone: 7276568413

Address: 606 14th Avenue NE City: St Petersburg State: FL Zip: 33701

Email Address: amaguire@swimacrossamerica.org

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

What month/year were you incorporated as nonprofit? 1987

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

Name of the for-profit entity?

Describe your event with details.

Swim Across America unites communities by hosting open water swims and swimming events to raise funds for cancer research, trials and care. Nationally, SAA has raised over $80 million for cancer hospitals in 18 cities. SAA provides grants for physicians to conduct clinical trials and breakthrough research. SAATB is committed to raising the sponsor dollars to support the event so that every dollar raised can be donated to the beneficiaries, Johns Hopkins All Children's and Moffitt Cancer Center. This will be the 8th year for SAATB and over $1 million has been raised to fight cancer locally. The SAATB swim was previously in Clearwater and relocated to St Pete in 2018. It was a huge success and the City Staff were amazing.

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

Hotel and restaurants - approximately 30 -50people stay in hotel rooms
Local vendors, retailers participated in event -

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

Does your group presently have liability insurance? ☒ YES ☐ NO How much? $ 4 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: 25.00 Day of: 500

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

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

What is the estimated attendance for this event? Spectators 100 Participants 200 Last Year's Total Attendance 250

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

Recreation Equipment

Showmobile (Yes/No) no

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

Tables (6 ft) # needed Chairs # needed

Public Address System

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

Special Events Facilities

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

☐ Non-City Locations

Which Location?

Northshore

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:	Amy Maguire	Title:	Event Director	Date:	8/13/2018
Co-Sign:		Title:		Date:	

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? ☐ YES ☒ NO

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

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

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

Name: Phone:

Address (including zip):

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

DJ and Speakers

List Vending Products. Name & Provider.

Swim Zone - local
Jolyn - local
Food trucks - local

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: Amy Maguire Title: Event Director Date: 8/13/2018

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: Swim Across America

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

Title of Responsible Party: CEO

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

Phone Number of Responsible Party: 980-237-9127

Email Address of Responsible Party: rob@swimacrossamerica.org

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

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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

What method of invoicing would your organization prefer?

☐ BY Mail

Contact Name

Address

City, State, Zip

☒ BY EMAIL

Email Address: amaguire@swimacrossamerica.org

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

Name of Event:

Date(s) of Event: -

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

		Amount
1.	Donations and registration fees - all benefit JHACH and Moffitt	$225,000.00
2.	Sponsorships	$80,000.00
3.		
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$305,000.00

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

1.	Event rental and services	$10,000.00
2.	Hotels	$5,000.00
3.	Food	$1,500.00
4	T-shirt, towels, participant giveaways, volunteer	$10,000.00
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$26,500.00
	TOTAL NET INCOME	$278,500.00

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

1.	Johns Hopkins All Children's Hospital	$125,000.00
2.	Moffitt Cancer Center	$125,000.00
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	$250,000.00

Prepared by: Date:

Print Application

Submit Application by Email

st.petersburg

Contract/Permit

Contract #: 25387
Date: 06 Nov 2018

User: JSBENNIN
Status: Firm

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

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

Purpose of Use: SWIM ACROSS AMERICA **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: Fri 10 May 19 06:00 am** **Ending: Sat 11 May 19 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Elva Rouse Park	Fri	10 May 2019	06:00 AM	$0.00	$200.00	$0.00	$200.00
Park		11 May 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	39:00	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	$460.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By:(Sign Name) _____

(Print Name) **MEGAN MELGAARD**

SWIM ACROSS AMERICA INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

Contract #: 25387
Date: 06 Nov 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
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

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st. petersburg parks & recreation

Date Received: 11-20-18
Check or Cash: 1570
Application #: 91
Packet: D
Permit #: 25744

Event Title: One Step Closer to the Cure 2019 Phone No.: 863/381-2034 Fax No.: 727/490-1999

Entity Name: Celma Mastry Ovarian Cancer Foundation Federal I.D. Number: 33-1023477

Event Date(s): 9/20/19-9/21/19 Location: Albert Whitted Park

Day 1 of Event: 9/20/19 Set up Time Gates Open: 12:00 p.m. Ending Time: 5:30 p.m.

Day 2 of Event: 9/21/19 Time Gates Open: 5:00 a.m. Ending Time: 11:30 a.m.

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

Application Prepared by: Claudette M. Carlan Phone: 863/381-2034

Title: Chairman Cell Phone: 863/381-2034

Address: P.O. Box 48787 City: St. Pete. State: Fl Zip: 33743

Email Address: ccarlan@cmocf.org

Additional Contact Person: Susan Daniels Day Phone: 727/825-7790

What month/year were you incorporated as nonprofit? August 2003

List all 501(c)3 entities that will benefit from this event. Celma Mastry Ovarian Cancer Foundation

Name of the for-profit entity? None

Describe your event with details.

One Step Closer to the Cure 2019 is a 10K/5K/1M Run/Walk with serious runners, causal runners supporting women in treatment of ovarian cancer. There are lots of teams formed in honor or memory of someone passed from or fighting ovarian cancer. It is a great event bringing awareness to a disease that is not well known of or has a test available for screeing. It helps to educate women about the disease and support those who have by raising funds for their support during treatment.

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

An economic benefit of the One Step Closer is the support of women in the St. Petersburg community in treatment for ovarian cancer. Funds raised are used to pay personal expenses for these women . Secondly, the course for One Step showcases the St. Pete. downtown waterfront beauty. We advertise nationwide with pictures of activities in St. Pete. and give hotel recommendations for downtown.

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: 40.-45. Day of: 55.-60.

Please provide the website address for your event. cmocf.org/one step

Please provide a phone number that can be advertised to the public. 863/381-2034

What is the estimated attendance for this event? Spectators 2-300 Participants 1400 Last Year's Total Attendance 1400

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

- [x] Mahaffey Theater
- [ ] Coliseum
- [ ] Sunken Gardens
- [ ] Boyd Hill

- [ ] Non-City Locations

Which Location?

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

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

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

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

Name:	Claudette M. Carlan	Title:	Chairman	Date:	11/12/2018
Co-Sign:		Title:		Date:	

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

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

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☐ Vending Product / Merchandise Sales		Occupational License
☐ Vending Food / Beverage		Health Inspection
☐ Vendors / Exhibitors	How many?	
☒ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 2	Temporary Structure Permit
☐ Fence Installation	What type?	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ 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 7 Disabled Units 4 Hand Washing x	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

☐ Other:

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

Will you supply your own generators? ☒ YES ☐ NO

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

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

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

Name: Celma Mastry Ovarian Cancer Foundation Phone: 863/381-2034

Address (including zip): P.O. Box 48787 - St. Petersburg, Fl 33743-8787

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

DJ or Guitarist or Radio

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.

Set up on Friday Sept. 20, 2019 starting at Noon - Tents unloaded at Albert Whitted Park
Rental Port o Lets, Tables, Chairs unloaded at this time on Friday 9/20/19.
Registration (late) at 3:30 p.m.-5:00 p.m. 9/20/19.

Other Comments: Please describe your fee structure.

Early registration and discounts allowed months prior to event with dates starting and ending posted.
i.e. $40.00 would be a price for early registration for 10K/5K with $25.00 or 1M
Price increases with closer dates to event.
Adults have different price than children and survivors of ovarian cancer are free.
Day of event prices increase by $5-10.00.

Other comments:

All monies raised are given back to this community. Women in need of support during ovarian cancer treatment make requests to us and we write them checks to use for personal bills. Last year, 2018 we funded $70,000. through our Hope Fund requests.

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

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

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

Name: Claudette M. Carlan Title: Chairman Date: 11/12/2018

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: Celma Mastry Ovarian Cancer Foundation

Name of Responsible Party (President or CEO ONLY): Claudette M. Carlan

Title of Responsible Party: Chairman

Physical Address of Responsible Party: 2801 Anvil Street No. St. Petersburg, Fl 33710

Phone Number of Responsible Party: 863/ 381-2034

Email Address of Responsible Party: ccarlan@cmocf.org

Nonprofit (Employee Identification Number): #33-1023477

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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

What method of invoicing would your organization prefer?

☒ BY Mail

Contact Name: Claudette M. Carlan - Celma Mastry Ovarian Cancer Foundation

Address: P.O. Box 48787

City, State, Zip: St. Petersburg, Fl 33743-8787

☐ BY EMAIL

Email Address:

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

Name of Event: One Step Closer to the Cure 2018
Date(s) of Event: 9/22/2018 -

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

		Amount
1.	Sponsors	$45,941.00
2.	Registration -	$34,678.00
3.	Donations	$37,582.65
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$118,201.65

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

1.	City of St. Pete.	$14,032.43
2.	Printing, T-Shirts, Medals, Timing, Media and ads, Race Director	$40,036.00
3.		
4		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$54,068.43
	TOTAL NET INCOME	$64,133.22

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

1.	Hope Fund Requests so far in 2018 - Women in Treatment of ovarian cancer and their famili	$62,800.00
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	$62,800.00

Prepared by: Claudette M. Carlan Date: 11/12/2018

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
CELMA MASTRY OVARIAN CANCER FOUNDATION, INC.

Filing Information

Document Number	N02000002758
FEI/EIN Number	33-1023477
Date Filed	04/08/2002
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	11/01/2017

Principal Address

2801 ANVIL STREET NORTH
SAINT PETERSBURG, FL 33710

Changed: 02/16/2010

Mailing Address

2801 ANVIL STREET NORTH
SAINT PETERSBURG, FL 33710

Changed: 02/16/2010

Registered Agent Name & Address

MASTRY, CONSTANTINE E
8360 73RD COURT
PINELLAS PARK, FL 33781

Name Changed: 11/01/2017

Address Changed: 04/14/2009

Officer/Director Detail

Name & Address

Title VPSD

JANSSEN, JULIE
P.O. BOX 48787
St. Petersburg, FL 33743

Title P

CARLAN, CLAUDETTE M.
4309 DEERWOOD DR
ZOLFO SPRINGS, FL 33890

Title VD

MASTRY, MICHAEL GMD
3B BEAUFORT CT, RABY BAY
CLEVELAND, QU 4163 AU

Title TRD

MASTRY, CONSTANTINE E
10640 SW 121 Ave Road
Dunnellon, FL 34432

Annual Reports

Report Year	Filed Date
2016	01/23/2016
2017	11/01/2017
2018	01/12/2018

Document Images

01/12/2018 -- ANNUAL REPORT	View image in PDF format
11/01/2017 -- REINSTATEMENT	View image in PDF format
01/23/2016 -- ANNUAL REPORT	View image in PDF format
11/30/2015 -- Merger	View image in PDF format
01/08/2015 -- ANNUAL REPORT	View image in PDF format
01/09/2014 -- ANNUAL REPORT	View image in PDF format
04/12/2013 -- ANNUAL REPORT	View image in PDF format
01/05/2012 -- ANNUAL REPORT	View image in PDF format
01/05/2011 -- ANNUAL REPORT	View image in PDF format
02/16/2010 -- ANNUAL REPORT	View image in PDF format
04/14/2009 -- ANNUAL REPORT	View image in PDF format
01/08/2008 -- ANNUAL REPORT	View image in PDF format
03/07/2007 -- ANNUAL REPORT	View image in PDF format
03/17/2006 -- ANNUAL REPORT	View image in PDF format
01/11/2005 -- ANNUAL REPORT	View image in PDF format
02/06/2004 -- ANNUAL REPORT	View image in PDF format
03/17/2003 -- ANNUAL REPORT	View image in PDF format
03/17/2003 -- Name Change	View image in PDF format
04/08/2002 -- Domestic Non-Profit	View image in PDF format

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Contract/Permit

Contract #: 25744
Date: 18 Dec 2018

User: JSBENNIN
Status: Firm

CELMA MASTRY OVARIAN CANCER FOUNDATION
CLAUDETTE CARLAN
PO BOX 48787
ST PETERSBURG FL 33773 USA

Primary #: (863) 381-2034
Secondary #: ()
Other #: ()

Purpose of Use: ONE STEP CLOSER TO THE CURE 2019

Expected: 1,400

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 20 Sep 19 06:00 am** **Ending: Sat 21 Sep 19 01:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Fri	20 Sep 2019	06:00 AM	$0.00	$200.00	$0.00	$200.00
Park		21 Sep 2019	01:00 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	31:00	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
18 Dec 2018	$230.00	Check	Rental	3209374

Additional Notes:

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

By:(Sign Name)

(Print Name) **CLAUDETTE CARLAN**

CELMA MASTRY OVARIAN CANCER FOUNDATION
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name):
Parks and Recreation Superintendent

(Print Name)
Parks and Recreation Department

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

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

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City of St. Petersburg

CELMA MASTRY OVARIAN CANCER FOUNDATION
CLAUDETTE CARLAN
PO BOX 48787
ST PETERSBURG, FL 33773 USA

Receipt #: 3209374
User: JSBENNIN
Issued: Tue 18 Dec 18 01:04 pm

Description	Amount
Previous Balance	$230.00
Applied To: 25744 - ONE STEP CLOSER TO THE CURE 2019 Albert Whitted Park - Park September 20, 2019 6:00 am to September 21, 2019 1:00 pm	$230.00
Payment: Check	($230.00)
Balance	$0.00

APPROVED REFUNDS ARE BY CHECK ONLY

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

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www.stpete.org

st. petersburg parks & recreation

Date Received: 12-20-19
Check or Cash:
Application #: 92
Packet: C
Permit #: 25950

Event Title: Tash Sultana Phone No.: 941 504 0283 Fax No.:

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

Event Date(s): May 7/8/9 2019 Location: Vinoy Park

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) No

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

Tables (6 ft) # needed No Chairs # needed None

Public Address System No

# of portable risers needed (4 in. x 8 in. x 16 in. sections) None

Special Events Facilities

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

☐ Non-City Locations

Which Location?

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

POLICE:	Public Safety Personnel, Marine Services
TRAFFIC:	Personnel, Equipment (cones, barricades, no parking signs)
FIRE:	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES:	On-site Presence, Logistics Help, Liaison with Other 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:	Gaetano Rifugiato	Title:	President	Date:	2 July 2018
Co-Sign:		Title:		Date:	

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

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

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many?	
☒ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 2	Temporary Structure Permit
☒ Fence Installation	What type? Wire as previous	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☐ Require Street Closure		Parade or Street Closure Permit(s)
☒ VIP Area		
☒ Staging	☐ Professional ☒ Showmobile ☐ Other	
☒ Amplified Sound	☒ Performers ☐ Announcement Only	
☒ Security	☒ Daytime - Private ☒ Overnight - Private ☐ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 60 Disabled Units 10 Hand Washing 12	
☒ 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.

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: TBD

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

Nonprofit (Employee Identification Number):

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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

What method of invoicing would your organization prefer?

☐ BY Mail

Contact Name

Address

City, State, Zip

☒ BY EMAIL

Email Address: noclubspresents@icloud.com

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

Name of Event:

Date(s) of Event: No 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

ubmit Application by Ema

Florida Department of State DIVISION OF CORPORATIONS

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

Detail by Entity Name

Florida Limited Liability Company
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

st.petersburg

Contract/Permit

Contract #: 25950
Date: 15 Jan 2019

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: TASH SULTANA

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: Tue 07 May 19 06:00 am** **Ending: Thu 09 May 19 11:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Tue	07 May 2019	06:00 AM	$0.00	$300.00	$0.00	$300.00
Vinoy Park		09 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 (Vinoy)	65:00	1	$300.00	$0.00	$300.00
		1	$300.00	$0.00	$300.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
28 Nov 2018	$330.00	Check	Rental	3199958

Additional Notes:

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

By:(Sign Name) _____

(Print Name) **GAETANO RIFUGIATO**

WE ARE CONCERTS LLC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

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

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

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

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st. petersburg parks & recreation

Date Received: 1-14-19
Check or Cash:
Application #: 93
Packet: D
Permit #: 25943

Event Title: Tampa Bay CureSearch Walk | Phone No.: 2402352240 | Fax No.: 301-718-0047

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

Event Date(s): 9/28/2019 | Location: Walter Fuller Park

Day 1 of Event: 9/28/2019 | Time Gates Open: 9am | Ending Time: 12pm

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

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

Application Prepared by: Eric Robinson | Phone: 2402352240

Title: Manager, Campaign Development | Cell Phone: 2402352240

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

Email Address: eric.robinson@curesearch.org

Additional Contact Person: Jennifer Murphy | Day Phone: 2402352211

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? NA

Describe your event with details.

CureSearch is a well-known, national non-profit that raises money to support pediatric cancer research. By supporting the CureSearch Walk 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. We have held this event at Walter Fuller Park the past two years and greatly appreciate the venue/support.

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

Pediatric patients, families, hospital staff, and supporters, along with various business sponsors in the community will come to the walk in which many will visit shops, have breakfast/lunch in the area, and get a great experience of the grass roots facilities that St. Petersburg offers, primarily with this event being at Walter Fuller 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.curesearchevents.org/tampabay

Please provide a phone number that can be advertised to the public. 2402352240

What is the estimated attendance for this event? Spectators 50 Participants 250 Last Year's Total Attendance 200

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

Recreation Equipment

Showmobile (Yes/No) No

Bleacher(s) needed. Each bleacher approx. 180 people) 0

Tables (6 ft) # needed 15 Chairs # needed 30

Public Address System No

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

Special Events Facilities

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

☐ Non-City Locations

Which Location?

Walter Fuller Park

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

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

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

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

Name:	Eric Robinson	Title:	Manager, Campaign Developm	Date:	1/3/2019
Co-Sign:	Jennifer Murphy	Title:	National Director, Campaign D	Date:	1/3/2019

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? ☐ YES ☒ NO

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

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

No

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

Name: Eric Robinson Phone: 2402352240

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

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

Kid/family friendly, 1 stage, no bands.

List Vending Products. Name & Provider.

NA

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

NA

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

Possible doctors, nurses, child cancer survivors, and CureSearch staffer will lead in discussion of how event is supporting CureSearch's mission of finding a cure for children's cancer.

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

6am load in and 1pm load out, will use parking lot located near Walter Fuller Park Recreation Center.

Other Comments: Please describe your fee structure.

Not a first-time event and qualifying non-profit 501(c)3 at Walter Fuller Park one-day event, $200.

Other comments:

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

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

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

Name: Eric Robinson Title: Manager, Campaign Developm Date: 1/3/2019

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: CureSearch for Children's Cancer

Name of Responsible Party (President or CEO ONLY): Kay Koehler

Title of Responsible Party: CEO

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

Phone Number of Responsible Party:

Email Address of Responsible Party: kay.koehler@curesearch.org

Nonprofit (Employee Identification Number): 95-4132414

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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

What method of invoicing would your organization prefer?

☐ BY Mail

Contact Name

Address

City, State, Zip

☒ BY EMAIL

Email Address: eric.robinson@curesearch.org

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

Name of Event: 2019 Tampa Bay CureSearch Walk

Date(s) of Event: 9/28/2019 - 9/28/2019

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: Eric Robinson, Manager, Campaign Development Date: 1/3/2019

Print Application

Submit Application by Email

GROSS MENDELSOHN
ACCOUNTING | TECHNOLOGY | WEALTH ADVISORY

Bright ideas. Smart solutions.

Independent Auditor's Report

To the Board of Directors
CureSearch for Children's Cancer

We have audited the accompanying financial statements of CureSearch for Children's Cancer (a non-profit organization), which comprise the statements of financial position as of December 31, 2017 and 2016, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of CureSearch for Children's Cancer as of December 31, 2017 and 2016 and the changes in its net assets, and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Gross, Mendelsohn & Associates, P.A.

Baltimore, Maryland
August 30, 2018

CURESEARCH FOR CHILDREN'S CANCER
Statements of Financial Position
December 31, 2017 and 2016

	2017	2016
Assets		
Current Assets		
Cash and cash equivalents	$ 455,098	$ 155,453
Accounts receivable	220,474	376,578
Contributions receivable	143,138	108,658
Investments, current portion	2,881,810	2,542,559
Prepaid expenses	33,675	90,834
Total Current Assets	3,734,195	3,274,082
Property, net of accumulated depreciation	55,371	84,362
Other Assets		
Investments, long-term portion	1,500,000	2,500,000
Assets held in trust	-0-	147,634
Deposits	24,802	24,802
Total Other Assets	1,524,802	2,672,436
Total Assets	$ 5,314,368	$ 6,030,880
Liabilities and Net Assets		
Current Liabilities		
Accounts payable and accrued expenses	$ 226,950	$ 259,620
Deferred revenue	42,070	35,406
Deferred rent, current portion	45,849	38,321
Total Current Liabilities	314,869	333,347
Non-Current Liabilities		
Deferred rent, non-current portion	37,003	79,181
Deferred compensation	-0-	147,634
Total Non-Current Liabilities	37,003	226,815
Total Liabilities	351,872	560,162
Commitments (Notes 7, 8 and 9)		
Net Assets		
Unrestricted	416,635	690,493
Temporarily restricted	3,045,861	2,280,225
Permanently restricted	1,500,000	2,500,000
Total Net Assets	4,962,496	5,470,718
Total Liabilities and Net Assets	$ 5,314,368	$ 6,030,880

The accompanying notes are an integral part of these financial statements.

CURESEARCH FOR CHILDREN'S CANCER
Statements of Activities
Years Ended December 31, 2017 and 2016

	2017			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Support and Revenue				
Contributions	$ 865,525	$ 133,580	$ -0-	$ 999,105
Institutional grants and gifts	6,500	684,750	-0-	691,250
Cause and marketing revenue	79,027	27,138	-0-	106,165
Special events, net	1,670,600	801,108	-0-	2,471,708
Investment income, net	47,890	299,014	-0-	346,904
Other revenue	36,875	-0-	-0-	36,875
Transfer of Schow endowment fund	-0-	1,000,000	(1,000,000)	-0-
Net assets released from restrictions:				
Satisfaction of program restrictions	2,071,646	(2,071,646)	-0-	-0-
Satisfaction of time restrictions	108,308	(108,308)	-0-	-0-
Total Support and Revenue	4,886,371	765,636	(1,000,000)	4,652,007
Expenses				
Program services	3,027,723	-0-	-0-	3,027,723
Support services				
Fundraising	1,464,316	-0-	-0-	1,464,316
Management and general	668,190	-0-	-0-	668,190
Total Support Services	2,132,506	-0-	-0-	2,132,506
Total Expenses	5,160,229	-0-	-0-	5,160,229
Change in Net Assets	(273,858)	765,636	(1,000,000)	(508,222)
Net Assets at Beginning of Year	690,493	2,280,225	2,500,000	5,470,718
Net Assets at End of Year	$ 416,635	$ 3,045,861	$ 1,500,000	$ 4,962,496

2016			
Unrestricted	Temporarily Restricted	Permanently Restricted	Total
$ 1,055,459	$ 289,325	$ -0-	$ 1,344,784
32,000	532,500	-0-	564,500
325,938	363,690	-0-	689,628
2,032,103	422,652	-0-	2,454,755
72,244	146,915	-0-	219,159
3,385	-0-	-0-	3,385
-0-	-0-	-0-	-0-
2,324,109	(2,324,109)	-0-	-0-
91,000	(91,000)	-0-	-0-
5,936,238	(660,027)	-0-	5,276,211
4,149,437	-0-	-0-	4,149,437
1,663,052	-0-	-0-	1,663,052
714,138	-0-	-0-	714,138
2,377,190	-0-	-0-	2,377,190
6,526,627	-0-	-0-	6,526,627
(590,389)	(660,027)	-0-	(1,250,416)
1,280,882	2,940,252	2,500,000	6,721,134
$ 690,493	$ 2,280,225	$ 2,500,000	$ 5,470,718

The accompanying notes are an integral part of these financial statements.

CURESEARCH FOR CHILDREN'S CANCER
Statements of Cash Flows
Years Ended December 31, 2017 and 2016

	2017	2016
Cash Flows from Operating Activities		
Change in net assets	$ (508,222)	$ (1,250,416)
Adjustments to reconcile change in net assets to net cash used in operating activities:		
Depreciation	28,992	30,872
Net gains on investments	(236,778)	(87,968)
Donated stock contributions	(31,051)	(29,420)
Changes in operating assets and liabilities:		
Accounts receivable	156,104	(5,622)
Contributions receivable	(34,480)	(17,658)
Prepaid expenses	57,159	(39,954)
Deposits	-0-	3,689
Accounts payable and accrued expenses	(32,670)	29,198
Deferred revenue	6,664	1,768
Deferred rent	(34,650)	(33,283)
Deferred compensation	(147,634)	73,085
Net Cash Used in Operating Activities	(776,566)	(1,325,709)
Cash Flows from Investing Activities		
Proceeds from sales of investments	1,043,664	1,905,826
Purchases of investments	(146,138)	(1,130,259)
Net proceeds from sale of donated stock	31,051	29,420
Decrease (increase) in assets held in trust	147,634	(62,644)
Net Cash Provided by Investing Activities	1,076,211	742,343
Net Increase (Decrease) in Cash and Cash Equivalents	299,645	(583,366)
Cash and Cash Equivalents at Beginning of Year	155,453	738,819
Cash and Cash Equivalents at End of Year	$ 455,098	$ 155,453

The accompanying notes are an integral part of these financial statements.

IRS 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

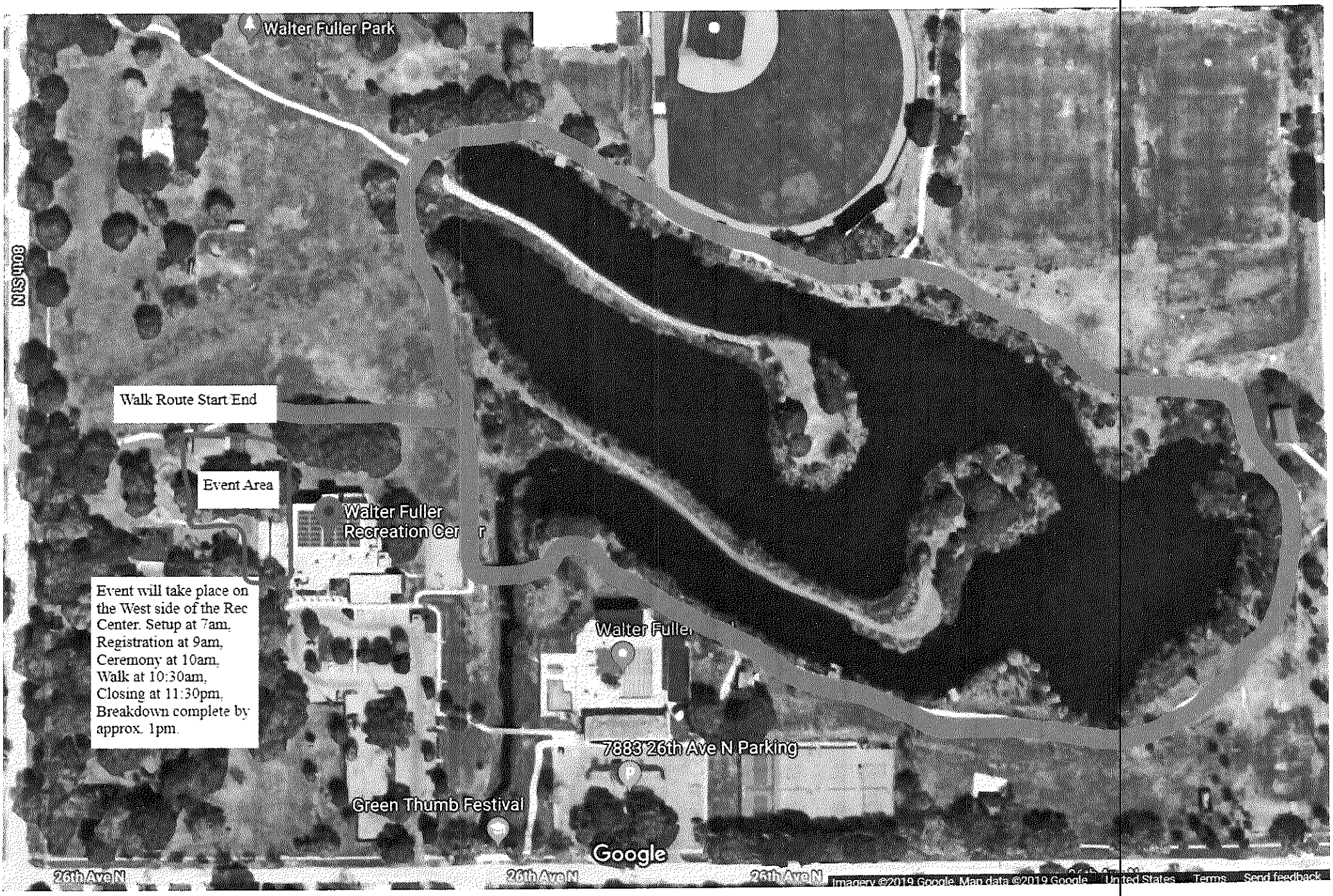
CURESEARCH FOR CHILDRENS CANCER
CANCER RESEARCH FOR CHILDREN
4600 EAST WEST HWY STE 600
BETHESDA MD 20814

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

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


Walter Fuller Park
80th St N
Walk Route Start End
Event Area
Walter Fuller
Recreation Cer r
Event will take place on the West side of the Rec Center. Setup at 7am, Registration at 9am, Ceremony at 10am, Walk at 10:30am, Closing at 11:30pm. Breakdown complete by approx. 1pm.
Walter Fulle
7883 26th Ave N Parking
Green Thumb Festival
Google
26th Ave N
26th Ave N
26th Ave N
Imagery ©2019 Google, Map data ©2019 Google United States Terms Send feedback

Florida Department of State

DIVISION OF CORPORATIONS

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

Koehler, Kay
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

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
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BETHEDA, MD 20814

Title Director

Kelly, Matt
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Title Director

Gould, Annie

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BETHEDA, MD 20814

Title Director

Carter, Cason
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Title Director

Brancazio, Jared
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BETHEDA, MD 20814

Title Director

Collier, Shari
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BETHEDA, MD 20814

Title Director

Blackman, Samuel
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Title Director

O'Reilly, Richard
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Title Director

Wanner, Kathy
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Title COO

Burke, Katharine A
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Annual Reports

Report Year	Filed Date
2017	03/23/2017
2018	01/16/2018
2018	09/20/2018

Document Images

st.petersburg

Contract/Permit

Contract #: 25943
Date: 15 Jan 2019

User: JSBENNIN
Status: Firm

CURESEARCH FOR CHILDRENS CANCER
ERIC ROBINSON
4600 EAST WEST HWY STE 600
BETHESDA MD 20814 USA

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

Purpose of Use: TAMPA BAY CURESEARCH WALK **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 28 Sep 19 06:00 am **Ending:** Sat 28 Sep 19 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Walter Fuller Park	Sat	28 Sep 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
				$30.00

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Application Processing Fee - Parks	15:00	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) **ERIC ROBINSON**

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

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

Co-Sponsored Events

Profit / Non Profit Report

2019 - 2020

Book #	Event Name	1st Year	Non Profit Organization	Profit Organization	Event Date	Times	Liquor Letter	Event Location
5	Hydrocephalus Association Walk	NO	HYDROCEPHALUS ASSOCIATION INCORPORATED		11/09/19	5:00am - 2pm	NO	Elva Rouse Park
6	Making Strides	NO	AMERICAN CANCER SOCIETY		10/19/19	6am - 12pm	NO	Vinoy Park Mole
7	2018 Walk Like MADD Pinellas	NO	MOTHERS AGAINST DRUNK DRIVING, INC.		10/12/19	8am - 11am	NO	Albert Whitted Park
8	SPIFFS	NO	ST. PETERSBURG INTERNATIONAL FOLK FAIR SOCIETY, INC.		10/24/19 - 10/27/19	9am - 3pm 9am - 3pm 10am - 9pm 10am - 6pm	NO	Vinoy Park
9	95.7 Beats by the Bay	NO		IHEARTMEDIA + ENTERTAINMENT, INC.	11/02/19	2pm - 10pm	YES	Vinoy Park
10	Movies in the Park (Oct.)	NO	ST. PETERSBURG PRESERVATION		Thursdays in October	5:30pm - 10:30pm	NO	North Straub Park
11	CraftArt Festival 2018	NO	FLORIDA CRAFTSMEN INC.		11/23/19 & 11/24/19	10am - 5pm 10am - 4pm	NO	Central Avenue (4th to 6th St.) 5th St. (1st Ave N to 1st Ave S)
12	Girls on the Run 5k (Fall)	NO	GIRLS ON THE RUN GREATER TAMPA BAY		12/14/19	7am - 11am	NO	Poynter Park
13	Girls on the Run 2019 (Spring)	NO	GIRLS ON THE RUN GREATER TAMPA BAY		05/02/20	7am -11am	NO	Poynter Park
14	St. Pete Run Fest	NO	JUMP FOR KIDS, INC.	ENDORFUN SPORTS LLC.	11/15/19 11/16/19 11/17/19	3pm- 9pm 6am - 2pm 5am - 4pm	YES	Albert Whitted/ Al Lang
15	SPCA Tampa Bay Pet Walk	NO	SPCA TAMPA BAY		05/01/20	8:00am - 12:00pm	NO	Vinoy Park
16	Coffee Pot Turkey Trot	NO	FRIENDS OF NORTH SHORE ELEMENTART INC.		11/28/19	7am - 5pm	NO	North Shore Elementary School
17	First Night St. Pete	NO	FIRST NIGHT ST. PETERSBURG, INC.		12/31/19	4pm - 12am	NO	Downtown Parks
18	St Pete Science Festival / Marinequest	NO	PIER AQUARIUM, INC		10/18/19 10/19/19	9am - 3pm 8am - 5pm	NO	USF/ Poynter Park
19	Shannon's Walk for ACC Cure	NO	ACC C.U.R.E. A NJ NONPROFIT CORPORATION		10/19/19	9am - 12pm	NO	Flora Wylie Park
20	St. Pete Empower + Yoga	YES	HEELS TO HEAL, INC.		10/06/19	6am - 2pm	NO	Albert Whitted Park or Vinoy Mole

City of St. Petersburg

Co-Sponsored Events

Profit / Non Profit Report

2019 - 2020

Event #	Event Name	1st Year	Non Profit Organization	Profit Organization	Event Date	Times	Liquor Letter	Event Location
21	Bungalow Fest	NO	HISTORIC KENWOOD NEIGHBORHOOD ASSOCIATION, INC.		11/02/19	10am - 4pm	NO	Seminole Park
22	St. Pete Power & Sailboat Show	NO	TBA	YACHTING PROMOTIONS, INC.	12/05/19 12/06/19 12/07/19 12/08/19	10am - 7pm	YES	Albert Whitted Park
23	Chillounge Night	NO	CREATIVE CLAY INC.	DESIGN OFRESCO CORP.	11/16/19	5pm-11pm	YES	North Straub Park
24	Savor St Pete	YES	ST. PETERSBURG COLLEGE FOUNDATION, INC.	FLORIDATA CAPITAL ASSETS GROUP, INC.	11/02/19 11/03/19	12pm - 4pm 12pm - 4pm	YES	North Straub Park
25	Tampa Bay Bluesfest	NO	TAMPA BAY BLUES FOUNDATION, INC.		04/03/20 04/04/20 04/05/20	11am - 10pm 11am - 10pm 11am - 10pm	YES	Vinoy Park
26	St. Petersburg Distance Classic	NO	TBA	WATERCROSS INTERNATIONAL, INC.	02/09/20	5pm-2pm	NO	Vinoy Park
27	UIPM Biathle/Triathle World Championship	YES	USA PENTATHLON, INC.		10/24/19 10/25/19 10/26/19	7am - 7pm	NO	Albert Whitted Park

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

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st. petersburg parks & recreation

Date Received: 12-19-18
Check or Cash:
Application #: 3
Packet: A
Permit #: 25936

Event Title: Hydrocephalus WALK Phone No.: 727-744-6702 Fax No.:

Entity Name: Hydrocephalus Association Federal I.D. Number:

Event Date(s): November 9th 2019 Location: Elva Rouse Park

Day 1 of Event: 11/9/2019 Time Gates Open: 0500 Ending Time: 1400

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

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

Application Prepared by: Kentlee Battick Phone: 727-744-6702

Title: Walk Co-Chair Cell Phone: 727-744-6702

Address: 6701 76th Ave E City: Palmetto State: Fl Zip: 34221

Email Address: kbattic2@jhmi.edu

Additional Contact Person: Carrie Young Day Phone: 813-767-2204

What month/year were you incorporated as nonprofit? Jan 1986

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

Name of the for-profit entity? NONE

Describe your event with details.

National Recognition as a supporter of patients with hydrocephalus

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

Increased visibility

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. support.hydroassoc.org/2018stpetersburgtampabayareaWALK

Please provide a phone number that can be advertised to the public. 813-767-2204

What is the estimated attendance for this event? Spectators Participants 200 Last Year's Total Attendance 150

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

Recreation Equipment

Showmobile (Yes/No) NO

Bleacher(s) needed. Each bleacher approx. 180 people) None

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

Public Address System Non- provided by DJ

# of portable risers needed (4 in. x 8 in. x 16 in. sections) 2

Special Events Facilities

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

☐ Non-City Locations

Which Location?

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

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

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

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

Name:	Kentlee Battick	Title:	Walk Chair	Date:	12/19/2018
Co-Sign:	Carrie Young	Title:	Walk Chair	Date:	12/19/2018

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 if paid.**

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

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.

None

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

Name: Hydrocephalus Association Phone: 240-483-4601

Address (including zip): 4340 E. West Highway, Suite 905, Bethesda, MD 20814

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

DJ playing popular family friendly music and announcing walk activities. One Stage with no band

List Vending Products. Name & Provider.

None

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.

Education and awareness of hydrocephalus

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

Load in and out through south parking lot

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: Kentlee Battick Title: Walk Chair Date: 12/19/2018

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: Hydrocephalus Association

Name of Responsible Party (President or CEO ONLY): Diana Gray

Title of Responsible Party: CEO

Physical Address of Responsible Party: 4340 E West Highway, Suite 905, Bethesda MD 20814

Phone Number of Responsible Party: 240-483-4601

Email Address of Responsible Party: walk@hydroassoc.org

Nonprofit (Employee Identification Number): 94-3000301

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: kbattic2@jhmi.edu

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

Name of Event:

Date(s) of Event: -

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

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

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

1.	Walk Supplies	$2,000.00
2.		
3.		
4		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$2,000.00
	TOTAL NET INCOME	($2,000.00)

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: Kentlee Battick

Date: 12/19/2018

Print Application

Submit Application by Email

MARYLAND BUSINESSEXPRESS

Want to PLAN, START, MANAGE, or GROW your business? Click HERE!

Maryland Business Express

HYDROCEPHALUS ASSOCIATION INCORPORATED AKA HYDROCEPHALUS ASSOCIATION: F14895940

General Information | Filing History | Annual Report/Personal Property

General Information

Department ID Number:
F14895940

Business Name:
HYDROCEPHALUS ASSOCIATION
INCORPORATED AKA
HYDROCEPHALUS ASSOCIATION

Principal Office:
SUITE 905
4340 EAST WEST HIGHWAY
BETHESDA MD 20814

Resident Agent:
DAWN MANCUSO
SUITE 905
4340 EAST WEST HIGHWAY
BETHESDA MD 20814

Status:
INCORPORATED

Good Standing:
THIS BUSINESS IS IN GOOD STANDING
» Order Certificate of Status

Business Type:
FOREIGN CORPORATION

Business Code:
04 ORDINARY BUSINESS - NON-STOCK

Date of Formation/ Registration:
10/02/2012

State of Formation:
CA

Stock Status:
NONSTOCK

Close Status:
N/A

New Search Order Documents

Privacy and Security Policy | Accessibility Policy

FOR FILING AND BUSINESS RELATED QUESTIONS
Maryland Department of Assessments & Taxation
410-767-1184 | Outside the Baltimore Metro Area: 888-246-5941
Maryland Relay: 800-735-2258

FOR TECHNICAL QUESTIONS AND SUPPORT
NIC Maryland, eGov Services Partner of the Department of Information Technology (DoIT) and Maryland.gov
» Click for 24/7 Support

Maryland.gov SECURED

st.petersburg

Contract/Permit

Contract #: 25936
Date: 15 Jan 2019

User: JSBENNIN
Status: Firm

HYDROCEPHALUS ASSOCIATION INC
KENTLEE BATTICK
6701 76TH AVE E
PALMETTO FL 34221 USA

Primary #: (727) 744-6702
Secondary #: ()
Other #: ()

Purpose of Use: HYDROCEPHALUS WALK **Expected: 400** **Co-Sponsored Event**

Contract Balance $230.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting: Sat 09 Nov 19 05:00 am** **Ending: Sat 09 Nov 19 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Elva Rouse Park	Sat	09 Nov 2019	05:00 AM	$0.00	$200.00	$0.00	$200.00
Park			09:00 PM				

Additional Fees:

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

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Permit Fee	16:00	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) **KENTLEE BATTICK**

HYDROCEPHALUS 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

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st. petersburg parks & recreation

Date Received: 1-3-19
Check or Cash:
Application #: 4
Packet: A
Permit #: 25938

Event Title: Making Strides Against Breast Cancer | Phone No.: 813-349-5080 | Fax No.: 813-349-4431

Entity Name: American Cancer Society | Federal I.D. Number: 13-1788491

Event Date(s): October 19, 2019 | Location: Vinoy Park Mole

Day 1 of Event: October 18, 201 | Time Gates Open: 8 AM | Ending Time: 7 PM

Day 2 of Event: October 19, 201 | Time Gates Open: 6 AM | Ending Time: 12PM

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

Application Prepared by: Cindi Crisci | Phone: 727-432-1622

Title: Sr. Community Development Manager | Cell Phone: 727-432-1622

Address: 3709 West Jetton Avenue | City: Tampa | State: FL | Zip: 33629

Email Address: cindi.crisci@cancer.org

Additional Contact Person: Liz Evans | Day Phone: 248-703-7290

What month/year were you incorporated as nonprofit? May/1913

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

Name of the for-profit entity? n/a

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

Making Strides is our community's opportunity to honor breast cancer survivors and thrivers, educate the public about breast cancer prevention and early detection, and raise funds and awareness for the fight against breast cancer. We are celebrating 21 years in downtown St. Petersburg. Thank you City of St. Petersburg!

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

Event participants pay to park, meet for breakfast and lunch, visit the Saturday Morning Market, shop downtown and stay in hotels in downtown St. Petersburg

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

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

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

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

Please provide the website address for your event. www.makingstrideswalk.org/pinellas

Please provide a phone number that can be advertised to the public. 1-800-227-2345

What is the estimated attendance for this event? Spectators | Participants 7000 | Last Year's Total Attendance 6500

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

Recreation Equipment

Showmobile (Yes/No) Yes

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

Tables (6 ft) # needed Chairs # needed

Public Address System Possibly??

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

Special Events Facilities

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

☐ Non-City Locations

Which Location?

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

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

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

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

Name:	Cynthia Crisci	Title:	Sr. Dev. Community Manager	Date:	12/14/18
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 if paid.**

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
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PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? ☐ YES ☒ NO

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

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

Parade permit will be needed from Police

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

Name: American Cancer Society Phone: 813-253-0541

Address (including zip): 3709 West Jetton Avenue, Tampa, FL 33629

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

Deejay
Requesting Show Mobile for this event if available
1 band - PAL drumline to start walk and cheer our walkers on

List Vending Products. Name & Provider.

Complimentary giveaways, snacks and water provided by event sponsors

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

n/a

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

Community education on breast cancer and how donor dollars are used in our community

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

Tent, table and sign/banner set up in Vinoy Park Mole on Friday 10/18. Portable toilets, water and ice to be delivered on Friday as well. Storage unit (POD) delivered on Friday. Sponsors to unload prior to event on Saturday (7 AM)

Other Comments: Please describe your fee structure.

Donation/Fundraising type event

Other comments:

We have been in downtown St. Petersburg from the start - 21 years. Our walkers love the venue. Thank you for being a wonderful partner.

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

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

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

Name: Cynthia (Cindi) Crisci Title: Sr. Community Dev. Manager Date: 12/14/18

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: American Cancer Society

Name of Responsible Party (President or CEO ONLY): Gary Reedy

Title of Responsible Party: CEO

Physical Address of Responsible Party: 250 Williams Street NW, Atlanta, GA 30303

Phone Number of Responsible Party: 813-349-5080

Email Address of Responsible Party: cindi.crisci@cancer.org

Nonprofit (Employee Identification Number): 13-17888491

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: cindi.crisci@cancer.org

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

Name of Event: Making Strides Against Breast Cancer
Date(s) of Event: Oct 20, 2018 -

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

		Amount
1.	Sponsorship	$68,500.00
2.	Team Donations	$160,079.00
3.	Individual Walker Donations	$7,419.00
4	General Event Donations	$2,495.00
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$238,493.00

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

1.	Decorations and Signage	$432.00
2.	Print Materials and Event T-shirts	$3,526.16
3.	Rentals: Tables, Chairs, Portable toilets	$3,581.00
4	Entertainment (DJ)	$400.00
5.	Logistics: Site Fees/City	$5,583.70
6.		
7.		
8.		
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$13,522.86
	TOTAL NET INCOME	$224,970.14

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

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

Prepared by: Cynthia Crisci Date: Dec 14, 2018

Print Application

Submit Application by Email

MAKING STRIDES
Against Breast Cancer®

American Cancer Society®

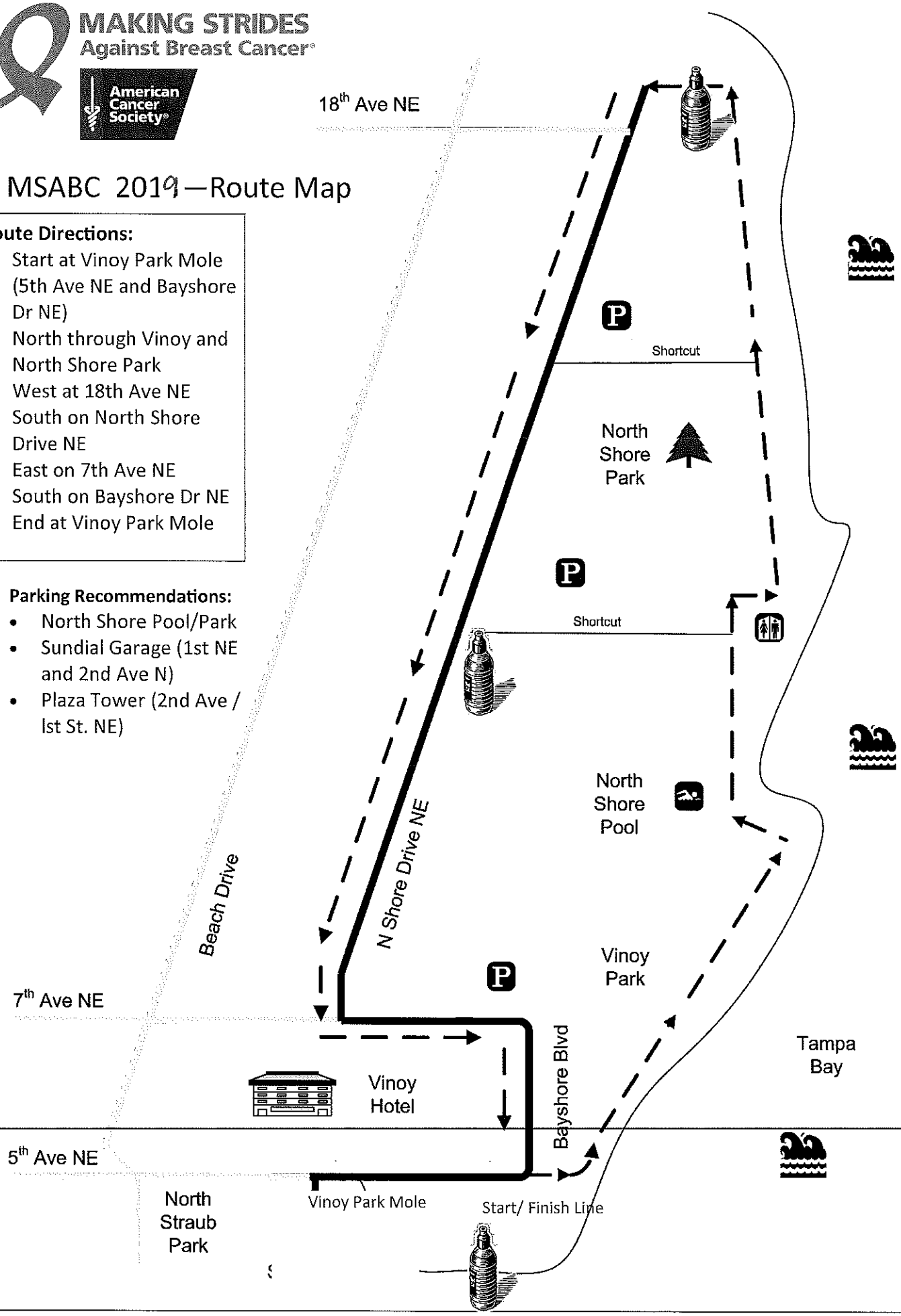
MSABC 2019—Route Map

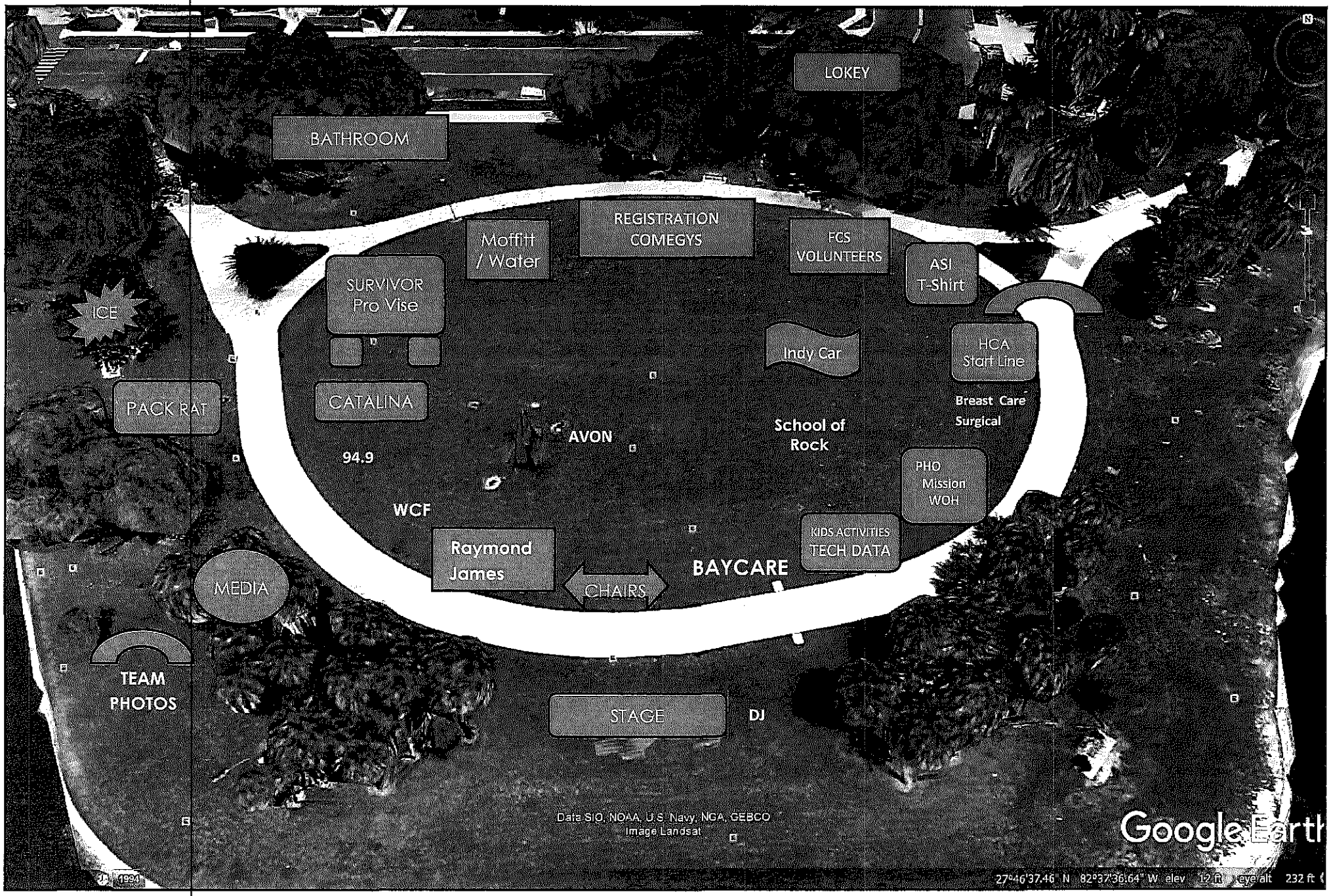
Route Directions:

- Start at Vinoy Park Mole (5th Ave NE and Bayshore Dr NE)
- North through Vinoy and North Shore Park
- West at 18th Ave NE
- South on North Shore Drive NE
- East on 7th Ave NE
- South on Bayshore Dr NE
- End at Vinoy Park Mole

Parking Recommendations:

- North Shore Pool/Park
- Sundial Garage (1st NE and 2nd Ave N)
- Plaza Tower (2nd Ave / 1st St. NE)





2019 Making Strides Against Breast Cancer of Pinellas

0000023 09/26/17

FLORIDA

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 10/15

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8016047816C-6	11/30/2017	11/30/2022	501(C)(3) ORGANIZATION

This certifies that

AMERICAN CANCER SOCIETY INC
3709 W JETTON AVE
TAMPA FL 33629-5111

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

FLORIDA

Important Information for Exempt Organizations

DR-14
R. 10/15

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).

2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.

3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.

4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).

5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.

6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

Florida Department of State DIVISION OF CORPORATIONS

Detail by Entity Name

Foreign Not For Profit Corporation
AMERICAN CANCER SOCIETY, INC.

Filing Information

Document Number	F01000002790
FEI/EIN Number	13-1788491
Date Filed	05/24/2001
State	NY
Status	ACTIVE
Last Event	CORPORATE MERGER
Event Date Filed	08/30/2012
Event Effective Date	09/01/2012

Principal Address

250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Changed: 04/09/2018

Mailing Address

250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Changed: 04/09/2018

Registered Agent Name & Address

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name Changed: 12/13/2012

Address Changed: 12/13/2012

Officer/Director Detail

Name & Address

Title Director

Pemberton, Gregory L., Esq.

250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Marlow, Brian A., CFA
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Guerra, Carmen E., MD, MSCE, FA
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Dang, Leeann Chau
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Armstrong, F. Daniel, PhD
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Lopez, Jorge Luis, Esq
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Jackson, Carol
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Henry, Susan, LCSW
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Heist, Daniel P., CPA
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Hamilton, John W., DDS
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Crome, Patricia J., RN, MN,NE-BC
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title President

Reedy, Gary M.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Novelli, William D.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Naylor, Joseph M.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Kumar, Amit, PhD
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Kean, Jeffrey L.

250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Joyce, Gareth T.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Secretary/Treasurer

Alfonso, John, CPA
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title General Counsel and Assistant Secretary

Philips, Timothy B.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Annual Reports

Report Year	Filed Date
2016	04/06/2016
2017	04/07/2017
2018	04/09/2018

Document Images

04/09/2018 -- ANNUAL REPORT	View image in PDF format
04/07/2017 -- ANNUAL REPORT	View image in PDF format
04/06/2016 -- ANNUAL REPORT	View image in PDF format
03/30/2015 -- ANNUAL REPORT	View image in PDF format
04/03/2014 -- ANNUAL REPORT	View image in PDF format
03/22/2013 -- ANNUAL REPORT	View image in PDF format
12/13/2012 -- Reg. Agent Change	View image in PDF format
08/30/2012 -- Merger	View image in PDF format
03/14/2012 -- ANNUAL REPORT	View image in PDF format
03/03/2011 -- ANNUAL REPORT	View image in PDF format
02/23/2010 -- ANNUAL REPORT	View image in PDF format
03/30/2009 -- ANNUAL REPORT	View image in PDF format
04/08/2008 -- ANNUAL REPORT	View image in PDF format
04/06/2007 -- ANNUAL REPORT	View image in PDF format
04/14/2006 -- ANNUAL REPORT	View image in PDF format
09/10/2005 -- ANNUAL REPORT	View image in PDF format
06/28/2005 -- Reg. Agent Change	View image in PDF format
11/05/2004 -- REINSTATEMENT	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 25938
Date: 15 Jan 2019

User: JSBENNIN
Status: Firm

AMERICAN CANCER SOCIETY
CINDI CRISCI
3709 WEST JETTON AVE
TAMPA FL 33629 USA

Primary #: (813) 349-5080
Secondary #: ()
Other #: ()

Purpose of Use: MAKING STRIDES AGAINST BREAST CANCER

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: Fri 18 Oct 19 06:00 am** **Ending: Sat 19 Oct 19 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Fri	18 Oct 2019	06:00 AM	$0.00	$200.00	$0.00	$200.00
Mole		19 Oct 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	39:00	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
04 Jan 2019	$230.00	Visa/MasterCard	Rental	3220142

Additional Notes:

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

By:(Sign Name)

(Print Name) **CINDI CRISCI**

AMERICAN CANCER SOCIETY
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name):
Parks and Recreation Superintendent

(Print Name)
Parks and Recreation Department

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

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

DocuSign Envelope ID: 618BD49B-BB73-4E4C-9650-6AAD680CA235

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1-8-19
Check or Cash: 306622
Application #: 5
Packet: A
Permit #: 25939

Event Title: 2019 Walk Like MADD Pinellas
Phone No.: 8139352676
Fax No.:
Entity Name: Mothers Against Drunk Driving
Federal I.D. Number: 94-2707273
Event Date(s): October 12, 2019
Location: Albert Whitted Park
Day 1 of Event: 10/12/2019 Time Gates Open: 8am Ending Time: 11am
Day 2 of Event: Time Gates Open: Ending Time:
Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared by: Larry E. Coggins, Jr.
Phone: 8139352672X7285
Title: Executive Director
Cell Phone: 8638603263
Address: 13902 North Dale Mabry Highway Sulte 239
City: Tampa
State: FL
Zip: 33618
Email Address: larry.coggins@madd.org
Additional Contact Person: Sharon Hall
Day Phone: 8139352676X7283
What month/year were you incorporated as nonprofit? November 1986
List all 501(c)3 entities that will benefit from this event. MADD & other local non-profits who attend as a vendor
Name of the for-profit entity? N/A

Describe your event with details.

Mothers Against Drunk Driving is the nation's oldest and largest non-profit dedicated solely to eliminating impaired driving, supporting law enforcement's DUI enforcement initiatives, providing education and outreach in local schools and civic organizations, and providing victim support and advocacy for the victims. Our programs have been in Pinellas County for over 30 years and holding the event within the City of St Petersburg for a second year in a row has allowed us to find a permanent home for this annual event, now in its 9th year, that raises the necessary funds to continue our outreach and advocacy.

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

The event will draw approximately 200 people that participate in the walk and another 50 who attend as volunteers and staff or event sponsors and the anticipated media draw that a national organization like MADD can garner. MADD staff and volunteers stay in local hotels leading up to the event and all planning meetings are held at local food establishments.

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

Does your group presently have liability insurance? ☒ YES ☐ NO How much? 1,000,000/2,000,000

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

Will there be an admission / registration fee? ☒ YES ☐ NO Advanced Fee: 20.00 Day of: 25.00

Please provide the website address for your event. www.walklikemadd.org/pinellas

Please provide a phone number that can be advertised to the public. 813-935-2676

What is the estimated attendance for this event? Spectators 50 Participants 200 Last Year's Total Attendance 225

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

Recreation Equipment

Showmobile (Yes/No) No

Bleacher(s) needed. Each bleacher approx. 180 people) 0

Tables (6 ft) # needed 35 Chairs # needed 70

Public Address System No

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

Special Events Facilities

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

☐ Non-City Locations

Which Location?

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

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

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

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

Name:	Larry E. Coggins, Jr.	Title:	Executive Director	Date:	01/02/2019
Co-Sign:	Sharon Hall	Title:	Program Manager	Date:	01/02/2019

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

DocuSign Envelope ID: 618BD49B-BB73-4E4C-9650-6AAD680CA235

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

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☐ Vending Product / Merchandise Sales		Occupational License
☐ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 11-20	
☐ 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? Small stage with sound system	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.

N/A

Will you supply your own generators? ☐ YES ☒ NO

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

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

N/A

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

Name: MADD Phone: 813-935-2676

Address (including zip): 13902 N Dale MAbry Highway Suite 239 Tampa, FL 33618

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

Background music for ambiance used during the event coming from sound system on stage.

List Vending Products. Name & Provider.

No items sold at the event. All vendors are sponsors who have an option to display their items, services, provide samples, promote their safety programs, etc.

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

N/A

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

Opening ceremonies will welcome attendees, provide event background, hear from local dignitary, etc. Closing ceremony will thank attendees, recognize sponsors, etc.

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

Our tents (10x10 max) along with event banners, program materials, etc will be unloaded the morning of the event without any interference to streets or traffic between 6:30am - 7:00am. All tents, tables, vendor area, etc to be set up and ready for 8am opening of registration/check-in.

Other Comments: Please describe your fee structure.

The event has a $20 per registration fee for participants and a $25 day-of fee. All participants receive an event t-shirt and participate, usually walking in memory of a lost loved one. Event is free and open to the public as a spectator.

Other comments:

Event committee includes members of St Petersburg PD and USF SP PD, as well as other members of the community. Walk route will be same as last year and will not interfere with local streets/traffic. Local law enforcement that participates displays patrol vehicles.

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: Larry E. Coggins, Jr. Title: Executive Director Date: 01/02/2019

MADD Approved By:

DocuSigned by:
Dave Pinsker
D0C1657E702B44A...
State Executive Director
January 8, 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: Mothers Against Drunk Driving

Name of Responsible Party (President or CEO ONLY): Vicki Knox

Title of Responsible Party: Chief Operating Officer

Physical Address of Responsible Party: 511 E John Carpenter Freeway Suite 700 Irving, TX 75062

Phone Number of Responsible Party: 469-420-4554

Email Address of Responsible Party: vicki.knox@madd.org

Nonprofit (Employee Identification Number): 94-2707273

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: larry.coggins@madd.org

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

Name of Event: 2018 Walk Like MADD Pinellas
Date(s) of Event: Oct 13, 2018 - Oct 13, 2018

I. REVENUE SOURCES (attach sheet if more space is needed)	Amount
1. Sponsorships	$28,750.00
2. Registration Fees	$1,890.00
3. Participant fundraising/donations	$11,664.00
4	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	$42,304.00

II. EXPENSES (attach sheet if more space is needed)	
1. City of St Petersburg Permit/Application	$230.00
2. St Petersburg PD Application	$30.00
3. City of St Petersburg Event	$1,509.00
4 Port-A-Potty Service	$540.00
5. Event Shirts	$1,068.00
6. DJ Services	$300.00
7. Staff mileage associated with event planning and attendance	$540.00
8. Staff meals associated with event planning meetings	$655.00
9. Miscellaneous supplies	$535.00
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	$5,407.00
TOTAL NET INCOME	$36,897.00

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)	
1. Community outreach and education	$10,000.00
2. Victim Advocacy	$16,000.00
3. Law Enforcement Support, education, and recognition	$10,000.00
4. Program materials	$897.00
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	$36,897.00

Prepared by: Larry E. Coggins, Jr. Date: 01/02/2019

Print Application

Submit Application by Email

Form **W-9**
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Mothers Against Drunk Driving

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
511 E John Carpenter Freeway #700

Requester's name and address (optional)

6 City, state, and ZIP code
Irving, Texas 75062

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number
9 4 – 2 7 0 7 2 7 3

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ [signature] Date ▶ 1/5/18

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

0000025 04/18/14

FLORIDA DEPARTMENT OF REVENUE

Consumer's Certificate of Exemption

DR-14
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8012699297C-6	04/30/2014	04/30/2019	501(C)(3) ORGANIZATION

This certifies that

MOTHERS AGAINST DRUNK DRIVING
511 E JOHN CARPENTER FWY STE 700
IRVING TX 75062-3983

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

FLORIDA DEPARTMENT OF REVENUE

Important Information for Exempt Organizations

DR-14
R. 04/11

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).

2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.

3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.

4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).

5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.

6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

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

In reply refer to: 0248219411
Sep. 22, 2014 LTR 4168C 0
94-2707273 000000 00
00020926
BODC: TE

MOTHERS AGAINST DRUNK DRIVING
% LISTA HIGHTOWER
511 E JOHN CARPENTER FWY STE 700
IRVING TX 75062

014410

Employer Identification Number: 94-2707273
Person to Contact: Laura A. Botkin
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Sep. 11, 2014, request for information regarding your tax-exempt status.

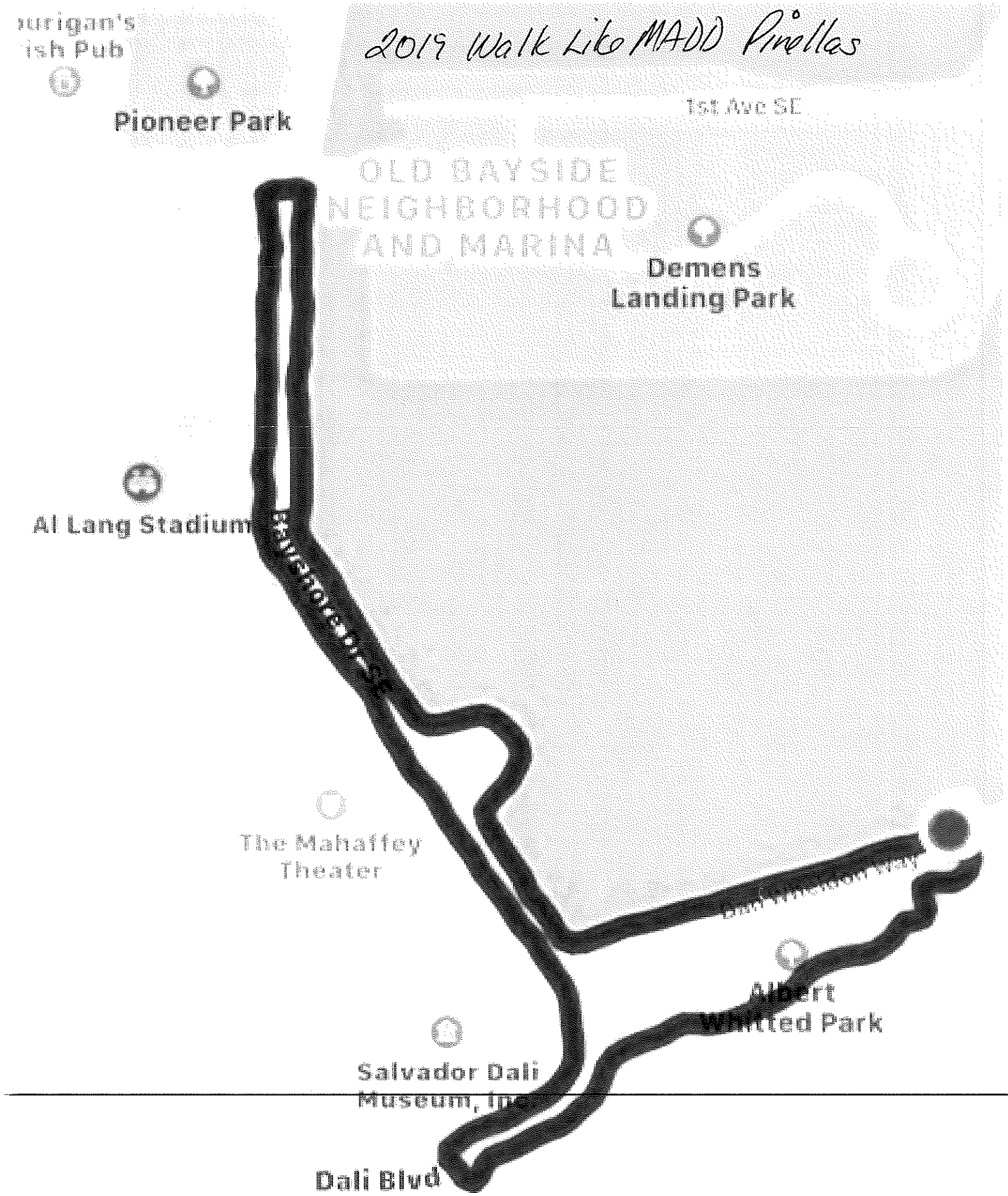
Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in November 1986.

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.

2019 Walk Like MADD Pinellas



Florida Department of State

DIVISION OF CORPORATIONS

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

Detail by Entity Name

Foreign Not For Profit Corporation
MOTHERS AGAINST DRUNK DRIVING, INC.

Filing Information

Document Number	P11459
FEI/EIN Number	94-2707273
Date Filed	09/18/1986
State	DC
Status	ACTIVE
Last Event	EVENT CONVERTED TO NOTES
Event Date Filed	09/18/1986
Event Effective Date	09/18/1986

Principal Address

C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Changed: 04/20/2009

Mailing Address

C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Changed: 04/20/2009

Registered Agent Name & Address

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

Name Changed: 06/25/2018

Address Changed: 06/25/2018

Officer/Director Detail

Name & Address

Title Chairman, Director

Mann, Chris

511 E. JOHN CARPENTER FRWY. 700
IRVING, TX 75062

Title Secretary, Director

McCartt, Anne
511 E. JOHN CARPENTER FRWY. 700
IRVING, TX 75062

Title PRESIDENT

Sheehey-Church, Colleen
511 E. JOHN CARPENTER FREEWY #700
IRVING, TX 75062

Title CFO

HIGHTOWER, LISTA
511 E.JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Interim CEO, COO

Knox, Vicki
511 E. JOHN CARPENTER FREEWY #700
IRVING, TX 75062

Title VC, Director

Geronemus, Heather
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Director

Atkinson, Season
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Director

Bulla, Brad
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Director

Sikes, Joseph

C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Director

Milano , Madalene
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Director

Leister, Carol F
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY
STE 700
IRVING, TX 75062

Title Director

Kelley-Baker, Tara
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Director

Carter, Robert
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Director

Rooney, Walter, Dr.
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Director

Frye, Martha
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Director, Treasurer

Shetty, Mahesh
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Director

Medford, Ronald
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Director

Gehring, Stephen
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY
STE 700
IRVING, TX 75062

Title Director

Vandehei, Monica
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Chief Government Affairs Officer

Griffin, John T
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Senior Director of Integrated Marketing

OCamb, Dorene
C/O Legal Dept.
511 E JOHN CARPENTER FRWY.
STE 700
Irving, TX 75062

Title General Counsel

Diaz, Dawn
C/O LEGAL DEPT
511 E JOHN CARPENTER FRWY STE 700
IRVING, TX 75062

Title Director

Strickland, David
511 E. John Carpenter Fwy
Suite 700
Irving, TX 75062

Title Director

Benvenisti, Steven
511 E. John Carpenter Fwy
Suite 700
Irving, TX 75062

Annual Reports

Report Year	Filed Date
2016	02/18/2016
2017	04/19/2017
2018	03/27/2018

Document Images

06/25/2018 -- Reg. Agent Change	View image in PDF format
03/27/2018 -- ANNUAL REPORT	View image in PDF format
04/19/2017 -- ANNUAL REPORT	View image in PDF format
02/18/2016 -- ANNUAL REPORT	View image in PDF format
04/16/2015 -- ANNUAL REPORT	View image in PDF format
04/22/2014 -- ANNUAL REPORT	View image in PDF format
01/30/2013 -- ANNUAL REPORT	View image in PDF format
03/02/2012 -- ANNUAL REPORT	View image in PDF format
04/22/2011 -- ANNUAL REPORT	View image in PDF format
04/13/2010 -- ANNUAL REPORT	View image in PDF format
04/20/2009 -- ANNUAL REPORT	View image in PDF format
04/28/2008 -- ANNUAL REPORT	View image in PDF format
02/27/2007 -- ANNUAL REPORT	View image in PDF format
01/17/2006 -- ANNUAL REPORT	View image in PDF format
03/01/2005 -- ANNUAL REPORT	View image in PDF format
01/27/2004 -- ANNUAL REPORT	View image in PDF format
01/27/2003 -- ANNUAL REPORT	View image in PDF format
05/28/2002 -- ANNUAL REPORT	View image in PDF format
09/12/2001 -- ANNUAL REPORT	View image in PDF format
05/26/2000 -- ANNUAL REPORT	View image in PDF format
05/10/1999 -- ANNUAL REPORT	View image in PDF format
05/12/1998 -- ANNUAL REPORT	View image in PDF format
05/09/1997 -- ANNUAL REPORT	View image in PDF format
06/10/1996 -- ANNUAL REPORT	View image in PDF format
05/01/1995 -- ANNUAL REPORT	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 25939
Date: 15 Jan 2019

User: JSBENNIN
Status: Firm

MOTHERS AGAINST DRUNK DRIVING
LARRY COGGINS JR
13902 N DALE MABRY HIGHWAY STE 239
TAMPA FL 33618 USA

Primary #: (813) 935-2676
Secondary #: (727)
Other #: ()

Purpose of Use: 2019 WALK LIKE MADD PINELLAS **Expected:** 400 **Co-Sponsored Event**

Contract Balance $200.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Sat 12 Oct 19 05:00 am **Ending:** Sat 12 Oct 19 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Sat	12 Oct 2019	05:00 AM	$0.00	$200.00	$0.00	$200.00
Park			09:00 PM				

Additional Fees:

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

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Permit Fee	16:00	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
15 Jan 2019	$30.00	Check	Rental	3227773

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) **LARRY COGGINS JR**

MOTHERS AGAINST DRUNK DRIVING
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

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

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

st.petersburg

City of St. Petersburg

MOTHERS AGAINST DRUNK DRIVING
LARRY COGGINS JR
13902 N DALE MABRY HIGHWAY STE 239
TAMPA, FL 33618 USA

Receipt #: 3227773
User: JSBENNIN
Issued: Tue 15 Jan 19 11:29 am

Description	Amount
Previous Balance	$230.00
Applied To: 25939 - 2019 WALK LIKE MADD PINELLAS Albert Whitted Park - Park October 12, 2019 5:00 am to October 12, 2019 9:00 pm	$30.00
Payment: Check	($30.00)
Balance	$200.00

APPROVED REFUNDS ARE BY CHECK ONLY

madd
NO MORE VICTIMS

Mothers Against Drunk Driving
West Central Florida
madd.org/fl

13902 N. Dale Mabry Hwy.
Suite 239
Tampa, FL 33618

813.935.2676
877.MADD.HELP
24-Hour Victim Help Line

January 2, 2019

City of St. Petersburg Parks & Recreation
Attn.: Jade Benningfield & Toma Stubbs
1400 – 19th Street North
St. Petersburg, FL 33713

RE.: Taylor Lazzara

Dear Jade & Toma -

Enclosed please find the co-sponsored event application for the 2019 Walk Like MADD Pinellas event. I have included the IRS materials and event walk route map as well.

I have requested our accounting office to issue the $30.00 application fee as soon as they resume normal operations. In the event that this is not handled in a timely manner, I will personally handle this fee locally.

Please feel free to contact me if I can be of any help at larry.coggins@madd.org or 813-935-2676 x7285 if I may be of further assistance with this or any other matter.

Sincerely yours,

Larry E. Coggins, Jr.

Larry E. Coggins, Jr.
Executive Director
Mothers Against Drunk Driving
West Central Florida

/lec

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1-11-18
Check or Cash: 85115
Application #: 6
Packet: A
Permit #: 25940

Event Title: SPIFFS 45th Annual International Folk Fair | Phone No.: 727-552-1896 | Fax No.: 727-551-1781

Entity Name: St. Petersburg International Folk Fair Society, Inc. (SPIFFS) | Federal I.D. Number: 59-1674088

Event Date(s): October 24-27, 2019 | Location: Vinoy Park

Day 1 of Event: | Time Gates Open: 9 am | Ending Time: 3 pm

Day 2 of Event: | Time Gates Open: 9 am | Ending Time: 3 pm

Day 3 of Event: | Time Gates Open: 10 am | Ending Time: 8 pm

Application Prepared by: Lotta Baumann | Phone: 727-552-1896

Title: Executive Director | Cell Phone: 727-804-3492

Address: 330 Fifth Street North | City: St. Petersburg | State: FL | Zip: 33701

Email Address: folkfair@ij.net

Additional Contact Person: Penka Pesev-Lukac | Day Phone: 727-552

What month/year were you incorporated as nonprofit? 1975

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

Name of the for-profit entity? N/A

Describe your event with details.

Folk Fair is a trip around the world, with individual villages set up by the many SPIFFS member groups. Each village has cultural displays, gift items and food for sale, all representing the different cultures and countries. Folk dancing ad music take place on two stages. The first two days are exclusively for area students, with the weekend for the general public. Students are given a passport, which they get stamped in the various villages. Folk Fair has for many years been an authorized field trip for Pinellas County schools.

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

Folk Fair draws approximately 15,000 visitors. About half of them are students from the Tampa Bay area.

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

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

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

Will there be an admission / registration fee? ☒ YES ☐ NO Advanced Fee: | Day of: 10.00

Please provide the website address for your event. http://www.spiffs.org

Please provide a phone number that can be advertised to the public. 727-552-1896

What is the estimated attendance for this event? Spectators 15,000 | Participants 1,000 | Last Year's Total Attendance 14,000

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

Recreation Equipment

Showmobile (Yes/No) No

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

Tables (6 ft) # needed Chairs # needed

Public Address System

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

Special Events Facilities

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

☐ Non-City Locations

Which Location?

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

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

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

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

Name:	[signature]	Title:	Executive Director	Date:	1/8/19
Co-Sign:	[signature]	Title:	President	Date:	1/8/19

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 40+	
☒ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 40+	Temporary Structure Permit
☒ Fence Installation	What type? Chain link	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☒ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☐ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☒ Staging	☒ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☒ Performers ☐ Announcement Only	
☒ Security	☒ Daytime - Private ☒ Overnight - Private ☐ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 26 Disabled Units 6 Hand Washing 5	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? ☐ YES ☒ NO

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

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

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

Name: SPIFFS Phone: 727-552-1896

Address (including zip): 330 Fifth Street North, St. Petersburg, FL 33701

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

International/ethnic folk music on two stages. 30-40 performing groups and 7-8 bands

List Vending Products. Name & Provider.

SPIFFS member groups

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

SPIFFS

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

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

Our tent/fence contractor needs to start setting on Saturday, October 19, 2019, in order to complete set-up by afternoon, Tuesday, October 23, when our members begin set-up of their villages. Tear-down will be completed by Tuesday, October 29, 2019.

Other Comments: Please describe your fee structure.

Students: $6
Children under 6: Free
Adults: $10
Military: $6

Other comments:

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

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

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

Name: [signature] Title: Executive Director Date: 1/8/19

Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: St. Petersburg International Folk Fair Society, Inc. (SPIFFS)

Name of Responsible Party (President or CEO ONLY): Lotta Baumann

Title of Responsible Party: Executive Director

Physical Address of Responsible Party: 330 Fifth Street North, St. Petersburg, FL 33701

Phone Number of Responsible Party: 727-552-1896

Email Address of Responsible Party: folkfair@ij.net

Nonprofit (Employee Identification Number): 59-1674880

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: folkfair@ij.net

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

Name of Event: SPIFFS 44th Annual International Folk Fair
Date(s) of Event: Oct 25, 2018 - Oct 28, 2018

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

		Amount
1.	Grants/Sponsorships	$10,167.00
2.	Ticket sales	$69,427.00
3.	Souvenir progrsam	$5,674.00
4	Village space	$22,279.00
5.	Outside vendors	$3,739.00
6.	Beverage sales	$17,665.00
7.	Miscellaneous	$1,761.00
8.		
	TOTAL GROSS REVENUE	$130,712.00

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

1.	Wages	$2,466.00
2.	Equipment/Park	$21,439.00
3.	Stage/Sound	$8,704.00
4	Private security	$3,614.00
5.	Marketing/Printing	$29,633.00
6.	Liability insurance	$4,804.00
7.	Beverages/Ice	$6,329.00
8.	Student awards	$250.00
9.	Park rental/City - Not yet known	$32,000.00
10.	Miscellaneous	$344.00
11.		
12.		
	TOTAL OPERATING EXPENSES	$109,583.00
	TOTAL NET INCOME	$21,129.00

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

1.	Operating funds for SPIFFS	$21,129.00
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	$21,129.00

Prepared by: Lotta Baumann Date: Jan 8, 2019

Print Application

Submit Application by Email

Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248222118
Jan. 11, 2008 LTR 4168C E0
59-1674088 000000 00 000
00009534
BODC: TE

ST PETERSBURG INTERNATIONAL FOLK
FAIR SOCIETY INC
330 5TH ST N
ST PETERSBURG FL 33701-2812300

Employer Identification Number: 59-1674088
Person to Contact: MS. EPLING
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your request of Jan. 02, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in FEBRUARY, 1981, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

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

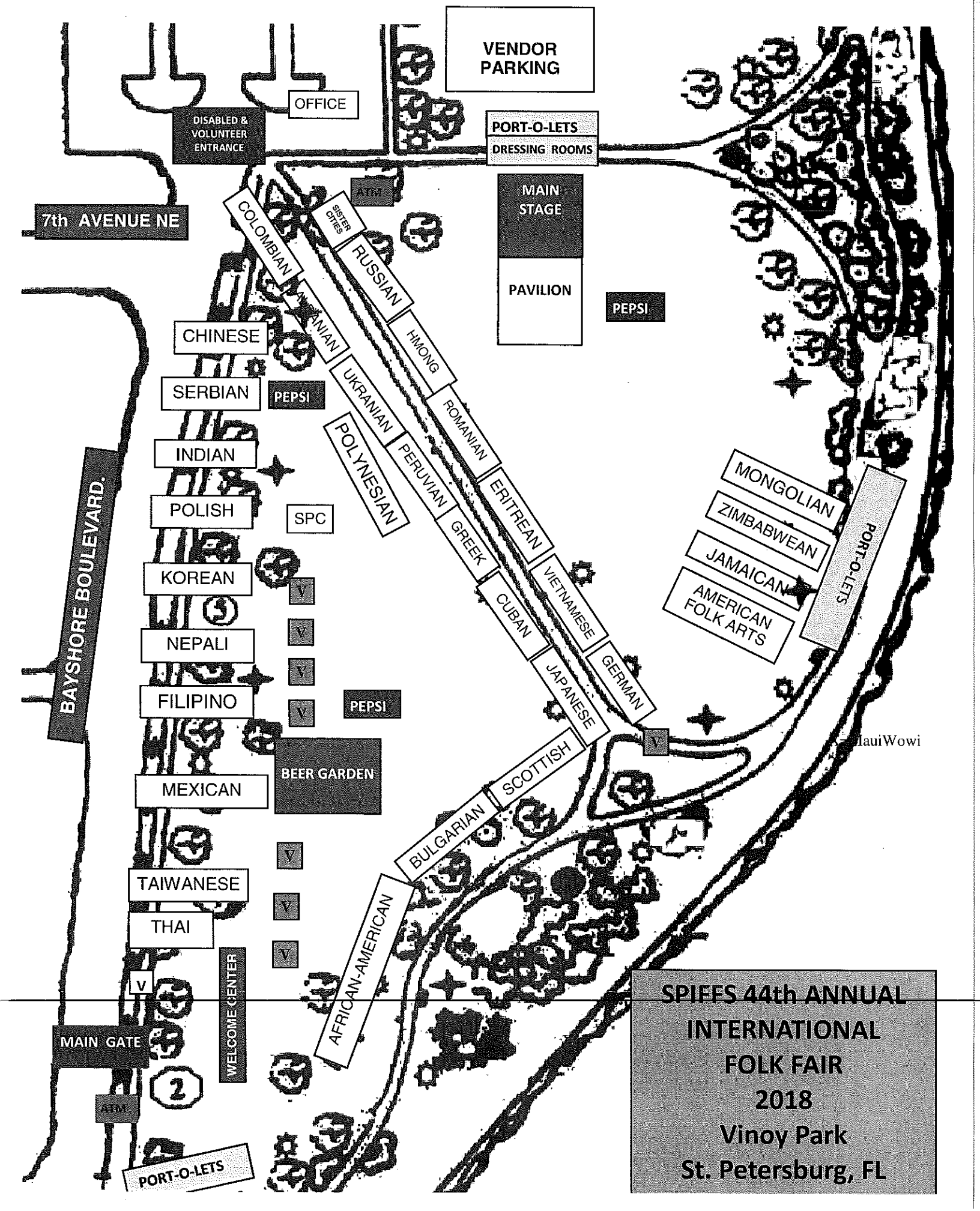
Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

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

Sincerely yours,

Michele M. Sullivan

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


VENDOR PARKING
OFFICE
DISABLED & VOLUNTEER ENTRANCE
PORT-O-LETS
DRESSING ROOMS
ATM
MAIN STAGE
PAVILION
PEPSI
7th AVENUE NE
COLOMBIAN
SISTER CITIES
RUSSIAN
HMONG
CHINESE
SERBIAN
PEPSI
UKRANIAN
ROMANIAN
INDIAN
POLYNESIAN
PERUVIAN
ERITREAN
POLISH
SPC
GREEK
VIETNAMESE
KOREAN
CUBAN
NEPALI
JAPANESE
GERMAN
FILIPINO
PEPSI
BEER GARDEN
MEXICAN
SCOTTISH
BULGARIAN
TAIWANESE
THAI
AFRICAN-AMERICAN
WELCOME CENTER
MAIN GATE
ATM
PORT-O-LETS
BAYSHORE BOULEVARD.
MONGOLIAN
ZIMBABWEAN
JAMAICAN
AMERICAN FOLK ARTS
PORT-O-LETS
V
2
SPIFFS 44th ANNUAL
INTERNATIONAL
FOLK FAIR
2018
Vinoy Park
St. Petersburg, FL

Florida Department of State DIVISION OF CORPORATIONS

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

Detail by Entity Name

Florida Not For Profit Corporation
ST. PETERSBURG INTERNATIONAL FOLK FAIR SOCIETY, INC.

Filing Information

Document Number	734390
FEI/EIN Number	59-1674088
Date Filed	11/20/1975
State	FL
Status	ACTIVE

Principal Address

559 MIRROR E LAKE
SHUFFLE BOARD BLDG
SAINT PETERSBURG, FL 33701

Changed: 06/02/2003

Mailing Address

330 FIFTH ST N
SAINT PETERSBURG, FL 33701

Changed: 05/30/2001

Registered Agent Name & Address

Parsons, William H
330 5TH STREET N
ST PETERSBURG, FL 33701

Name Changed: 05/16/2016

Address Changed: 04/22/2011

Officer/Director Detail

Name & Address

Title P

Pesev-Lukac, Penka
1244-35th Avenue N
SAINT PETERSBURG, FL 33704

Title VP

White, George, VP
4511-67th Avenue N
Pinellas Park, FL 33781

Title T

KEARNEY, ILSE
5039 35TH AVE. NO
SAINT PETERSBURG, FL 33710

Title S

Prakash, Sathya, S
203 Hancock Court
Safety Harbor, FL 34695

Title D

HU, CHENG-SHIH
23508 Oakside Boulevard
Lutz, FL 33559

Title ED

BAUMANN, MAJ-CHARLOTTE
342 Boca Ciega Drive
Madeira Beach, FL 33708

Annual Reports

Report Year	Filed Date
2016	05/16/2016
2017	02/13/2017
2018	03/19/2018

Document Images

03/19/2018 -- ANNUAL REPORT	View image in PDF format
02/13/2017 -- ANNUAL REPORT	View image in PDF format
05/16/2016 -- ANNUAL REPORT	View image in PDF format
04/12/2015 -- ANNUAL REPORT	View image in PDF format
04/01/2014 -- ANNUAL REPORT	View image in PDF format
04/22/2013 -- ANNUAL REPORT	View image in PDF format
03/20/2012 -- ANNUAL REPORT	View image in PDF format
04/22/2011 -- ANNUAL REPORT	View image in PDF format
01/04/2010 -- ANNUAL REPORT	View image in PDF format
05/01/2009 -- ANNUAL REPORT	View image in PDF format
05/27/2008 -- ANNUAL REPORT	View image in PDF format
08/17/2007 -- ANNUAL REPORT	View image in PDF format
05/08/2007 -- ANNUAL REPORT	View image in PDF format
08/14/2006 -- ANNUAL REPORT	View image in PDF format

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Contract/Permit

Contract #: 25940
Date: 15 Jan 2019

User: JSBENNIN
Status: Firm

ST PETERSBURG INTERNATIONAL FOLK FAIR
LOTTA BAUMANN
330 5TH ST N
ST PETERSBURG FL 33701 USA

Primary #: (727) 552-1896
Secondary #: ()
Other #: ()

Purpose of Use: SPIFFS 45TH ANNUAL INTERNATIONAL FOLK FAIR

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:** Tue 22 Oct 19 06:00 am **Ending:** Mon 28 Oct 19 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Tue	22 Oct 2019	06:00 AM	$0.00	$900.00	$0.00	$900.00
Vinoy Park		28 Oct 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 (Vinoy)	159:00	3	$900.00	$0.00	$900.00
		3	$900.00	$0.00	$900.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$930.00	$0.00	$930.00	$0.00	$930.00	$0.00	($820.50)

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
29 Mar 2018	$179.50	Check	Rental	3017368
25 Apr 2018	$245.50	Check	Rental	3039492
25 Jul 2018	$100.00	Check	Rental	3124580
13 Sep 2018	$80.00	Check	Rental	3159631
03 Jan 2019	$245.50	Check	Rental	3219035
15 Jan 2019	$79.50	Check	Rental	3227775

Additional Notes:

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

By:(Sign Name) _____

(Print Name) **LOTTA BAUMANN**

ST PETERSBURG INTERNATIONAL FOLK FAIR
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

_____
Supervisor II / Foreman

☐ Approved or ☐ Rejected Date: _____

_____
Manager

☐ Approved or ☐ Rejected Date: _____

_____
Manager

☐ Approved or ☐ Rejected Date: _____

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

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City of St. Petersburg

ST PETERSBURG INTERNATIONAL FOLK FAIR
LOTTA BAUMANN
330 5TH ST N
ST PETERSBURG, FL 33701 USA

Receipt #: 3227775
User: JSBENNIN
Issued: Tue 15 Jan 19 11:29 am

Description	Amount
Previous Balance	$79.50
Applied To: 25940 - SPIFFS 45TH ANNUAL INTERNATIONAL FOLK FAIR Vinoy Park - Vinoy Park October 22, 2019 6:00 am to October 28, 2019 9:00 pm	$79.50
Payment: Check	($900.00)
Balance	($820.50)

APPROVED REFUNDS ARE BY CHECK ONLY

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

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st. petersburg parks & recreation

Date Received: 1-14-19
Check or Cash:
Application #: 1
Packet: A
Permit #: 25941

Event Title: 95.7 Beats By The Bay Phone No.: 813-832-1074 Fax No.: 813-832-1045

Entity Name: iHeartMedia Tampa Bay Federal I.D. Number: 74-2722883

Event Date(s): Load-In 10/30/19 ; Event 11/2/19 Location: Vinoy Park

Day 1 of Event: 11/2/19 Time Gates Open: 2:00pm 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: Audre Holden Phone: 813-832-1074

Title: 95.7 The Beat Promotions Director / IHM Event Manager Cell Phone: 952-381-5499

Address: 4002 W Gandy Blvd City: Tampa State: FL Zip: 33611

Email Address: audreholden@iheartmedia.com

Additional Contact Person: Sarah Lanieu Day Phone: 813-832-1914

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

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

Name of the for-profit entity? iHeartMedia & Entertainment

Describe your event with details.

R&B Concert/festival with food & artisan vendors

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

Financial and tourist benefit to local business and city services

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

Does your group presently have liability insurance? ☒ YES ☐ NO How much? 1,000,000 per / 2,000,000

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

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

Please provide the website address for your event. www.957thebeat.com

Please provide a phone number that can be advertised to the public. 1-800-930-2328

What is the estimated attendance for this event? Spectators 8,000 Participants 6-8 artists Last Year's Total Attendance 6,500

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

Recreation Equipment

Showmobile (Yes/No) no

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

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

Public Address System NO

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

Special Events Facilities

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

☐ Non-City Locations

Which Location?

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

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

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

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

Name:	Audre Holden	Title:	Event Manager	Date:	1/14/19
Co-Sign:		Title:		Date:	

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

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

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? Over 30 Vendors / Exhibitors	
☒ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 6-8	Temporary Structure Permit
☒ Fence Installation	What type? chain link	Temporary Structure Permit
☒ Other Structures	What structure? stage / FOH	Temporary Structure Permit
☒ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☐ Require Street Closure		Parade or Street Closure Permit(s)
☒ VIP Area		
☒ Staging	☒ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☒ Performers ☐ Announcement Only	
☒ Security	☒ Daytime - Private ☒ Overnight - Private ☒ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units tbd Disabled Units tbd Hand Washing tbd	
☒ Off-site Parking / Shuttle		
☒ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

☐ Invitations	☒ Radio	**City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.**
☒ Posters / Flyers	☒ Television	
☒ Newspaper / Internet	☒ Remote Broadcast	

Electrical Requirements:

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

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

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

Production company will advance this later. We agree to stay within the legal restraints of the park.

Will you supply your own generators? ☒ YES ☐ NO

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

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: iHeartMedia Tampa Bay Phone: 813-832-1000

Address (including zip): 4002 W Gandy Blvd, Tampa FL 33611

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

Old School Hip Hop & R&B music with a few current big name artists.
Artists from previous years include: Doug E Fresh, Keith Sweat, Slick Rick, Tank, Fantasia

List Vending Products. Name & Provider.

TBD

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

TBD - we will bid this out to a local vendor/catering company

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

n/a

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

Load-In to begin Wednesday 10/30, sound checks will start Friday-Saturday 11/1-11/2. Gates at 2pm on 11/2. Load Out will be complete by Sunday 11/3/19. Event will need backstage parking for vehicles and artist trailers/RVs as dressing rooms.

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: Audre Holden Title: Event Manager Date: 1/14/19

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Co-Sponsored Event Park Fee Structure

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

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* 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.

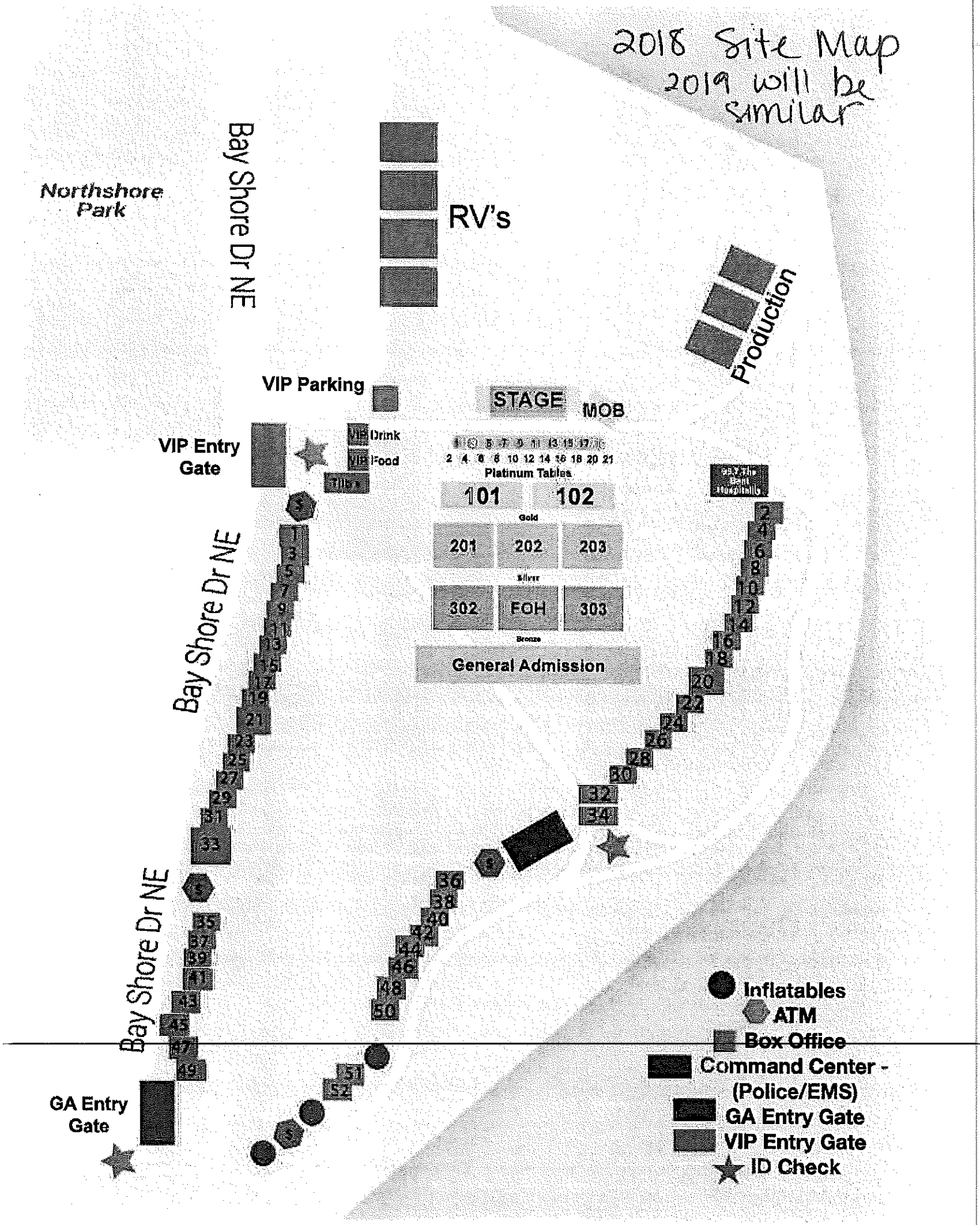
TOTAL ALLOCATION OF NET INCOME

Prepared by: Date:

Print Application

Submit Application by Email

2018 Site Map
2019 will be similar



iHeartMEDIA

January 14, 2019

Amy Foster, Chair
PO Box 2842
St. Petersburg, FL 33731

Re: Request to sell "Hard Liquor" at 95.7 Beats By The Bay 2019

Dear Ms. Foster,

On November 2nd of this year, iHeartMedia Tampa Bay will be putting on our 5th annual 95.7 Beats By The Bay concert. iHeartMedia Tampa Bay is in the process of obtaining the necessary permits to put on this event in Vinoy Park.

iHeartMedia Tampa Bay is hoping to sell "Hard Liquor" if we can obtain approval from City Council to do so and sponsors to provide product. iHeartMedia Tampa Bay sold beer, wine and hard liquor at our 2018 95.7 Beats By The Bay without issue and hope to be able to do so again at our 2019 event.

If there is anything else we need to provide or do to obtain approval from the city to sell "Hard Liquor" at 95.7 Beats By The Bay 2019, please do not hesitate to contact me. Thank you in advance for your help.

Sincerely,

Audre Holden
95.7 The Beat Promotions Director / Event Manager
iHeartMedia Tampa Bay

Florida Department of State DIVISION OF CORPORATIONS

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

Detail by Entity Name

Foreign Profit Corporation
IHEARTMEDIA + ENTERTAINMENT, INC.

Filing Information

Document Number	F94000005085
FEI/EIN Number	N/A
Date Filed	09/29/1994
State	NV
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	09/17/2014
Event Effective Date	NONE

Principal Address

20880 Stone Oak Parkway
San Antonio, TX 78258

Changed: 04/04/2018

Mailing Address

20880 Stone Oak Parkway
San Antonio, TX 78258

Changed: 04/04/2018

Registered Agent Name & Address

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name Changed: 09/16/2011

Address Changed: 09/16/2011

Officer/Director Detail

Name & Address

Title Executive Vice President, General Counsel and Secretary

Walls, Robert H., Jr.
20880 Stone Oak Parkway
San Antonio, TX 78258

Title Executive Vice President and Chief Financial Officer - IHM

Macri, Steven J.
20880 Stone Oak Parkway
San Antonio, TX 78258

Title Executive Vice President - Engineering & Systems Integration

Littlejohn, Jeff
20880 Stone Oak Parkway
San Antonio, TX 78258

Title VP, Associate General Counsel and Assistant Secretary

Dean, Lauren E.
20880 Stone Oak Parkway
San Antonio, TX 78258

Title Senior Vice President - Real Estate, Facilities and Capital Management

Davis, Stephen G.
20880 Stone Oak Parkway
San Antonio, TX 78258

Title Senior Vice President, Treasurer and Assistant Secretary

Coleman, Brian D.
20880 Stone Oak Parkway
San Antonio, TX 78258

Title President

Bressler, Richard J.
20880 Stone Oak Parkway
San Antonio, TX 78258

Title CFO

Bressler, Richard J.
20880 Stone Oak Parkway
San Antonio, TX 78258

Title Senior Vice President-Tax

Bick, Scott T.
20880 Stone Oak Parkway
San Antonio, TX 78258

Title Director

Walls, Robert H., Jr.

20880 Stone Oak Parkway
San Antonio, TX 78258

Title Director

Bressler, Richard J.
20880 Stone Oak Parkway
San Antonio, TX 78258

Annual Reports

Report Year	Filed Date
2016	03/31/2016
2017	04/13/2017
2018	04/04/2018

Document Images

04/04/2018 -- ANNUAL REPORT	View image in PDF format
04/13/2017 -- ANNUAL REPORT	View image in PDF format
03/31/2016 -- ANNUAL REPORT	View image in PDF format
04/16/2015 -- ANNUAL REPORT	View image in PDF format
09/17/2014 -- Name Change	View image in PDF format
04/14/2014 -- ANNUAL REPORT	View image in PDF format
04/15/2013 -- ANNUAL REPORT	View image in PDF format
04/04/2012 -- ANNUAL REPORT	View image in PDF format
09/16/2011 -- Reg. Agent Change	View image in PDF format
04/19/2011 -- ANNUAL REPORT	View image in PDF format
04/29/2010 -- ANNUAL REPORT	View image in PDF format
04/30/2009 -- ANNUAL REPORT	View image in PDF format
12/22/2008 -- Merger	View image in PDF format
04/28/2008 -- ANNUAL REPORT	View image in PDF format
05/11/2007 -- ANNUAL REPORT	View image in PDF format
11/17/2006 -- ANNUAL REPORT	View image in PDF format
03/09/2006 -- ANNUAL REPORT	View image in PDF format
04/04/2005 -- ANNUAL REPORT	View image in PDF format
03/22/2004 -- ANNUAL REPORT	View image in PDF format
03/17/2004 -- Reg. Agent Change	View image in PDF format
04/07/2003 -- ANNUAL REPORT	View image in PDF format
05/16/2002 -- ANNUAL REPORT	View image in PDF format
05/15/2001 -- ANNUAL REPORT	View image in PDF format
08/15/2000 -- ANNUAL REPORT	View image in PDF format
04/14/1999 -- ANNUAL REPORT	View image in PDF format
01/08/1999 -- Name Change	View image in PDF format
05/01/1998 -- ANNUAL REPORT	View image in PDF format
04/15/1997 -- ANNUAL REPORT	View image in PDF format
05/01/1996 -- ANNUAL REPORT	View image in PDF format

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Contract/Permit

Contract #: 25941
Date: 15 Jan 2019

User: JSBENNIN
Status: Firm

IHEARTMEDIA ENTERTAINMENT INC
AUDRE HOLDEN
4002 W GANDY BLVD
TAMPA FL 33611 USA

Primary #: (813) 832-1071
Secondary #: ()
Other #: ()

Purpose of Use: 95.7 BEATS BY THE BAY

Expected: 8,000

Co-Sponsored Event

Contract Balance $330.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting: Wed 30 Oct 19 06:00 am** **Ending: Mon 04 Nov 19 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Wed	30 Oct 2019	06:00 AM	$0.00	$300.00	$0.00	$300.00
Vinoy Park		04 Nov 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 (Vinoy)	135:00	1	$300.00	$0.00	$300.00
		1	$300.00	$0.00	$300.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By:(Sign Name)

(Print Name) **AUDRE HOLDEN**

IHEARTMEDIA ENTERTAINMENT INC
Name of User Organization, if Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name):
Parks and Recreation Superintendent

(Print Name)
Parks and Recreation Department

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

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

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

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www.stpete.org

st. petersburg parks & recreation

Date Received: 1-14-19
Check or Cash: 1209
Application #: 8
Packet: A
Permit #: 25944

Event Title: October Movies in the Park 2019 Phone No.: 727 824 7802 Fax No.:

Entity Name: St. Petersburg Preservation d/b/a Preserve the 'Burg Federal I.D. Number: 59-1898534

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

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

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

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

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

Title: Vice President Cell Phone: 727 463 4612

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

Email Address: pbranumbelmont@gmail.com

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

What month/year were you incorporated as nonprofit? 1977

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

Name of the for-profit entity? none

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

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

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

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

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

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

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

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

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

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

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

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

Recreation Equipment

Showmobile (Yes/No) no

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

Tables (6 ft) # needed 8 Chairs # needed 50

Public Address System yes

# of portable risers needed (4 in. x 8 in. x 16 in. sections) 2

Special Events Facilities

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

☐ Non-City Locations

Which Location?

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:	Peter Belmont	Title:	Vice-President	Date:	1-11-19
Co-Sign:		Title:		Date:	

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? ☐ YES ☑ NO

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

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

no, unless needed to show pg 13 movie

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

Name: St. Petersburg Preservation d/b/a Preserve the 'Burg Phone: 727 824-7802

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

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

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

List Vending Products. Name & Provider.

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

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

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

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

n/a

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

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

Other Comments: Please describe your fee structure.

event is free; donations are solicited once each evening

Other comments:

over the last two years we have had a "safety fair" on one movie evening in association with All Childrens Hospital which has included their helicopter landing in the park. It has not been determined if this will be included again.

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

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

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

Name: Peter Belmont Title: Vice-President Date: 1-11-19

Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

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www.stpete.org

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: St. Petesburg Preservation, Inc.

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

Title of Responsible Party: President

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

Phone Number of Responsible Party: 727 515-4509

Email Address of Responsible Party: eelwyn@me.com

Nonprofit (Employee Identification Number): 59-1898534

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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

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

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

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

		Amount
1.	Sponsorships	$34,300.00
2.	Donations	$1,700.00
3.	Vendor Donations	$900.00
4	Sales	$550.00
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$37,450.00

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

1.	Insurance	$800.00
2.	Port-a-Let	$1040.00
3.	Music	$910.00
4	Movie Licensing	$2,975.00
5.	Permit Fees	$230.00
6.	Promotion	$2,940.00
7.	SPP staff	$1200.00
8.	Cost of Sale Items	$400.00
9.	Misc.	$155.00
10.	City Services	$3,852.00
11.		
12.		
	TOTAL OPERATING EXPENSES	$14,502.00
	TOTAL NET INCOME	$22,948.00

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

1.	St. Petersburg Preservation d/b/a Preserve the 'Burg	$22,948.00
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	$22,948.00

Prepared by: Peter Belmont Date: 1-13-19

Print Application

Submit Application by Email

TO I 275
BEACH DRIVE NE
5TH AVE. NE
DRIVE NE
Info tables
Food Vendors
Beach Chair Seating
Blanket Seating
Screen
Vendor and Musician Parking
E
W
WF
P
WP
Stage
projector
port-a-let

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

DEPARTMENT OF THE TREASURY

Date: JAN 14 2012

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

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

Dear Applicant:

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

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

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

Sincerely,

Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

Florida Department of State

DIVISION OF CORPORATIONS

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

Detail by FEI/EIN Number

Florida Not For Profit Corporation
SAINT PETERSBURG PRESERVATION, INC.

Filing Information

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

Principal Address

102 FAREHAM PLACE N
ST. PETERSBURG, FL 33701

Changed: 01/22/2014

Mailing Address

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

Changed: 08/14/1996

Registered Agent Name & Address

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

Name Changed: 01/26/2011

Address Changed: 01/26/2011

Officer/Director Detail

Name & Address

Title President

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

Title Treasurer

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

Title VP

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

Title Executive Director

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

Title Secretary

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

Annual Reports

Report Year	Filed Date
2016	03/25/2016
2017	03/20/2017
2018	03/05/2018

Document Images

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02/11/2015 -- ANNUAL REPORT	View image in PDF format
01/22/2014 -- ANNUAL REPORT	View image in PDF format
03/07/2013 -- ANNUAL REPORT	View image in PDF format
03/09/2012 -- ANNUAL REPORT	View image in PDF format
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01/26/2011 -- ANNUAL REPORT	View image in PDF format
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Contract/Permit

Contract #: 25944
Date: 15 Jan 2019

User: JSBENNIN
Status: Firm

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

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

Purpose of Use: MOVIES IN THE PARK **Expected:** 700 **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: Thu 03 Oct 19 12:00 pm** **Ending: Thu 31 Oct 19 11:30 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
North Straub Park Park	Thu	03 Oct 2019	12:00 PM 11:30 PM	$0.00	$200.00	$0.00	$200.00
North Straub Park Park	Thu	10 Oct 2019	12:00 PM 11:30 PM	$0.00	$0.00	$0.00	$0.00
North Straub Park Park	Thu	17 Oct 2019	12:00 PM 11:30 PM	$0.00	$0.00	$0.00	$0.00
North Straub Park Park	Thu	24 Oct 2019	12:00 PM 11:30 PM	$0.00	$0.00	$0.00	$0.00
North Straub Park Park	Thu	31 Oct 2019	12:00 PM 11:30 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
				$30.00

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Permit Fee	11:30	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
15 Jan 2019	$230.00	Check	Rental	3227778

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) **PETER BELMONT**

SAINT PETERSBURG PRESERVATION INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

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

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

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City of St. Petersburg

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

Receipt #: 3227778
User: JSBENNIN
Issued: Tue 15 Jan 19 11:31 am

Description	Amount
Previous Balance	$230.00
Applied To: 25944 - MOVIES IN THE PARK North Straub Park - Park October 3, 2019 12:00 pm to October 31, 2019 11:30 pm	$230.00
Payment: Check	($230.00)
Balance	$0.00

APPROVED REFUNDS ARE BY CHECK ONLY

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

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www.stpete.org

st. petersburg parks & recreation

Date Received: 1-14-19
Check or Cash: 411751
Application #: 9
Packet: A
Permit #: 25945

Event Title: CraftArt Festival 2019 Phone No.: 727-821-7391 Fax No.:

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

Event Date(s): Nov. 23 and 24, 2019 Location: Central Ave.(4th St to 6th St) 5th St.(1st Ave N to 1st Ave.S

Day 1 of Event: Nov. 23 Time Gates Open: 10 a.m. Ending Time: 5 p.m.

Day 2 of Event: Nov. 24 Time Gates Open: 10a.m. Ending Time: 4 p.m.

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

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

Title: Business Manager and Festival Cordinator Cell Phone: 727--235-3223

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

Email Address: janie.lorenzfloridacraftart.org

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

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

List all 501(c)3 entities that will benefit from this event. Florida Craftsmen, Inc., dba Florida CraftArt

Name of the for-profit entity? n/a

Describe your event with details.

The CraftArt Festival is celebrating its 22nd Anniversary this year and 15th year in St. Petersburg. As one of the anchors in the Central Arts District, Florida CraftArt is a statewide organization that places St. Petersburg on the national arts scene through national calls to artists for participation. The CraftArt Festival continues to add to the growth of the cultural community in St. Petersburg, for which it has become well known. From data collected with our visitor surveys, we know that the CraftArt Festival has become an "annual" event for residents of downtown St. Petersburg and the Tampa Bay Area

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

Hotel, restaurants and other cultural & business venues receive the benefit of the additional foot traffic that the CraftArt Festival brings to the city over the course of the 2-day event. As a result of having approximately 10,000 visitors at the festival, our neighboring restaurants, hotels and other businesses see an increase in revenue.

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

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

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

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

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

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

What is the estimated attendance for this event? Spectators 10,000 Participants 150 Last Year's Total Attendance 10,000

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

Recreation Equipment

Showmobile (Yes/No) no

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

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

Public Address System no

# of portable risers needed (4 in. x 8 in. x 16 in. sections) no

Special Events Facilities

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

☐ Non-City Locations

Which Location?

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

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

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

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

Name:	Katie Leitz	Title:	Executive Director	Date:	1/10/2019
Co-Sign:	Janie Lowry	Title:	Business Manager	Date:	1/10/2019

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

Condition		Obligation
[X] Public Invited		General Liability Insurance
[ ] Located in Park		Park Permit
[ ] Vending Product / Merchandise Sales		Occupational License
[X] Vending Food / Beverage		Health Inspection
[X] Vendors / Exhibitors	How many? Over 100	
[X] Vending Beer / Wine		Alcohol Permit Additional insurance Required
[X] Erecting Tents - Larger than 10ft x 12ft	How many? 2	Temporary Structure Permit
[ ] Fence Installation	What type?	Temporary Structure Permit
[ ] Other Structures	What structure?	Temporary Structure Permit
[ ] Open Flame Food Preparation		Fire Inspection Permit
[ ] Pyrotechnics		Fireworks Permit
[X] Require Street Closure		Parade or Street Closure Permit(s)
[ ] VIP Area		
[ ] Staging	[ ] Professional [ ] Showmobile [ ] Other	
[X] Amplified Sound	[ ] Performers [X] Announcement Only	
[X] Security	[ ] Daytime - Private [ ] Overnight - Private [X] Event Time Frame - SPPD	
[X] Sanitary Facilities - Port-O-Lets	Regular Units 39 Disabled Units 4 Hand Washing 30	
[ ] Off-site Parking / Shuttle		
[ ] Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? ☐ YES ☒ NO

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

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

no

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

Name: Florida CraftArt Phone: 727-821-7391

Address (including zip): 501 Central Ave., St. Petersburg, FL 33701

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

tbd

List Vending Products. Name & Provider.

tbd

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

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

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

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

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

tent set-up, artist load in will take place on Friday afternoon, after the streets are closed and cleared 3-7 p.m.

Breakdown begins at 4p.m. on Sunday and is completed by 8p.m. - the streets reopen

Other Comments: Please describe your fee structure.

participating artists pay a booth fee based on size and location of their tent
10 x 10 tent/booth space - $280
corner tent/booth space - $390
tents and tables are available for rent - pricing tbd

Other comments:

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

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

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

Name: Katie Deets Title: Executive Director Date: 1/10/2019

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: Florida Craftsmen, Inc., dba Florida CraftArt

Name of Responsible Party (President or CEO ONLY): Tyler Jones

Title of Responsible Party: President, Board of Directors

Physical Address of Responsible Party: 1301 74th Circle NE, St. Petersburg, FL 33704

Phone Number of Responsible Party: 727-452-8497

Email Address of Responsible Party: realtortyler@gmail.com

Nonprofit (Employee Identification Number): 23-7375994

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: CraftArt Festival 2018

Date(s) of Event: Nov 17, 2018 - Nov 18, 2018

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

1.	waiting for final P&L will submit as soon as it is available	
2.		
3.		
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	

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

1.	see attached P&L	
2.		
3.		
4		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	
	TOTAL NET INCOME	

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

1.	Programming and exhibitions for Florida CraftArt	
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	

Prepared by: Janie Lorenz Date: Jan 10, 2018

Print Application

Submit Application by Email

Florida CraftArt
CraftArt
All Transactions

	CA 18	TOTAL
Ordinary Income/Expense		
Income		
Earned Income		
CraftArt Festival		
Fees	39,273.15	39,273.15
Sponsorship/Direct Support	50,834.30	50,834.30
Total CraftArt Festival	90,107.45	90,107.45
Total Earned Income	90,107.45	90,107.45
Total Income	90,107.45	90,107.45
Gross Profit	90,107.45	90,107.45
Expense		
CraftArt Festival Expenses		
Awards / Jury Fees	12,009.14	12,009.14
Fees / Permits / Supplies	12,550.25	12,550.25
Promotion	2,832.18	2,832.18
Total CraftArt Festival Expenses	27,391.57	27,391.57
Program Services		
Advertising / Mktg / Promo	6,520.49	6,520.49
Postage / Delivery	557.80	557.80
Total Program Services	7,078.29	7,078.29
Administration Expense		
Liability Insurance	588.86	588.86
Parking Expense	10.00	10.00
Total Administration Expense	598.86	598.86
Total Expense	35,068.72	35,068.72
Net Ordinary Income	55,038.73	55,038.73
Net Income	**55,038.73**	**55,038.73**

District Director
Internal Revenue Service

Date: MAY 29 1974

In reply refer to: 411-12:GF:A8486

Florida Craftsmen
1290 S.W. 23th Street
Miami, Fla. 33145

E. I. # 23-7375994 N

Gentlemen:

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

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

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

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

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

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

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

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

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

Please keep this determination letter in your permanent records.

Sincerely yours,

ATTACHED:

Thomas P. Schenck

Exempt Organization Specialist

SE DIR A Form AUD - 225 (4-72)

1-800-HELP-FLA (435-7352)
www.FreshFromFlorida.com

DIVISION OF CONSUMER SERVICES
2005 APALACHEE PKWY
TALLAHASSEE FL 32399-6500

FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
COMMISSIONER ADAM H. PUTNAM

December 4, 2018 **Refer To: CH11933**

FLORIDA CRAFTSMEN, INC.
501 CENTRAL AVE
SAINT PETERSBURG, FL 33701-3727

RE: FLORIDA CRAFTSMEN, INC.
REGISTRATION#: CH11933
EXPIRATION DATE: November 17, 2019

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Tianna Baity

Tianna Baity
Regulatory Specialist I
850-410-3770
Fax: 850-410-3804
E-mail: tianna.baity@freshfromflorida.com

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
FLORIDA CRAFTSMEN, INC.

Filing Information

Document Number	740750
FEI/EIN Number	23-7375994
Date Filed	11/10/1977
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	12/27/2016
Event Effective Date	NONE

Principal Address

501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Changed: 09/07/1999

Mailing Address

501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Changed: 09/07/1999

Registered Agent Name & Address

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

Name Changed: 12/06/2016

Address Changed: 04/28/2009

Officer/Director Detail

Name & Address

Title Director

Butz, Sarah
1901 10th St. N
ST PETERSBURG, FL 33704

Title Director, President

Howd, Kathryn
842 36th Ave. N.
ST. PETERSBURG, FL 33704

Title Director

Miller, Alvina
2116 4th St. N.
ST. PETERSBURG, FL 33704

Title Director, Secretary

RUOFF, KELLY
4121 52ND AVE SO
ST PETERSBURG, FL 33711

Title CEO

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

Title Director, Interim Treasurer

Graham, Michael
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

Jones, Bob Devin
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

Dunn, Trevor
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director, VP

Jones, Tyler
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

Maley, Dana

501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

McClellan, Duncan
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

Routh, Michele
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

Shelton, Lara
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

Anderson, Mark
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

Igar, Helen
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

Miksis, Art
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

Robenalt, Taylor
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

Stark, Pegie
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title President

Strobel, Donn
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Title Director

Webb, Dorothy
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Annual Reports

Report Year	Filed Date
2016	01/22/2016
2017	04/04/2017
2018	01/18/2018

Document Images

01/18/2018 -- ANNUAL REPORT	View image in PDF format
04/04/2017 -- ANNUAL REPORT	View image in PDF format
12/27/2016 -- Amendment	View image in PDF format
08/22/2016 -- Reg. Agent Change	View image in PDF format
01/22/2016 -- ANNUAL REPORT	View image in PDF format
03/17/2015 -- ANNUAL REPORT	View image in PDF format
11/03/2014 -- Amendment	View image in PDF format
02/12/2014 -- ANNUAL REPORT	View image in PDF format
04/29/2013 -- ANNUAL REPORT	View image in PDF format
04/16/2012 -- ANNUAL REPORT	View image in PDF format
04/26/2011 -- ANNUAL REPORT	View image in PDF format
05/03/2010 -- ANNUAL REPORT	View image in PDF format
04/28/2009 -- ANNUAL REPORT	View image in PDF format
04/24/2008 -- ANNUAL REPORT	View image in PDF format
04/02/2007 -- ANNUAL REPORT	View image in PDF format
04/14/2006 -- ANNUAL REPORT	View image in PDF format
04/29/2005 -- ANNUAL REPORT	View image in PDF format
06/09/2004 -- ANNUAL REPORT	View image in PDF format
03/22/2003 -- ANNUAL REPORT	View image in PDF format
04/10/2002 -- ANNUAL REPORT	View image in PDF format
04/27/2001 -- ANNUAL REPORT	View image in PDF format
05/02/2000 -- ANNUAL REPORT	View image in PDF format
09/07/1999 -- ANNUAL REPORT	View image in PDF format
03/29/1996 -- ANNUAL REPORT	View image in PDF format
01/23/1995 -- ANNUAL REPORT	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 25945
Date: 15 Jan 2019

User: JSBENNIN
Status: Firm

FLORIDA CRAFTSMAN
JANIE LORENZ
501 CENTRAL AVE
ST PETERSBURG FL 33701 USA

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

Purpose of Use: CRAFTART FESTIVAL

Expected: 10,000

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: Sat 23 Nov 19 12:00 am** **Ending: Sun 24 Nov 19 11:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Special Programs	Sat	23 Nov 2019	12:00 AM	$0.00	$0.00	$0.00	$0.00
Special Event		24 Nov 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

Charges:

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

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
15 Jan 2019	$30.00	Check	Rental	3227780

Additional Notes:

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

By:(Sign Name) _____

(Print Name) **JANIE LORENZ**

FLORIDA CRAFTSMAN
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

_____
Supervisor II / Foreman

☐ Approved or ☐ Rejected Date: _____

_____
Manager

☐ Approved or ☐ Rejected Date: _____

st.petersburg

Contract/Permit

Contract #: 25945
Date: 15 Jan 2019

User: JSBENNIN
Status: Firm

Manager _____ ☐ Approved or ☐ Rejected Date: _____

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

st.petersburg

City of St. Petersburg

FLORIDA CRAFTSMAN
JANIE LORENZ
501 CENTRAL AVE
ST PETERSBURG, FL 33701 USA

Receipt #: 3227780
User: JSBENNIN
Issued: Tue 15 Jan 19 11:31 am

Description	Amount
Previous Balance	$30.00
Applied To: 25945 - CRAFTART FESTIVAL Special Programs - Special Event November 23, 2019 12:00 am to November 24, 2019 11:00 pm	$30.00
Payment: Check	($30.00)
Balance	$0.00

APPROVED REFUNDS ARE BY CHECK ONLY

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1-14-19
Check or Cash: 1065 & 2037
Application #: 10
Packet: A
Permit #: 25947

Event Title: Girls on the Run 5k - 2019 Fall Phone No.: 813-832-2826 Fax No.:

Entity Name: Girls on the Run Greater Tampa Bay Federal I.D. Number: 82-1793509

Event Date(s): December 14, 2019 Location: Poynter Park

Day 1 of Event: 12/14/2018 Time Gates Open: 7 AM Ending Time: 11 AM

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

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

Application Prepared by: Laura Moore Phone: 813-832-2826

Title: Executive Director Cell Phone: 314-359-9392

Address: 2519 N McMullen Booth, Suite 510145 City: Clearwater State: FL Zip: 33761

Email Address: laura.moore@girlsontherun.org

Additional Contact Person: Leslie Stallings Day Phone: 727-692-1023

What month/year were you incorporated as nonprofit? 2008

List all 501(c)3 entities that will benefit from this event. Girls on the Run Greater Tampa Bay

Name of the for-profit entity? n/a

Describe your event with details.

The Girls on the Run 5k Series is the largest 5k series in the country, with over 350 5k events held by GOTR Councils each year across the country! Our local council Girls on the Run 5k is the most joyful 5k around! Our 5k is the culmination of our 10-week program and is open to the public for EVERYONE – girls, boys, young and old, and all abilities! We encourage walking, running, skipping, cartwheeling – even dancing! – to move forward. We anticipate nearly 800 GOTR girls, 800 Running Buddies, and over 300 Community Runners to joyfully cross our Finish Line. Our Race Village will be staged in Poynter Park, and the gorgeous route goes out-and-back along the waterfront. In addition, the event will draw hundreds of spectators including families, GOTR coaches, and friends, as well as community volunteers (100+) and supporters. Our last 5k event was featured on the cover the Tampa Bay Times Sunday Sports Section

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

All funds raised from the GOTR 5k go into our Scholarship Fund, so that all girls have the opportunity to participate in our life-changing program. In our 2018 Fall Season, over 50% of our 675 girls received scholarships. By providing this financial assistance, we remove the financial burden from participants, roughly half of which live in Pinellas County and include the following St. Pete schools: Sanderlin, Perkins, Woodlawn, Canterbury, Admiral Farragut, and Lakewood. The GOTR 5k brings participants from 50+ locations across Greater Tampa Bay (Hillsborough, Pasco, Pinellas and Sarasota Counties) to St. Pete, where many stay overnight in hotels, eat in restaurants, shop in local stores, visit local attractions and pay for street parking. We intentionally promote the city to our participants and their families to take advantage of all that St. Pete has to offer when they come for our event.

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

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

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

Will there be an admission / registration fee? ☐ YES ☐ NO Advanced Fee: $30 Day of: $30

Please provide the website address for your event. www.gotrtampa.org/5k

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

What is the estimated attendance for this event? Spectators 500 Participants 1500 Last Year's Total Attendance 1800

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

Recreation Equipment

Showmobile (Yes/No) No

Bleacher(s) needed. Each bleacher approx. 180 people) 0

Tables (6 ft) # needed 40 Chairs # needed 0

Public Address System

# of portable risers needed (4 in. x 8 in. x 16 in. sections) 2

Special Events Facilities

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

☐ Non-City Locations

Which Location?

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

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

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

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

Name:	Laura Moore	Title:	Executive Director	Date:	12/31/2018
Co-Sign:		Title:		Date:	

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 10	
☐ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☐ Erecting Tents - Larger than 10ft x 12ft	How many?	Temporary Structure Permit
☐ Fence Installation	What type?	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☐ Staging	☐ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☐ Performers ☐ Announcement Only	
☐ Security	☐ Daytime - Private ☐ Overnight - Private ☐ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 18 Disabled Units 2 Hand Washing 8	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Other Comments: Please describe your fee structure.

The GOTR 5k Registration fee is $30, which includes entry, medal, t-shirt and swag bag. We offer a $5 discount to parents/guardians that have a girl currently enrolled in the program. Discount codes are not accepted on race morning.

Other comments:

Girls on the Run inspires girls to recognize their inner strength and celebrate what makes them one of a kind. Trained coaches lead small teams through our research-based curricula which includes dynamic discussions, activities and running games. Over the course of the ten-week season, girls in 3rd-5th grade develop essential skills to help them navigate their worlds and establish a lifetime appreciation for health and fitness. Each season culminates with girls positively impacting their communities through a service project and being physically and emotionally prepared to complete the Girls on the Run 5k. Completing the 5k gives the girls a tangible sense of achievement as well as a framework for setting and achieving life goals - making the seemingly impossible, possible.

We have hosted our last FIVE 5k events in St. Petersburg (getting bigger each season!) and have been absolutely THRILLED with our experience! The venue consistently exceeds both ours and our participant highest expectations. As we work towards our goal of a Disney-calibur race, we believe that the City of St. Pete is our partner and the most incredible home for our event!

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

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

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

Name: Laura Moore Title: Executive Director Date: 12/31/2018

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: Girls on the Run Greater Tampa Bay Phone: 813-832-2826

Address (including zip): 2519 N McMullen Booth, Suite 510145, Clearwater, FL 33761

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

We will have a DJ with speakers playing radio-friendly Top 40 hits

List Vending Products. Name & Provider.

Tampa Bay Rays - Mascot Raymond, Tampa Bay Lightning- Street Team, Tampa Bay Rowdies - Street Team, FOX Sports Sun, PowerCrunch, Go Go Squeez, MedExpress, Pure Barre and additional pending.

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.

GOTR will make an opening speech to welcome participants to event, honor selected Volunteer Coaches and invite 1-2 sponsors to also welcome the participants. GOTR will address the crowd again at the start of the 5k and once more at the end of the event thanking all for attending.

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

GOTR will set up our Race Village (including Registration, Packet Pick Up, etc.) beginning at 4:30 am on 12/14/19. We will have everything unloaded and set up for our participants by 7 am, and will be cleaned up/packed up by 12:00 pm that same day.

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: Girls on the Run Greater Tampa Bay

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

Title of Responsible Party: Executive Director

Physical Address of Responsible Party: 2519 N McMullen Booth, Suite 510145, Clearwater, FL 33761

Phone Number of Responsible Party: 813-832-2826

Email Address of Responsible Party: laura.moore@girlsontherun.org

Nonprofit (Employee Identification Number): 82-1793509

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

Name of Responsible Party (President or CEO ONLY): n/a

Title of Responsible Party: n/a

Physical Address of Responsible Party: n/a

Phone Number of Responsible Party: n/a

Email Address of Responsible Party: n/a

For-profit (Employee Identification Number) n/a

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

What method of invoicing would your organization prefer?

☐ BY Mail

Contact Name

Address

City, State, Zip

☒ BY EMAIL

Email Address: laura.moore@girlsontherun.org

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

Name of Event: Girls on the Run 5k - 2019 Fall
Date(s) of Event: 12/14/2019 -

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

		Amount
1.	Registration Fees	$18,000
2.	Individual Donations	$1,000
3.	GOTR Merchandise	$5,400
4	In Kind Donations	$2,000
5.	Sponsors	$8,000
6.		
7.		
8.	TOTAL REVENUE	$34,400
	TOTAL GROSS REVENUE	

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

1.	Race Village Supplies	$2,500
2.	T-Shirts	$3,500
3.	EMTs	$500
4	Medals	$2,200
5.	Bibs	$300
6.	DJ	$500
7.	Rentals (Port-O-Lets, Barricades, Cones, Tables, etc.)	$3,500
8.	Marketing	$2,000
9.	Police/Permits	$8,000
10.		
11.	TOTAL EXPENSES	$23,000
12.	NET REVENUE	$11,400
	TOTAL OPERATING EXPENSES	
	TOTAL NET INCOME	

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

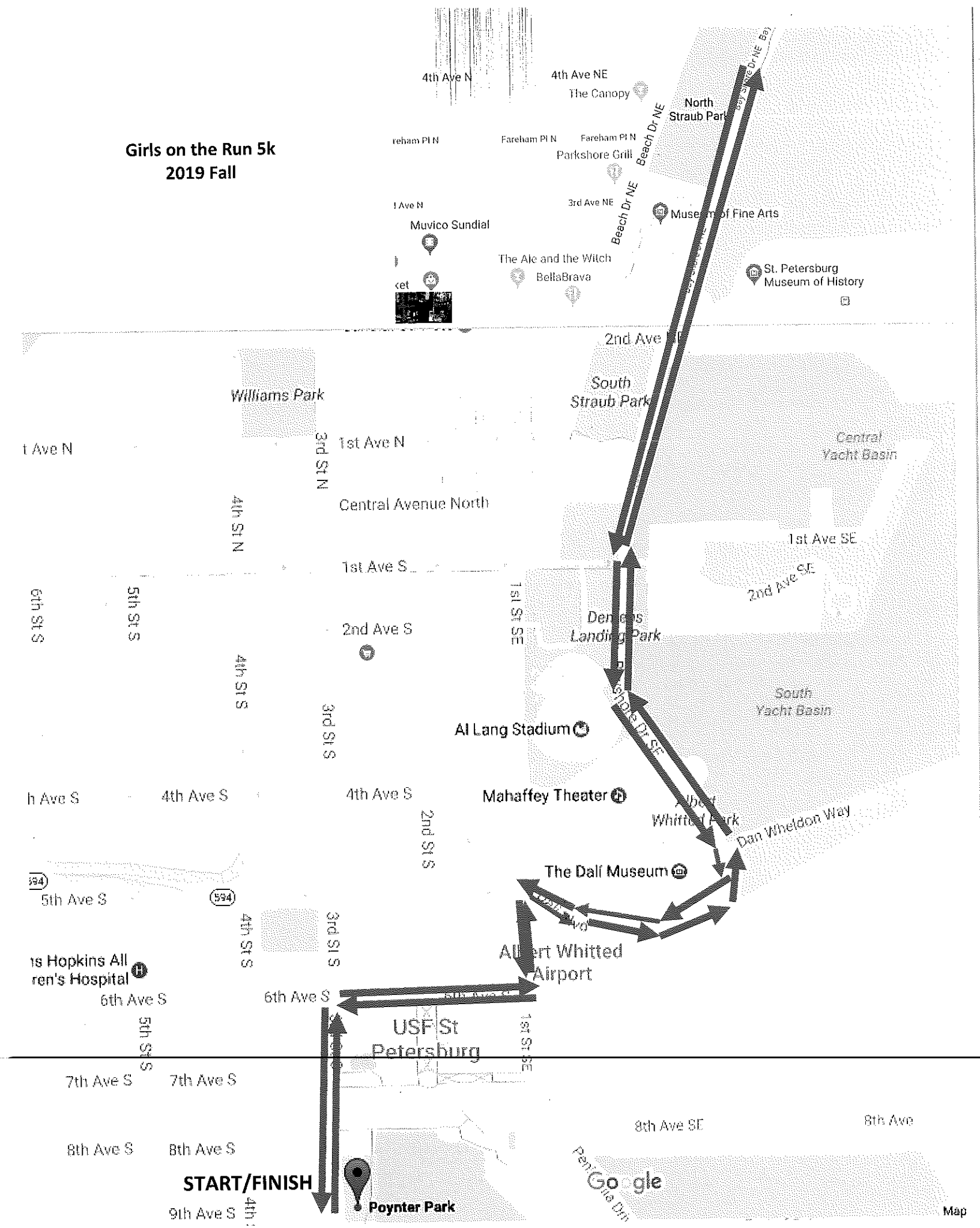
1.	Girls on the Run Scholarships	$11,400
2.		
3.		
4.		
5.		
6.	TOTAL ALLOCATION	$11,400
	TOTAL ALLOCATION OF NET INCOME	

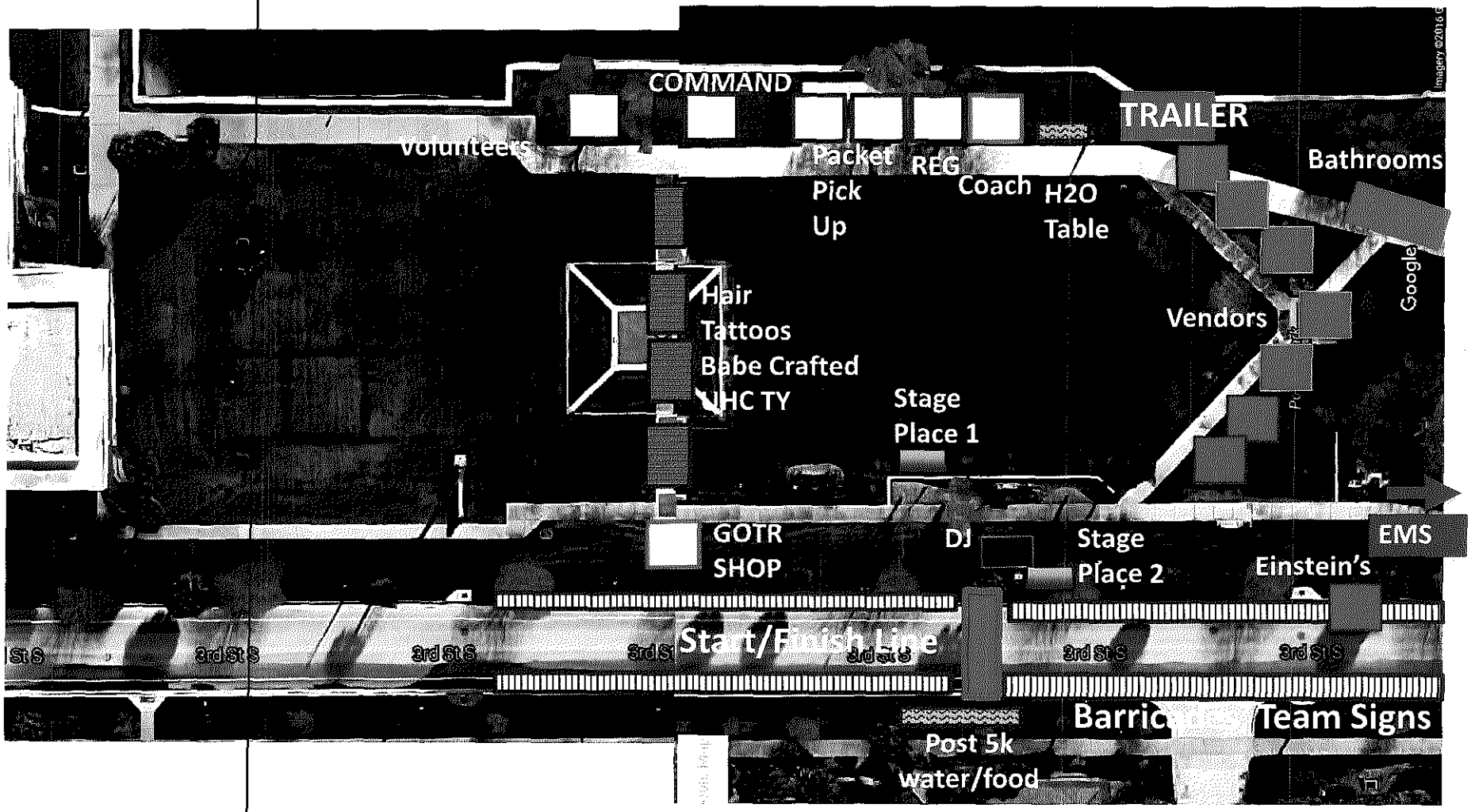
Prepared by: Laura Moore Date: 12/31/2018

Print Application

Submit Application by E

Girls on the Run 5k
2019 Fall




COMMAND
TRAILER
Volunteers
Packet
Pick
Up
REG
Coach
H2O
Table
Bathrooms
Hair
Tattoos
Babe Crafted
UHC TY
Vendors
Stage
Place 1
GOTR
SHOP
DJ
Stage
Place 2
Einstein's
EMS
Start/Finish Line
Post 5k
water/food
Team Signs
Google
Imagery ©2016 G

GOTR 5k Event Timeline

Time	Details
4:30 AM	Race Committee arrives
6:15 AM	Vendors arrive
6:30 AM	First shift of Volunteers arrive
6:50 AM	Volunteers stationed in Race Village
7:00 AM	Race Village officially opens
8:00 AM	Second shift of Volunteers arrive
8:15 AM	Course marshalls meet for placement on course and water stations readied
8:30 AM	Group Warm Up; Race Village closes
8:45 AM	Final Course Marshalls stationed
8:50 AM	Executive Director welcomes participants
8:55 AM	Sponsor remarks
9:00 AM	5 begins!
9:05 AM	Finish line readied (medals and food)
9:20 AM	First runner crosses
10:00 AM	Post race comments (after final runner) and street cleared
10:15 AM	Course marshalls check back to Race Village
10:45 AM	Participants leave, venue is cleaned up
12:00 PM	Clean up complete, exit venue

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 06-08-2017

Employer Identification Number:
82-1793509

Form: SS-4

Number of this notice: CP 575 A

GIRLS ON THE RUN GREATER TAMPA BAY
% HEATHER BLAKE
801 E MOREHEAD ST STE 201
CHARLOTTE, NC 28202

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

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

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-1793509. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

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

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	10/31/2017
Form 940	01/31/2018

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

October 23, 2017

Girls on the Run Greater Tampa Bay, Inc.
1550 North McMullen Booth Rd
Suite F3 #145
Clearwater, FL 33759

RE: EIN 82-1793509

To Whom It May Concern:

This letter is to verify that Girls on the Run Greater Tampa Bay, Inc. is a subordinate organization in good standing and is covered under Girls on the Run International's Federal Group Tax Exemption Number 6150 as described in Section 501(c)(3) of the Internal Revenue Code. Detailed information regarding the group exemption process is available in IRS Publication 557 (entitled "Tax-Exempt Status for Your Organization" and is available on the IRS website at www.irs.gov/pub/irs-pdf/p557.pdf) and IRS Publication 4573 (entitled "Group Exemptions" and available on the IRS website at www.irs.gov/pub/irs-pdf/p4573.pdf).

How do donors verify that contributions are deductible under section 170 with respect to a subordinate organization in a section 501(c)(3) group exemption ruling? *Donors should consult IRS Publication 78, Cumulative List of Organizations described in Section 170(c) of the Internal Revenue Code of 1986, or obtain a copy of the group exemption letter from the central organization. The central organization's listing in Publication 78 will indicate that contributions to its subordinate organizations covered by the group exemption ruling are also deductible, even though most subordinate organizations are not separately listed in Publication 78 or on the EO Business Master File. Donors should then verify with the central organization, by either of the methods indicated above, whether the particular subordinate is included in the central organization's group ruling. The subordinate organization need not itself be listed in Publication 78 or on the EO Business Master File. Donors may rely upon central organization verification with respect to deductibility of contributions to subordinates covered in a section 501(c)(3) group exemption ruling.* – Publication 4573, page 4

Enclosed is a copy of the IRS Letter of Determination for the Group Exemption Ruling.

Internal Revenue Service
P. O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: June 13, 2017

GIRLS ON THE RUN INTERNATIONAL
801 EAST MOREHEAD STREET SUITE 201
CHARLOTTE NC 28202

Person to Contact:
K. Gleason #0203083
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:
56-2201835
Group Exemption Number:
6150

Dear Sir or Madam:

This is in response to your request dated May 26, 2017, for information about your tax-exempt status.

Our records indicate we issued a determination letter to you in October 2000, and that you're currently exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also recognized the subordinates on the list you submitted as exempt from federal income tax under IRC Section 501(c)(3).

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

Because IRC Section 170(c) describes your subordinate organizations, donors can deduct contributions they make to them.

Please refer to www.irs.gov/charities for information about filing requirements. Specifically, IRC Section 6033(j) provides that, if you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

In addition, each subordinate organization is subject to automatic revocation if it doesn't file a required return or notice for three consecutive years. Subordinate organizations can file required returns or notices individually or as part of a group return.

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

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

Sincerely yours,

Stephen A. Martin

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

State of Florida
Department of State

I certify from the records of this office that GIRLS ON THE RUN GREATER TAMPA BAY, INC. is a corporation organized under the laws of the State of Florida, filed on July 6, 2017, effective August 1, 2017.

The document number of this corporation is N17000006989.

I further certify that said corporation has paid all fees due this office through December 31, 2018, that its most recent annual report/uniform business report was filed on February 1, 2018, and that its status is active.

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

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-sixth day of September, 2018

Ken Detzner

Secretary of State

Tracking Number: CU6785076421

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

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

1-800-HELP-FLA (435-7352)
www.FreshFromFlorida.com

DIVISION OF CONSUMER SERVICES
2005 APALACHEE PKWY
TALLAHASSEE FL 32399-6500

FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
COMMISSIONER ADAM H. PUTNAM

July 12, 2018 **Refer To: CH52569**

GIRLS ON THE RUN GREATER TAMPA BAY, INC.
801 E MOREHEAD ST STE 201
CHARLOTTE, NC 28202-2743

RE: GIRLS ON THE RUN GREATER TAMPA BAY, INC.
REGISTRATION#: CH52569
EXPIRATION DATE: August 9, 2019

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

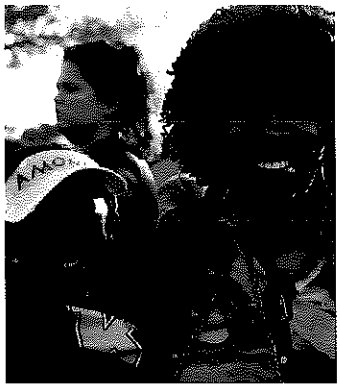
The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Cassie Miller

Cassie Miller
Regulatory Consultant
850-410-3719
Fax: 850-410-3804
E-mail: cassie.miller@freshfromflorida.com



Girls on the run

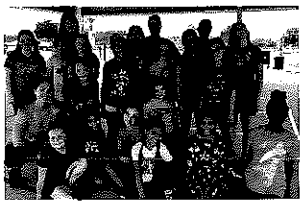
2018 Fall Recap Report To

st.petersburg

www.stpete.org

Season Recap

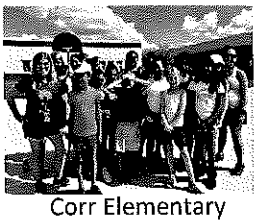
Our 2018 Fall Season was another record-breaker! Girls on the Run served **675 girls with 200+ Volunteer Coaches across 48 locations**! From public to private to YMCAs to rec centers, this season included a diverse group of spectacular girls.



Double Branch Elementary
Wesley Chapel

Summerfield Elementary
Riverview

Glenallen Elementary
Sarasota



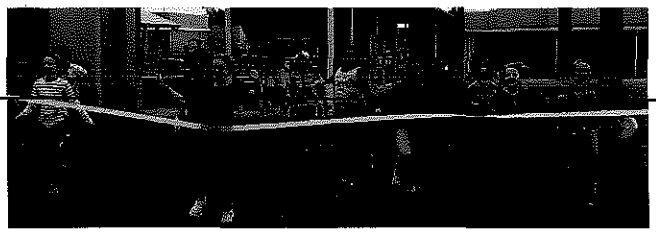
Corr Elementary
Gibsonton

Chasco Elementary
Port Richey

Gulf Highalnds Elementary
Richey

Belleair Rec Center
Belleair

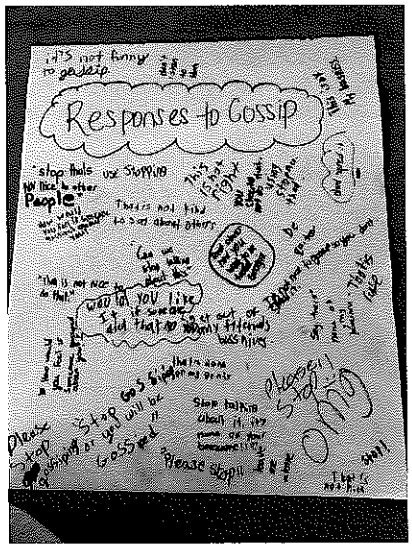
Garden Elementary
Venice



Dunedin Elementary
Dunedin

Season Recap

In our middle section, our girls explore the value of teamwork and healthy relationships. Sample lessons including Practicing Empathy and Best Friends.



5k Recap

The sun was shining, birds were singing, streets were closed and our girls were a-shining! The **Girls on the Run 5k Presented by UnitedHealthcare** was a huge success – the biggest and brightest in GOTR's history! From start to finish, the event was filled with joyful moments. From Registration to Sparkle Runners supporting our final runner home, here's a recap of all that went on! Our amazing event was held at Poynter Park in downtown St. Petersburg!

Race Village
Participants enjoyed our fun activities and vendors in Race Village. From Happy Hair to Tattoos, we got our outer sparkle to match our inner sparkle!

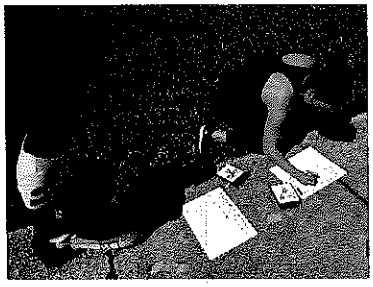
Flag Bearer Award Ceremony
This season, we introduced our Flag Bearer Awards to honor six Coaches for living our core values at GOTR practice and beyond.

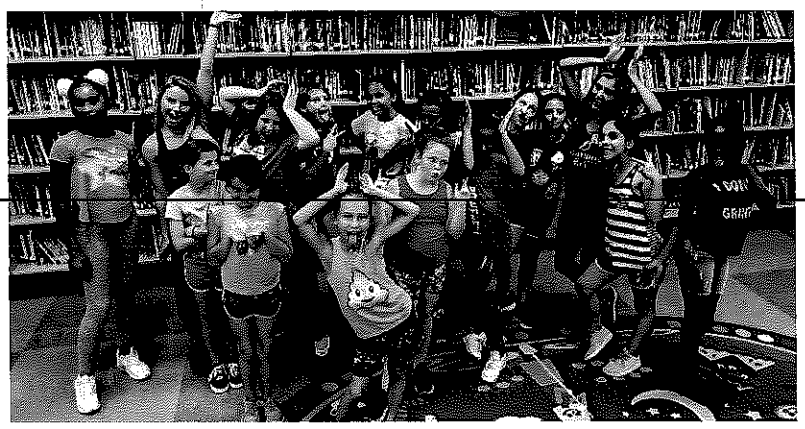
Dance Warm Up – Led by St. Pete Jazzercise!
Participants got loose and limber with a high energy dance warm up!

Lighting Girls

LIGHTNING
Girls

This season, our girls at Davis Elementary were joined by the Tampa Bay Lightning Girls! The Lightning Girls were official "Practice Partners," attending every practice to support both our girls and Coaches. They also volunteered at our 5k! We are so grateful to have such passionate support from such incredible women!

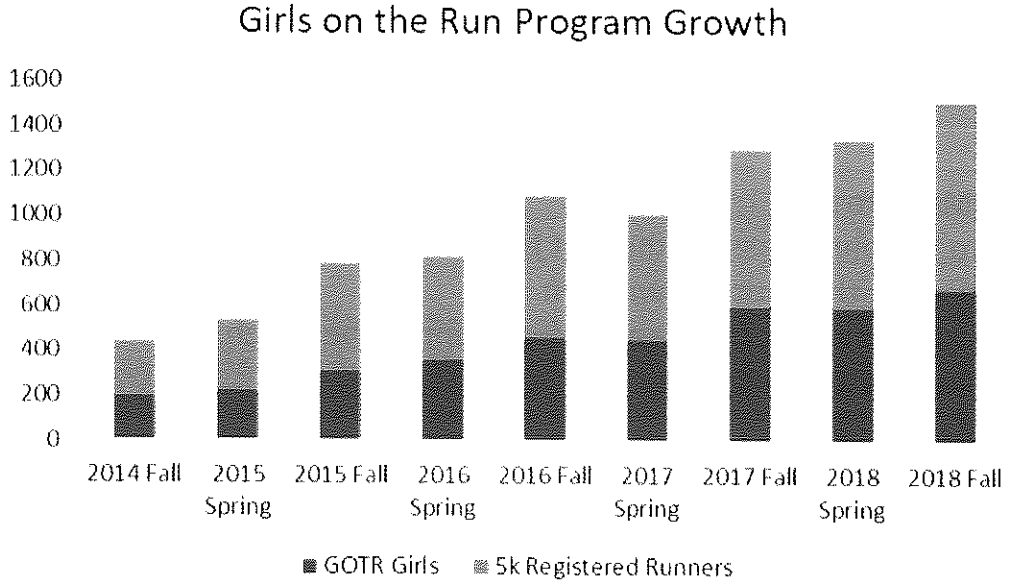




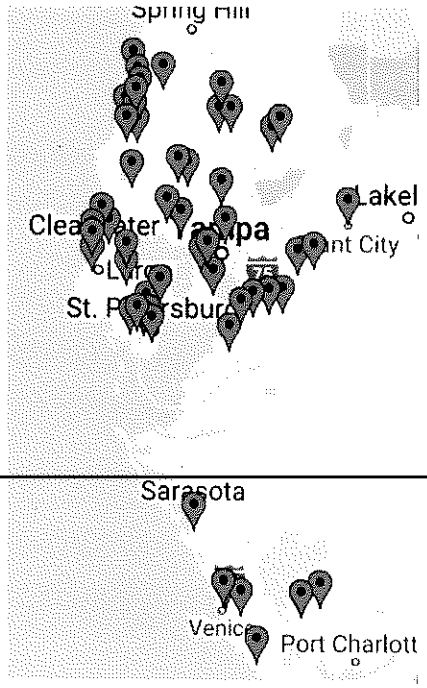
By the Numbers

Bigger and Brighter Each Season!

The Girls on the Run Program has grown tremendously in the past few years. We are so thrilled our Tampa Bay community has embraced our incredible program and are committed to continuing to grow. We will give every girl the opportunity to be a Girl on the Run!



2018 Fall GOTR Locations



Academy of the Holy Names
Anderson Elementary
Apollo Beach Elementary
Belleair Parks & Rec
Canterbury School of Florida
Chasco Elementary
Church of The Ascension
Connerton Elementary
Corr Elementary School
Cotee River Elementary School
Davis Elementary
Dickenson Elementary
Double Branch Elementary
Dream Center of Tampa
Dunedin Elementary
Englewood Elementary School
Garden Elementary
Glenallen Elementary
Grady Elementary
Gulf Highlands Elementary
Gulfport Elementary
Hammond Elementary School
Hudson Elementary
Lakewood Elementary
Lamarque Elementary
Lincoln Elementary
Moon Lake Elementary
Nelson Elementary
Perkins Elementary
Phillippi Shores Elementary
Pine View Elementary
Pinellas Central Elementary School
Richey Elementary School
Ridgecrest Elementary
Roosevelt Elementary School
Ruskin Elementary
Sanderlin IB World School
Sanders Memorial Elementary
Seven Springs Elementary
Summerfield Crossings Elementary
Summerfield Elementary
Tinker K-8
Venice Elementary
Wiregrass Elementary
Woodlawn Elementary

Girls on the Run Comes to St. Pete!

For inspiring girls to be joyful, healthy and confident!

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
GIRLS ON THE RUN GREATER TAMPA BAY, INC.

Filing Information

Document Number	N17000006989
FEI/EIN Number	82-1793509
Date Filed	07/06/2017
Effective Date	08/01/2017
State	FL
Status	ACTIVE

Principal Address

1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Mailing Address

801 EAST MOREHEAD STREET
SUITE 201
CHARLOTTE, NC 28202

Registered Agent Name & Address

MOORE, LAURA
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Officer/Director Detail

Name & Address

Title Chairman

CRATE, JESSICA
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title DIR.

KREBS, STEPHANIE
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Treasurer

SHORTT, ANGLEA
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Berger, Erin
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Boyer, Jacque
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Bruner, Christie
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Burns, Kelli
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Collins, Jill
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Howey, Jean
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Johnson, Holly

1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Lake, Sandi
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Lamore, Katie
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Annual Reports

Report Year	Filed Date
2018	02/01/2018

Document Images

02/01/2018 -- ANNUAL REPORT	View image in PDF format
07/06/2017 -- Domestic Non-Profit	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 25947
Date: 15 Jan 2019

User: JSBENNIN
Status: Firm

GIRLS ON THE RUN INTERNATIONAL GOTR TA
LAURA MOORE
2519 N MCMULLEN BOOTH STE 510-145
CLEARWATER FL 33761 USA

Primary #: (813) 832-2826
Secondary #: (727)
Other #: ()

Purpose of Use: GIRLS ON THE RUN 5K (FALL)

Expected: 2,000

Co-Sponsored Event

Contract Balance $30.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting: Sat 14 Dec 19 05:00 am** **Ending: Sat 14 Dec 19 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Poynter Park	Sat	14 Dec 2019	05:00 AM	$0.00	$200.00	$0.00	$200.00
Park			09:00 PM				

Additional Fees:

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

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Permit Fee	16:00	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	$200.00	$30.00	$230.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
15 Jan 2019	$200.00	Check	Rental	3227781

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) **LAURA MOORE**

GIRLS ON THE RUN INTERNATIONAL GOTR TA
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.

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City of St. Petersburg

GIRLS ON THE RUN INTERNATIONAL GOTR TA
LAURA MOORE
2519 N MCMULLEN BOOTH STE 510-145
CLEARWATER, FL 33761 USA

Receipt #: 3227781
User: JSBENNIN
Issued: Tue 15 Jan 19 11:32 am

Description	Amount
Previous Balance	$460.00
Applied To: 25947 - GIRLS ON THE RUN 5K (FALL) Poynter Park - Park December 14, 2019 5:00 am to December 14, 2019 9:00 pm	$200.00
Payment: Check	($200.00)
Balance	$260.00

APPROVED REFUNDS ARE BY CHECK ONLY

st.petersburg

City of St. Petersburg

GIRLS ON THE RUN INTERNATIONAL GOTR TA
LAURA MOORE
2519 N MCMULLEN BOOTH STE 510-145
CLEARWATER, FL 33761 USA

Receipt #: 3227783
User: JSBENNIN
Issued: Tue 15 Jan 19 11:32 am

Description	Amount
Previous Balance	$260.00
Applied To: 25949 - GIRLS ON THE RUN 5K (SPRING) Poynter Park - Park May 2, 2020 6:00 am to May 2, 2020 9:00 pm	$30.00
Payment: Check	($30.00)
Balance	$230.00

APPROVED REFUNDS ARE BY CHECK ONLY

2019 FALL EVENT

January 10, 2019

Dear Co-Sponsor Committee,

We are so excited to apply to host our Girls on the Run 5k 2019 Fall event again in the gorgeous city of St. Petersburg! Enclosed are the following items:

- Co-Sponsor Event Application
- 5k Route
- Race Village Map
- Event Timeline
- 501(c)3 Letter of Determination
- State of Florida Paperwork
- Application Fee Check
- Park Permit Fee Check
- Recap Report from 2018 Fall Event

Thank you for being our Partner in inspiring girls to be joyful, healthy and confident.

Sincerely,

Laura Moore
Executive Director

Girls on the Run Greater Tampa Bay

2519 N McMullen Booth Road (813) 832-2826 www.gotrtampa.org
Suite 510145
Clearwater, FL 33761

Girls on the Run

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1-14-19
Check or Cash: 1068 & 2038
Application #: 11
Packet: C
Permit #: 25949

Event Title: Girls on the Run 5k - 2020 Spring | Phone No.: 813-832-2826 | Fax No.:

Entity Name: Girls on the Run Greater Tampa Bay | Federal I.D. Number: 82-1793509

Event Date(s): May 2, 2020 | Location: Poynter Park

Day 1 of Event: 5/2/2020 | Time Gates Open: 7 AM | Ending Time: 11 AM

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

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

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

Title: Executive Director | Cell Phone: 314-359-9392

Address: 2519 N McMullen Booth, Suite 510145 | City: Clearwater | State: FL | Zip: 33761

Email Address: laura.moore@girlsontherun.org

Additional Contact Person: Leslie Stallings | Day Phone: 727-692-1023

What month/year were you incorporated as nonprofit? 2008

List all 501(c)3 entities that will benefit from this event. Girls on the Run Greater Tampa Bay

Name of the for-profit entity? n/a

Describe your event with details.

The Girls on the Run 5k Series is the largest 5k series in the country, with over 350 5k events held by GOTR Councils each year across the country! Our local council Girls on the Run 5k is the most joyful 5k around! Our 5k is the culmination of our 10-week program and is open to the public for EVERYONE – girls, boys, young and old, and all abilities! We encourage walking, running, skipping, cartwheeling – even dancing! – to move forward. We anticipate nearly 800 GOTR girls, 800 Running Buddies, and over 300 Community Runners to joyfully cross our Finish Line. Our Race Village will be staged in Poynter Park, and the gorgeous route goes out-and-back along the waterfront. In addition, the event will draw hundreds of spectators including families, GOTR coaches, and friends, as well as community volunteers (100+) and supporters. Our last 5k event was featured on the cover the Tampa Bay Times Sunday Sports Section

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

All funds raised from the GOTR 5k go into our Scholarship Fund, so that all girls have the opportunity to participate in our life-changing program. In our 2018 Fall Season, over 50% of our 675 girls received scholarships. By providing this financial assistance, we remove the financial burden from participants, roughly half of which live in Pinellas County and include the following St. Pete schools: Sanderlin, Perkins, Woodlawn, Canterbury, Admiral Farragut, and Lakewood. The GOTR 5k brings participants from 50+ locations across Greater Tampa Bay (Hillsborough, Pasco, Pinellas and Sarasota Counties) to St. Pete, where many stay overnight in hotels, eat in restaurants, shop in local stores, visit local attractions and pay for street parking. We intentionally promote the city to our participants and their families to take advantage of all that St. Pete has to offer when they come for our event.

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

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

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

Will there be an admission / registration fee? ☐ YES ☐ NO Advanced Fee: $30 Day of: $30

Please provide the website address for your event. www.gotrtampa.org/5k

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

What is the estimated attendance for this event? Spectators 500 Participants 1500 Last Year's Total Attendance 1800

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

Recreation Equipment

Showmobile (Yes/No) No

Bleacher(s) needed. Each bleacher approx. 180 people) 0

Tables (6 ft) # needed 40 Chairs # needed 0

Public Address System

# of portable risers needed (4 in. x 8 in. x 16 in. sections) 2

Special Events Facilities

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

☐ Non-City Locations

Which Location?

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

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

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

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

Name:	Laura Moore	Title:	Executive Director	Date:	12/31/2018
Co-Sign:		Title:		Date:	

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 10	
☐ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☐ Erecting Tents - Larger than 10ft x 12ft	How many?	Temporary Structure Permit
☐ Fence Installation	What type?	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☐ Staging	☐ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☐ Performers ☐ Announcement Only	
☐ Security	☐ Daytime - Private ☐ Overnight - Private ☐ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 18 Disabled Units 2 Hand Washing 8	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

n/a

Will you supply your own generators? ☐ YES ☒ NO

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

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

No

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

Name: Girls on the Run Greater Tampa Bay Phone: 813-832-2826

Address (including zip): 2519 N McMullen Booth, Suite 510145, Clearwater, FL 33761

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

We will have a DJ with speakers playing radio-friendly Top 40 hits

List Vending Products. Name & Provider.

Tampa Bay Rays - Mascot Raymond, Tampa Bay Lightning- Street Team, Tampa Bay Rowdies - Street Team, FOX Sports Sun, PowerCrunch, Go Go Squeez, MedExpress, Pure Barre and additional pending.

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.

GOTR will make an opening speech to welcome participants to event, honor selected Volunteer Coaches and invite 1-2 sponsors to also welcome the participants. GOTR will address the crowd again at the start of the 5k and once more at the end of the event thanking all for attending.

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

GOTR will set up our Race Village (including Registration, Packet Pick Up, etc.) beginning at 4:30 am on 12/14/19. We will have everything unloaded and set up for our participants by 7 am, and will be cleaned up/packed up by 12:00 pm that same day.

Other Comments: Please describe your fee structure.

The GOTR 5k Registration fee is $30, which includes entry, medal, t-shirt and swag bag. We offer a $5 discount to parents/guardians that have a girl currently enrolled in the program. Discount codes are not accepted on race morning.

Other comments:

Girls on the Run inspires girls to recognize their inner strength and celebrate what makes them one of a kind. Trained coaches lead small teams through our research-based curricula which includes dynamic discussions, activities and running games. Over the course of the ten-week season, girls in 3rd-5th grade develop essential skills to help them navigate their worlds and establish a lifetime appreciation for health and fitness. Each season culminates with girls positively impacting their communities through a service project and being physically and emotionally prepared to complete the Girls on the Run 5k. Completing the 5k gives the girls a tangible sense of achievement as well as a framework for setting and achieving life goals - making the seemingly impossible, possible.

We have hosted our last FIVE 5k events in St. Petersburg (getting bigger each season!) and have been absolutely THRILLED with our experience! The venue consistently exceeds both ours and our participant highest expectations. As we work towards our goal of a Disney-calibur race, we believe that the City of St. Pete is our partner and the most incredible home for our event!

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

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

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

Name: Laura Moore Title: Executive Director Date: 12/31/2018

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: Girls on the Run Greater Tampa Bay

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

Title of Responsible Party: Executive Director

Physical Address of Responsible Party: 2519 N McMullen Booth, Suite 510145, Clearwater, FL 33761

Phone Number of Responsible Party: 813-832-2826

Email Address of Responsible Party: laura.moore@girlsontherun.org

Nonprofit (Employee Identification Number): 82-1793509

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

Name of Responsible Party (President or CEO ONLY): n/a

Title of Responsible Party: n/a

Physical Address of Responsible Party: n/a

Phone Number of Responsible Party: n/a

Email Address of Responsible Party: n/a

For-profit (Employee Identification Number) n/a

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

What method of invoicing would your organization prefer?

☐ BY Mail

Contact Name

Address

City, State, Zip

☒ BY EMAIL

Email Address: laura.moore@girlsontherun.org

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

Name of Event: Girls on the Run 5k - 2020 Spring
Date(s) of Event: 5/2/2020 -

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

		Amount
1.	Registration Fees	$18,000
2.	Individual Donations	$1,000
3.	GOTR Merchandise	$5,400
4	In Kind Donations	$2,000
5.	Sponsors	$8,000
6.		
7.		
8.	TOTAL REVENUE	$34,400
	TOTAL GROSS REVENUE	

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

1.	Race Village Supplies	$2,500
2.	T-Shirts	$3,500
3.	EMTs	$500
4	Medals	$2,200
5.	Bibs	$300
6.	DJ	$500
7.	Rentals (Port-O-Lets, Barricades, Cones, Tables, etc.)	$3,500
8.	Marketing	$2,000
9.	Police/Permits	$8,000
10.		
11.	TOTAL EXPENSES	$23,000
12.	NET REVENUE	$11,400
	TOTAL OPERATING EXPENSES	
	TOTAL NET INCOME	

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

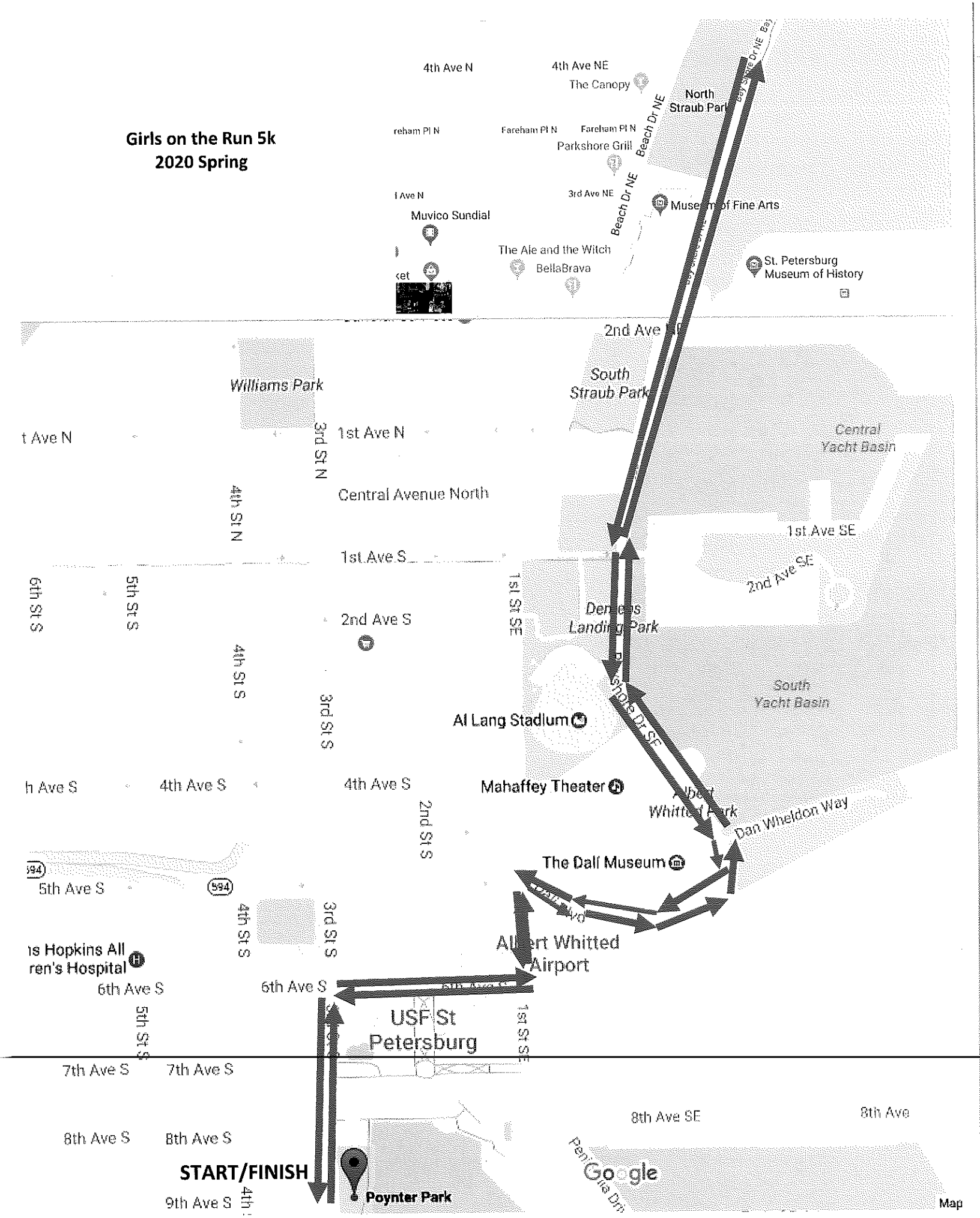
1.	Girls on the Run Scholarships	$11,400
2.		
3.		
4.		
5.		
6.	TOTAL ALLOCATION	$11,400
	TOTAL ALLOCATION OF NET INCOME	

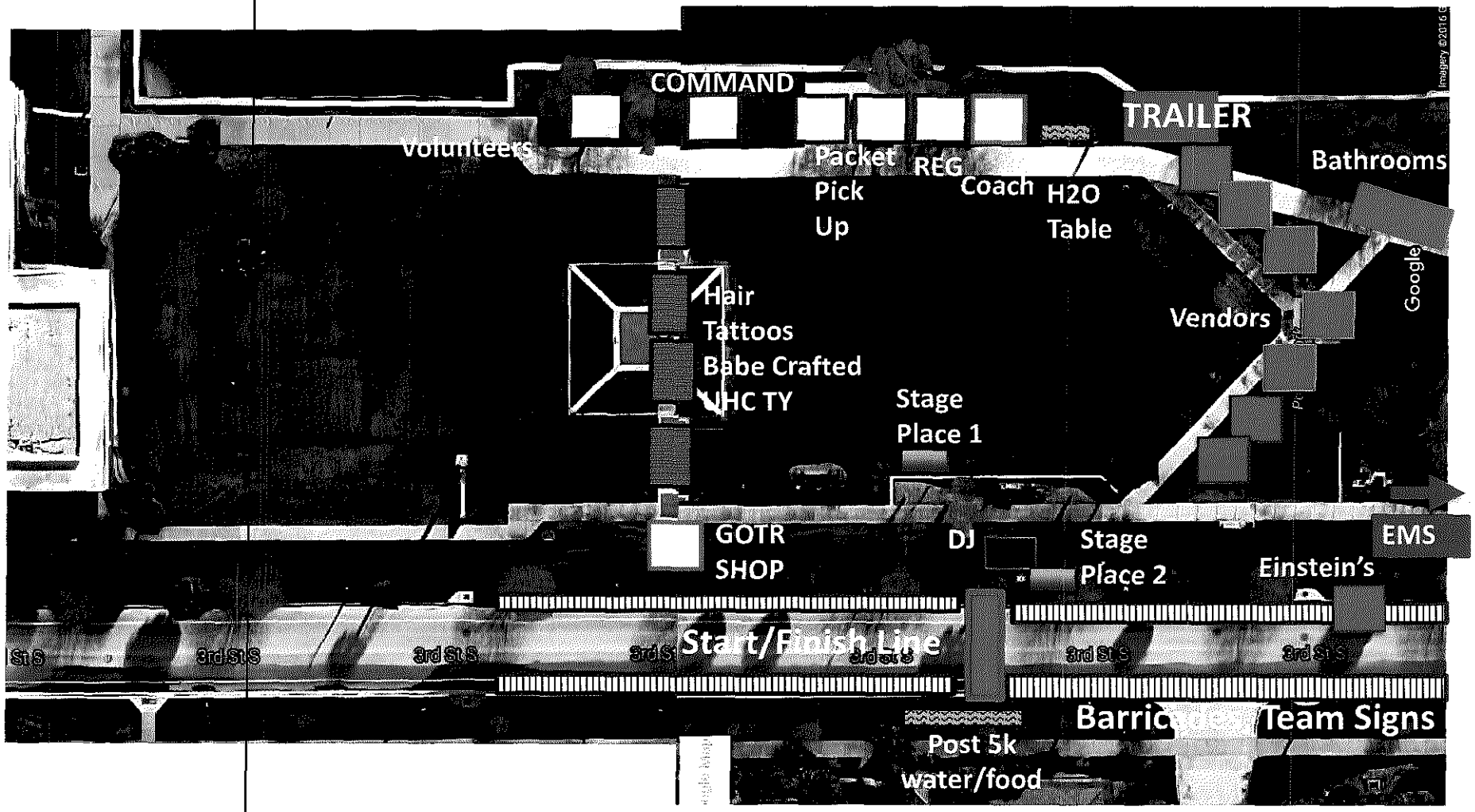
Prepared by: Laura Moore Date: 12/31/2018

Print Application

Submit Application by E

Girls on the Run 5k
2020 Spring




COMMAND
TRAILER
Volunteers
Packet
Pick
Up
REG
Coach
H2O
Table
Bathrooms
Google
Hair
Tattoos
Babe Crafted
VHC TY
Vendors
Stage
Place 1
GOTR
SHOP
DJ
Stage
Place 2
EMS
Einstein's
Start/Finish Line
3rd St S
Post 5k
water/food
Team Signs

GOTR 5k Event Timeline

Time	Details
4:30 AM	Race Committee arrives
6:15 AM	Vendors arrive
6:30 AM	First shift of Volunteers arrive
6:50 AM	Volunteers stationed in Race Village
7:00 AM	Race Village officially opens
8:00 AM	Second shift of Volunteers arrive
8:15 AM	Course marshalls meet for placement on course and water stations readied
8:30 AM	Group Warm Up; Race Village closes
8:45 AM	Final Course Marshalls stationed
8:50 AM	Executive Director welcomes participants
8:55 AM	Sponsor remarks
9:00 AM	5 begins!
9:05 AM	Finish line readied (medals and food)
9:20 AM	First runner crosses
10:00 AM	Post race comments (after final runner) and street cleared
10:15 AM	Course marshalls check back to Race Village
10:45 AM	Participants leave, venue is cleaned up
12:00 PM	Clean up complete, exit venue

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 06-08-2017

Employer Identification Number:
82-1793509

Form: SS-4

Number of this notice: CP 575 A

GIRLS ON THE RUN GREATER TAMPA BAY
% HEATHER BLAKE
801 E MOREHEAD ST STE 201
CHARLOTTE, NC 28202

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

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

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-1793509. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

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

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	10/31/2017
Form 940	01/31/2018

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

October 23, 2017

Girls on the Run Greater Tampa Bay, Inc.
1550 North McMullen Booth Rd
Suite F3 #145
Clearwater, FL 33759

RE: EIN 82-1793509

To Whom It May Concern:

This letter is to verify that Girls on the Run Greater Tampa Bay, Inc. is a subordinate organization in good standing and is covered under Girls on the Run International's Federal Group Tax Exemption Number 6150 as described in Section 501(c)(3) of the Internal Revenue Code. Detailed information regarding the group exemption process is available in IRS Publication 557 (entitled "Tax-Exempt Status for Your Organization" and is available on the IRS website at www.irs.gov/pub/irs-pdf/p557.pdf) and IRS Publication 4573 (entitled "Group Exemptions" and available on the IRS website at www.irs.gov/pub/irs-pdf/p4573.pdf).

How do donors verify that contributions are deductible under section 170 with respect to a subordinate organization in a section 501(c)(3) group exemption ruling? *Donors should consult IRS Publication 78, Cumulative List of Organizations described in Section 170(c) of the Internal Revenue Code of 1986, or obtain a copy of the group exemption letter from the central organization. The central organization's listing in Publication 78 will indicate that contributions to its subordinate organizations covered by the group exemption ruling are also deductible, even though most subordinate organizations are not separately listed in Publication 78 or on the EO Business Master File. Donors should then verify with the central organization, by either of the methods indicated above, whether the particular subordinate is included in the central organization's group ruling. The subordinate organization need not itself be listed in Publication 78 or on the EO Business Master File. Donors may rely upon central organization verification with respect to deductibility of contributions to subordinates covered in a section 501(c)(3) group exemption ruling.* – Publication 4573, page 4

Enclosed is a copy of the IRS Letter of Determination for the Group Exemption Ruling.

Girls on the Run International

801 East Morehead Street
Suite 201
Charlotte, NC 28202

704-376-9817

www.girlsontherun.org

Girls on the Run

Internal Revenue Service
P. O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: June 13, 2017

GIRLS ON THE RUN INTERNATIONAL
801 EAST MOREHEAD STREET SUITE 201
CHARLOTTE NC 28202

Person to Contact:
K. Gleason #0203083
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:
56-2201835
Group Exemption Number:
6150

Dear Sir or Madam:

This is in response to your request dated May 26, 2017, for information about your tax-exempt status.

Our records indicate we issued a determination letter to you in October 2000, and that you're currently exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also recognized the subordinates on the list you submitted as exempt from federal income tax under IRC Section 501(c)(3).

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

Because IRC Section 170(c) describes your subordinate organizations, donors can deduct contributions they make to them.

Please refer to www.irs.gov/charities for information about filing requirements. Specifically, IRC Section 6033(j) provides that, if you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

In addition, each subordinate organization is subject to automatic revocation if it doesn't file a required return or notice for three consecutive years. Subordinate organizations can file required returns or notices individually or as part of a group return.

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

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

Sincerely yours,

Stephen A. Martin

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

State of Florida
Department of State

I certify from the records of this office that GIRLS ON THE RUN GREATER TAMPA BAY, INC. is a corporation organized under the laws of the State of Florida, filed on July 6, 2017, effective August 1, 2017.

The document number of this corporation is N17000006989.

I further certify that said corporation has paid all fees due this office through December 31, 2018, that its most recent annual report/uniform business report was filed on February 1, 2018, and that its status is active.

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

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-sixth day of September, 2018

Ken Detzner

Secretary of State

Tracking Number: CU6785076421

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

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

1-800-HELP-FLA (435-7352)
www.FreshFromFlorida.com

DIVISION OF CONSUMER SERVICES
2005 APALACHEE PKWY
TALLAHASSEE FL 32399-6500

FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
COMMISSIONER ADAM H. PUTNAM

July 12, 2018 **Refer To: CH52569**

GIRLS ON THE RUN GREATER TAMPA BAY, INC.
801 E MOREHEAD ST STE 201
CHARLOTTE, NC 28202-2743

RE: GIRLS ON THE RUN GREATER TAMPA BAY, INC.
REGISTRATION#: CH52569
EXPIRATION DATE: August 9, 2019

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Cassie Miller

Cassie Miller
Regulatory Consultant
850-410-3719
Fax: 850-410-3804
E-mail: cassie.miller@freshfromflorida.com

Detail by Entity Name

Florida Not For Profit Corporation
GIRLS ON THE RUN GREATER TAMPA BAY, INC.

Filing Information

Document Number	N17000006989
FEI/EIN Number	82-1793509
Date Filed	07/06/2017
Effective Date	08/01/2017
State	FL
Status	ACTIVE

Principal Address

1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Mailing Address

801 EAST MOREHEAD STREET
SUITE 201
CHARLOTTE, NC 28202

Registered Agent Name & Address

MOORE, LAURA
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Officer/Director Detail

Name & Address

Title Chairman

CRATE, JESSICA
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title DIR.

KREBS, STEPHANIE
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Treasurer

SHORTT, ANGLEA
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Berger, Erin
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Boyer, Jacque
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Bruner, Christie
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Burns, Kelli
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Collins, Jill
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Howey, Jean
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Johnson, Holly

1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Lake, Sandi
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Lamore, Katie
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Annual Reports

Report Year	Filed Date
2018	02/01/2018

Document Images

02/01/2018 -- ANNUAL REPORT	View image in PDF format
07/06/2017 -- Domestic Non-Profit	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 25949
Date: 15 Jan 2019

User: JSBENNIN
Status: Firm

GIRLS ON THE RUN INTERNATIONAL GOTR TA
LAURA MOORE
2519 N MCMULLEN BOOTH STE 510-145
CLEARWATER FL 33761 USA

Primary #: (813) 832-2826
Secondary #: (727)
Other #: ()

Purpose of Use: GIRLS ON THE RUN 5K (SPRING)

Expected: 2,000

Co-Sponsored Event

Contract Balance $0.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting: Sat 02 May 20 06:00 am** **Ending: Sat 02 May 20 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Poynter Park	Sat	02 May 2020	06:00 AM	$0.00	$200.00	$0.00	$200.00
Park			09:00 PM				

Additional Fees:

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

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Permit Fee	15:00	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
15 Jan 2019	$30.00	Check	Rental	3227783
15 Jan 2019	$170.00	Check	Rental	3227785
15 Jan 2019	$30.00	Check	Rental	3227786

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) **LAURA MOORE**

GIRLS ON THE RUN INTERNATIONAL GOTR TA
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name):
Parks and Recreation Superintendent

(Print Name)
Parks and Recreation Department

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

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

st.petersburg

City of St. Petersburg

GIRLS ON THE RUN INTERNATIONAL GOTR TA
LAURA MOORE
2519 N MCMULLEN BOOTH STE 510-145
CLEARWATER, FL 33761 USA

Receipt #: 3227785
User: JSBENNIN
Issued: Tue 15 Jan 19 11:33 am

Description	Amount
Previous Balance	$230.00
Applied To: 25947 - GIRLS ON THE RUN 5K (FALL) Poynter Park - Park December 14, 2019 5:00 am to December 14, 2019 9:00 pm	$30.00
Applied To: 25949 - GIRLS ON THE RUN 5K (SPRING) Poynter Park - Park May 2, 2020 6:00 am to May 2, 2020 9:00 pm	$170.00
Payment: Check	($200.00)
Balance	$30.00

APPROVED REFUNDS ARE BY CHECK ONLY

st.petersburg

City of St. Petersburg

GIRLS ON THE RUN INTERNATIONAL GOTR TA
LAURA MOORE
2519 N MCMULLEN BOOTH STE 510-145
CLEARWATER, FL 33761 USA

Receipt #: 3227786
User: JSBENNIN
Issued: Tue 15 Jan 19 11:33 am

Description	Amount
Previous Balance	$30.00
Applied To: 25949 - GIRLS ON THE RUN 5K (SPRING) Poynter Park - Park May 2, 2020 6:00 am to May 2, 2020 9:00 pm	$30.00
Payment: Check	($30.00)
Balance	$0.00

APPROVED REFUNDS ARE BY CHECK ONLY

2020 SPRING EVENT

January 10, 2019

Dear Co-Sponsor Committee,

We are so excited to apply to host our Girls on the Run 5k 2020 Spring event again in the gorgeous city of St. Petersburg! Enclosed are the following items:

- Co-Sponsor Event Application
- 5k Route
- Race Village Map
- Event Timeline
- 501(c)3 Letter of Determination
- State of Florida Paperwork
- Application Fee Check
- Park Permit Fee Check

Thank you for being our Partner in inspiring girls to be joyful, healthy and confident.

Sincerely,

Laura Moore
Executive Director

Girls on the Run Greater Tampa Bay

2519 N McMullen Booth Road (813) 832-2826 www.gotrtampa.org
Suite 510145
Clearwater, FL 33761

Girls on the Run

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1-15-19
Check or Cash:
Application #: 12
Packet: A
Permit #: 26017

Event Title: St. Pete Run Fest | Phone No.: 727-592-8108 | Fax No.:

Entity Name: Endorfun Sports LLC | Federal I.D. Number: 04-3590391

Event Date(s): November 15-17, 2019 | Location: Al Lang/Whitted/Pioneer/Vinoy Parks & Bayshore Dr.

Day 1 of Event: 11/15/19 | Time Gates Open: 12PM | Ending Time: 8pm

Day 2 of Event: 11/16/19 | Time Gates Open: 6am | Ending Time: 4pm

Day 3 of Event: 11/17/19 | Time Gates Open: 6am | Ending Time: 4pm

Application Prepared by: Ryan Jordan | Phone: 727-417-4294

Title: Chief Business Officer | Cell Phone: 727-417-4294

Address: 1200 Eden Isle Blvd NE | City: Saint Petersbu | State: FL | Zip: 33704

Email Address: claire@stpeterunfest.org

Additional Contact Person: Keith Jordan | Day Phone: 512-608-5857

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

List all 501(c)3 entities that will benefit from this event. St. Petersburg Free Clinic, Jump for Kids, 13 Miles for 13 Charities

Name of the for-profit entity? Endorfun Sports LLC

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

The St Pete Run Fest is 3rd year event bringing together the local community and visitors from outside the Tampa Bay area. By highlighting the local businesses and activities that make St. Pete unique, we will give our participants a one-of-a-kind St. Pete experience. We aim to encourage health/fitness by offering St. Pete residents the opportunity to participate in our running races, as well as our Health & Fitness Expo. (Health & Fitness Expo is free to all) The St. Pete Run Fest will be a great addition to the "Healthy St. Pete" initiative. Registration/Packet pick-up will be in the Mahaffey Theater Ballroom, which has been reserved with a rental deposit for 11/15 & 11/17, and will highlight St. Pete's beautiful waterfront and arts culture.

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

The St. Pete Run Fest will draw visitors from outside the Tampa Bay area, filling local hotels and restaurants, and providing an influx of outside money to local businesses. We forecasted 1,000+ in 2018 and expect that to grow by 10-20% in 2019. With a national marketing campaign, the St. Pete Run Fest will help raise awareness around the country of all the wonderful and unique amenities that St. Pete has to offer.

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

Does your group presently have liability insurance? ☒ YES ☐ NO How much? $1 million per occ/$2 million ag

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

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

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

Please provide a phone number that can be advertised to the public. 727-592-8108

What is the estimated attendance for this event? Spectators 4,000+ Participants 6,500+ Last Year's Total Attendance 10,000+

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

Recreation Equipment

Showmobile (Yes/No) Yes

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

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

Public Address System ____

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

Special Events Facilities

- [x] Mahaffey Theater
- [ ] Coliseum
- [ ] Sunken Gardens
- [ ] Boyd Hill

- [ ] Non-City Locations

Which Location? ____

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

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

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

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

Name:	Ryan Jordan	Title:	CBO - Endorfun Sports LLC	Date:	1/14/19
Co-Sign:		Title:	Dir. of Development - SP Free	Date:	~~3/27/17~~

President - Jump for Kids, 1-14-19

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

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

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? Over 30 Vendors / Exhibitors	
☒ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 5	Temporary Structure Permit
☒ Fence Installation	What type? Finish Line Chute - portable	Temporary Structure Permit
☒ Other Structures	What structure? Start & Finish Line Arches	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☒ VIP Area		
☒ Staging	☐ Professional ☒ Showmobile ☐ Other	
☒ Amplified Sound	☒ Performers ☐ Announcement Only	
☒ Security	☐ Daytime - Private ☒ Overnight - Private ☒ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 40 Disabled Units 2 Hand Washing 10	
☐ 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.

May need extra power for particular vendors in Albert Whitted 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.

Noise ordinance for course to allow for moderate sounds from on-course entertainment

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

Name: Endorfun Sports LLC Phone: 727-592-8108

Address (including zip): 1200 Eden Isle Blvd NE, Saint Petersburg, Fl 33704

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

DJ/announcer at finish line with music. Showmobile stage with live music/band at Albert Whitted. Musicians/entertainers along the course.

List Vending Products. Name & Provider.

Complete list to be added later. Products will include Running gear - clothing, shoes, accessories; health/fitness products.

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

Jump for Kids, Jeff Pope, info@jumpforkidsfl.org and phone number: 727-512-5679

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

None

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

Health & Fitness Expo load in/load out Thursday, Nov 14 morning starting at 6am at Al Lang Park and along Bayshore Drive. Race start/finish line structure set-up on Bayshore Blvd. Loud out will be on Sunday, afternoon November 17th (need road closed/blocked Friday)

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.**

Other Comments: Please describe your fee structure.

Half-marathon, 10K, 5K and Kids Run have different entry fee prices ranging from $15-$105. Health & Wellness expo vendors price is $400 for a 10x10 booth space. Spectators watching the races and attending the expo are not charged to enter.

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: Ryan Jordan Title: Chief Business Officer Date: 1/14/2019

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Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Jump for Kids

Name of Responsible Party (President or CEO ONLY): Jeff Pope

Title of Responsible Party: CEO

Physical Address of Responsible Party: 850 21st Avenue North, St Petersburg, FL 33704

Phone Number of Responsible Party: 727-512-5679

Email Address of Responsible Party: info@jumpforkidsfl.org

Nonprofit (Employee Identification Number): 46-2587239

Name of the **For-profit** Corporation: Endorfun Sports LLC

Name of Responsible Party (President or CEO ONLY): Keith Jordan

Title of Responsible Party: President/CEO

Physical Address of Responsible Party: 1200 Eden Isle Blvd NE, Saint Petersburg, FL 33704

Phone Number of Responsible Party: 727-592-8101

Email Address of Responsible Party: keith@stpeterunfest.org

For-profit (Employee Identification Number) 04-3590391

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

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

Name of Event: St Pete Run Fest
Date(s) of Event: November 16-18 - 2018

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

		Amount
1.	Race Registrations-Sponsorship- Vendors	$393,801
2.		
3.		
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	

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

1.	City Services, Athlete Amenities, Operations	$336,732.47
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.	Net Income	$57,069
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	

Prepared by: Ryan Jordan Date: 1/14/2019

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

Foreign Limited Liability Company
ENDORFUN SPORTS, LLC

Filing Information

Document Number	M16000008985
FEI/EIN Number	04-3590391
Date Filed	11/07/2016
State	NH
Status	ACTIVE

Principal Address

1200 EDEN ISLE BLVD. NE
ST. PETERSBURG, FL 33704

Mailing Address

1200 EDEN ISLE BLVD. NE
ST. PETERSBURG, FL 33704

Registered Agent Name & Address

JORDAN, CLAIRE
1200 EDEN ISLE BLVD. NE
ST. PETERSBURG, FL 33704

Authorized Person(s) Detail

Name & Address

Title CEO

JORDAN, KEITH
1200 EDEN ISLE BLVD. NE
ST. PETERSBURG, FL 33704

Title CFO

JORDAN, CLAIRE
1200 EDEN ISLE BLVD. NE
ST. PETERSBURG, FL 33704

Title CBDO

Jordan, Ryan
1200 EDEN ISLE BLVD. NE
ST. PETERSBURG, FL 33704

Annual Reports

Report Year	Filed Date
2017	06/30/2017
2018	02/07/2018

Document Images

02/07/2018 -- ANNUAL REPORT	View image in PDF format
06/30/2017 -- ANNUAL REPORT	View image in PDF format
11/07/2016 -- Foreign Limited	View image in PDF format

Florida Department of State, Division of Corporations

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
JUMP FOR KIDS, INC

Filing Information

Document Number	N13000003729
FEI/EIN Number	46-2587239
Date Filed	04/18/2013
Effective Date	04/20/2013
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	01/19/2015

Principal Address

850 21 ave N
St Petersburg, FL 33704

Changed: 01/19/2015

Mailing Address

850 21 ave N
St Petersburg, FL 32225

Changed: 01/19/2015

Registered Agent Name & Address

POPE, JEFFREY M
850 21 ave N
St Petersburg, FL 33704

Name Changed: 01/19/2015

Address Changed: 01/19/2015

Officer/Director Detail

Name & Address

Title President

POPE, JEFFREY
850 21 ave N
St Petersburg, FL 33704

Title Officer

MICOLUCCI, VICTOR
1707 strand st
Neptune Beach, FL 32266

Title Officer

WEBER, SUZIE M
13150 ANNANDLE DR.S
JACKSONVILLE, FL 32225

Title VP

Burger , Andrew Vinh
341 14th avenue NE
St Petersburg, FL 33704

Title Officer

Hughes, Zachary
116 44th AVN NE
St Petersburg, FL 33703

Annual Reports

Report Year	Filed Date
2016	01/07/2016
2017	01/16/2017
2018	01/11/2018

Document Images

01/11/2018 -- ANNUAL REPORT	View image in PDF format
01/16/2017 -- ANNUAL REPORT	View image in PDF format
01/07/2016 -- ANNUAL REPORT	View image in PDF format
01/19/2015 -- REINSTATEMENT	View image in PDF format
11/06/2013 -- Amendment	View image in PDF format
04/18/2013 -- Domestic Non-Profit	View image in PDF format

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Contract/Permit

Contract #: 26017
Date: 22 Jan 2019

User: JSBENNIN
Status: Firm

ENDORFUN SPORTS LLC
CLAIRE JORDAN
1200 EDEN ISLAND BLVD NE
ST PETERSBURG FL 33704 USA

Primary #: (727) 417-4294
Secondary #: (727)
Other #: ()

Purpose of Use: ST. PETE RUN FEST

Expected: 10,000

Co-Sponsored Event

Contract Balance $430.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting: Thu 14 Nov 19 06:00 am** **Ending: Mon 18 Nov 19 11:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Thu	14 Nov 2019	06:00 AM	$0.00	$200.00	$0.00	$200.00
Park		18 Nov 2019	11:00 PM				
Al Lang Park	Thu	14 Nov 2019	06:00 AM	$0.00	$200.00	$0.00	$200.00
Park		18 Nov 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	226:00	2	$400.00	$0.00	$400.00
		2	$400.00	$0.00	$400.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By:(Sign Name) _____

(Print Name) **CLAIRE JORDAN**

ENDORFUN SPORTS LLC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

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

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

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

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st. petersburg parks & recreation

Date Received: 1-15-19
Check or Cash: 5504754443
Application #: 13
Packet: C
Permit #: 26022

Event Title: SPCA Tampa Bay Petwalk
Phone No.: 727 586 3591
Fax No.:
Entity Name: SPCA Tampa Bay
Federal I.D. Number: 59-0715928
Event Date(s): May 2, 2020
Location: Vinoy Park, St Pete
Day 1 of Event: May 1 Time Gates Open: 9am Ending Time: 2pm-3pm - Setup
Day 2 of Event: May 2 Time Gates Open: 8:30 Ending Time: 12pm
Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared by: Luan Dean
Phone: 727-586-3591
Title: Dir. Mission Advancement
Cell Phone: 815-289-0345 x122
Address: 9099 130th Ave N
City: Largo
State: FL
Zip: 33773
Email Address: LDean@SPCATampaBay.org
Additional Contact Person: Lisa Richardson
Day Phone: 727-586-3591 x114
What month/year were you incorporated as nonprofit? Oct. 1940
List all 501(c)3 entities that will benefit from this event. SPCA Tampa Bay
Name of the for-profit entity?

Describe your event with details.

Annual Pet Walk, 3K around Vinoy Park 8:30am-12pm
Family Friendly / Pet friendly
Vendors / events / water Park
Jump house for kids

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

This event will bring animal lovers from allover the County and bay area to celebrate animal companionship and the mission of SPCA Tampa Bay.
St Pete will see an influx of participants in the downtown area on this day.

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

Does your group presently have liability insurance? ☑ YES ☐ NO How much?
Are there plans to sell or distribute beer/wine at your event? ☐ YES ☑ NO
Will there be an admission / registration fee? ☑ YES ☐ NO Advanced Fee: $25 Day of: $25
Please provide the website address for your event. www.Petwalk.org
Please provide a phone number that can be advertised to the public. 727-586-3591
What is the estimated attendance for this event? Spectators Participants 1000-1500 Last Year's Total Attendance 1000-1500

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

Recreation Equipment

Showmobile (Yes/No) yes

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

Tables (6 ft) # needed Chairs # needed

Public Address System

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

Special Events Facilities

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

☐ Non-City Locations

Which Location?

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

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

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

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

Name: Juan Dean Title: Dir. Mission Adv Date: 1-14-19

Co-Sign: Title: Date:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

Condition		Obligation
☑ Public Invited		General Liability Insurance
☑ Located in Park		Park Permit
☑ Vending Product / Merchandise Sales		Occupational License
☑ Vending Food / Beverage		Health Inspection
☑ Vendors / Exhibitors	How many? 40-50	
☐ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☑ Erecting Tents - Larger than 10ft x 12ft	How many? 6 est.	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 5-6 Disabled Units 1 Hand Washing 2	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

RV requires 50amp plug

Will you supply your own generators? ☑ YES ☐ NO

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

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

NO

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

Name: SPCA Tampa Bay Phone: 727-586-3591

Address (including zip): 9099 130th Ave N Largo FL

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

1 stage showmobile
- Radio station broadcast

List Vending Products. Name & Provider.

40-50 vendors
2-3 Food trucks | Beverages | Coffee

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.

Annoucements

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

Friday May 1, 2020 9am - 2-3pmish

Other Comments: Please describe your fee structure.

$25 Registration fee

Other comments:

We have been doing this event for 28th years.
For 2019 - we have decided to refocus and hopefully obtain a date for Spring 2020.

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

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

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

Name: Susan Dean Title: Dir. Mission Adv Date: 1-14-19

Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: SPCA Tampa Bay

Name of Responsible Party (President or CEO ONLY): Martha Boden

Title of Responsible Party: CEO

Physical Address of Responsible Party: 9099 130th Ave N, Largo FL 33773

Phone Number of Responsible Party: 727-586-3591 or 317-557-9947

Email Address of Responsible Party: MBoden@SPCATampaBay.org

Nonprofit (Employee Identification Number): 59-0715928

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: SPCA Tampa Bay Luan Dean / Lisa Richardson

Address: 9099 130th Ave N, Largo FL 33773

City, State, Zip: Largo FL 33773

☐ BY EMAIL

Email Address:

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

Name of Event: SPCA Tampa Bay Petwalk
Date(s) of Event: May 2 2020 - May 2, 2020

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

		Amount
1.	Sponsorship	$50,000 —
2.	Vendors	$ 4,000 —
3.	Walkers	$111,000
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$165,000

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

1.	City St Pete est.	5,000 —
2.	Port-a-lets	1,000 —
3.	Tents/tables/chairs	7,000 —
4	Tshirts	4,000
5.	Bags	1,500 —
6.	Bandanas	2,000 —
7.	Emcee	200 —
8.	Sound/AV	3000 —
9.	Photo Booth	300 —
10.	Jump House	300 —
11.	Ice	300 —
12.	Gifts	1500 —
	TOTAL OPERATING EXPENSES	26,100
	TOTAL NET INCOME	$138,900

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

1.	Programs for animals @ SPCA Tampa Bay	$138,900 —
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	$138,900 —

Prepared by: Luan Dean Date: 1-14-19

Print Application

Submit Application by E

Internal Revenue Service

Date: September 8, 2005

SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS TAMPA BAY
FLORIDA INC
9099 130TH AVE N
LARGO FL 33773-1403

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Kathy Masters ID# 31-04015
Customer Service Representative
Toll Free Telephone Number:
8:30 a.m. to 5:30 p.m. ET
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
59-0715928

Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on July 29, 2005. We have updated our records to reflect the name change as indicated above.

In May 1974 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

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

Sincerely,

Janna K. Skufca

Janna K. Skufca, Director, TE/GE
Customer Account Services

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
SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, TAMPA BAY, FLORIDA, INC.

Filing Information

Document Number	705975
FEI/EIN Number	59-0715928
Date Filed	08/02/1963
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	04/05/2012
Event Effective Date	NONE

Principal Address

9099 130TH AVENUE NORTH
LARGO, FL 33773-1441

Changed: 01/14/2009

Mailing Address

9099 130TH AVENUE NORTH
LARGO, FL 33773-1441

Changed: 01/14/2009

Registered Agent Name & Address

BODEN, MARTHA
9099 130TH AVENUE NORTH
LARGO, FL 33773-1441

Name Changed: 03/03/2014

Address Changed: 03/13/2012

Officer/Director Detail

Name & Address

Title President

BROWY, JONATHAN
12450 ROOSEVELT BLVD N
SUITE 400
ST PETERSBURG, FL 33716

Title Secretary

HOSTNICK, DONNA
2241 66TH ST N
ST PETERSBURG, FL 33710

Title VP, Facilities Chair

HAYDEN, KELLY
419 BARCELONA DR
ST PETERSBURG, FL 33716

Title VP, Governance Chair

HULSEY, MARILYN
2000 MICHIGAN AVE NE
ST PETERSBURG, FL 33703

Title VP, Development & Marketing Chair

O'BRION, CARRIE
2357 WOODLAWN CIR E
ST PETERSBURG, FL 33704

Title CEO

Boden, Martha
9099 130TH AVENUE NORTH
LARGO, FL 33773-1441

Title Treasurer, Finance Chair

Pemble, Katie
260 1st Avenue S
Suite 200, Box 111
St Petersburg, FL 33704

Annual Reports

Report Year	Filed Date
2017	02/14/2017
2018	02/22/2018
2018	04/18/2018

Document Images

04/18/2018 -- AMENDED ANNUAL REPORT	View image in PDF format
02/22/2018 -- ANNUAL REPORT	View image in PDF format
04/27/2017 -- AMENDED ANNUAL REPORT	View image in PDF format
02/14/2017 -- ANNUAL REPORT	View image in PDF format
04/15/2016 -- ANNUAL REPORT	View image in PDF format
03/13/2015 -- ANNUAL REPORT	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 26022
Date: 22 Jan 2019

User: JSBENNIN
Status: Firm

SPCA OF PINELLAS COUNTY
LUAN DEAN
9099 130TH AVE N
LARGO FL 33773 1403 USA

Primary #: (727) 586-3591
Secondary #: ()
Other #: ()

Purpose of Use: SPCA TAMPA BAY PET WALK

Expected: 2,000

Co-Sponsored Event

Contract Balance $330.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting: Sat 02 May 20 12:00 am** **Ending: Sat 02 May 20 11:59 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Special Programs	Sat	02 May 2020	12:00 AM	$0.00	$300.00	$0.00	$300.00
Special Event			11:59 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)	23:59	1	$300.00	$0.00	$300.00
		1	$300.00	$0.00	$300.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$330.00	$0.00	$330.00	$0.00	$0.00	$330.00	$300.00

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) **LUAN DEAN**

SPCA OF PINELLAS COUNTY
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

Supervisor II / Foreman	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:
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.

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City of St. Petersburg

SPCA OF PINELLAS COUNTY
LUAN DEAN
9099 130TH AVE N
LARGO, FL 33773 1403 USA

Receipt #: 3231573
User: JSBENNIN
Issued: Tue 22 Jan 19 02:35 pm

Description	Amount
Previous Balance	$330.00
Applied To: 22571 - SPCA TAMPA BAY PET WALK Vinoy Park - Vinoy Park October 6, 2018 7:30 am to October 6, 2018 1:00 pm	$30.00
Payment: Check	($30.00)
Balance	$300.00

APPROVED REFUNDS ARE BY CHECK ONLY

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 01/16/19
Check or Cash:
Application #: 14
Packet: A
Permit #: 26023

Event Title: Coffee Pot Turkey Trot
Phone No.: (727) 204-3800
Fax No.:

Entity Name: Friends of North Shore Elementary
Federal I.D. Number: 81-0911338

Event Date(s): 11/28/2019
Location: North Shore Elementary School

Day 1 of Event: Time Gates Open: Ending Time:
Day 2 of Event: Time Gates Open: Ending Time:
Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared by: Monica Kile
Phone: (727) 204-3800

Title: Chairperson - Coffee Pot Turkey Trot
Cell Phone: (727) 204-3800

Address: 365 17th Ave NE
City: St. Petersburg
State: FL
Zip: 33704

Email Address: mrkinstpete@gmail.com

Additional Contact Person: Laura Hine
Day Phone: (727) 871-9642

What month/year were you incorporated as nonprofit? December 2015

List all 501(c)3 entities that will benefit from this event. North Shore Elementary PTA

Name of the for-profit entity? NA

Describe your event with details.

The Coffee Pot Turkey Trot 5K is a family -friendly timed 5K on Thanksgiving morning. The event, supported by numerous local sponsors, has been embraced by the community in its first two years. Hosted by the PTA of North Shore Elementary and the Friends of North Shore Elementary, the race is designed to raise awareness of the importance of community involvement in local public schools, and to encourage family participation in healthy activities.

The race itself begins at 7:30 am at North Shore Elementary, runs through the adjacent neighbhorhoods and crosses Coffee Pot Bayou.

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

The Coffee Pot Turkey Trot offers yet another reason to remain in, or visit, beautiful St. Petersburg during the Thanksgiving holiday. It shows off our historic neighbhoods, our lovely parkland, and our vibrant community life. Most importantly, it shows the strength of our local public schools - an important factor in decisions to locate a home or business in any city.

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

Does your group presently have liability insurance? ☒ YES ☐ NO How much? $2,000,000.00

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. www.runsignup.com/CoffeePotTurkeyTrot

Please provide a phone number that can be advertised to the public. (727) 893-2181

What is the estimated attendance for this event? Spectators Participants 2-3,000 Last Year's Total Attendance 1,362

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

Recreation Equipment

Showmobile (Yes/No) No

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

Tables (6 ft) # needed 12 Chairs # needed 15

Public Address System 2

# of portable risers needed (4 in. x 8 in. x 16 in. sections) 2

Special Events Facilities

- [ ] Mahaffey Theater
- [ ] Coliseum
- [ ] Sunken Gardens
- [ ] Boyd Hill

- [x] 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:	Monica Kile	Title:	Chairperson - Coffee Pot Turkey	Date:	1-13-18
Co-Sign:	Marci Emerson	Title:	VP - Friends of North Shore Eler	Date:	1-13-18

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 if paid.**

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

Condition		Obligation
☒ Public Invited		General Liability Insurance
☐ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 1 - 10 Vendors / Exhibitors	
☐ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☐ Erecting Tents - Larger than 10ft x 12ft	How many?	Temporary Structure Permit
☐ Fence Installation	What type?	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☐ Staging	☐ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☐ Performers ☒ Announcement Only	
☐ Security	☐ Daytime - Private ☐ Overnight - Private ☐ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 15 Disabled Units Hand Washing 3	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? ☐ YES ☒ NO

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

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

No

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

Name: North Shore Elementary PTA Phone: (727) 893-2181

Address (including zip): 200 35th Ave NE, St. Petersburg, FL 33704

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

NA

List Vending Products. Name & Provider.

Coffee Vendor (TBD)
Race swag and North Shore Elementary swag (North Shore Elementary PTA)

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.

Welcome and thank you remarks and awards ceremony, presented by Event Chairperson, PTA President, School Principal, and possibly local elected officials.

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

We have worked successfully with neighboring business to secure parking availaibility in their unused lots for Thanksgiving Day. We also have some parking available at the school itself.

Other Comments: Please describe your fee structure.

Early registration is $20 for adults, $10 for children, with a $5 price increase as we draw closer to the event. We intentionally keep our registration fee low in an effort to encourage participation from all sectors of the community. Children register at a significantly reduced rate to encourage the early development of healthy habits.

Other comments:

The 2017 and 2018 Coffee Pot Turkey Trots were exceptionally well-received by the community. The partnership between the City and North Shore Elementary worked particularly well, with excellent communication between North Shore representatives and City staff, including the Parks and Rec department and the Police department. We look forward to the opportunity to continue the relationship and continue to develop what is sure to become a beloved tradition in St. Petersburg.

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

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

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

Name: Monica Kile Title: Chairperson- Coffee Pot Turkey Date: 1-7-19

Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Friends of North Shore Elementary

Name of Responsible Party (President or CEO ONLY): Kenneth Strickland

Title of Responsible Party: President

Physical Address of Responsible Party: 4498 Birch St. NE, St. Petersburg FL 33703

Phone Number of Responsible Party: 813-786-0297

Email Address of Responsible Party: kstrickland@tampaairport.com

Nonprofit (Employee Identification Number): 81-0911338

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: mariannehillyer@gmail.com

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

Name of Event: Coffee Pot Turkey Trot

Date(s) of Event: 11/28/2019 -

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

		Amount
1.	Registrations	35,578.74
2.	Sponsorships	26,750.00
3.		
4		
5.		
6.		
7.		
8.	Total:	62,328.74
	TOTAL GROSS REVENUE	

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

1.	Race Director	3,200
2.	City Services (police, fire, street closures)	9,045
3.	Port-a-let	935
4	Timing	3,312
5.	Marketing	2,260
6.	Medals	4,165
7.	T-shirts	8,040
8.	Insurance	389
9.	Required mailing	700
10.	Misc Race Day Expenses	670
11.		
12.	Total:	32,716
	TOTAL OPERATING EXPENSES	
	TOTAL NET INCOME	

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

1.	After-school student enrichment programs	18,000
2.	Books	1,800
3.	Teachers Supplies	3,200
4.	Teacher Professional Development	7,000
5.		
6.	Total:	30,000
	TOTAL ALLOCATION OF NET INCOME	

Prepared by: Monica Kile

Date: 1-13-18

Print Application

Submit Application by Email

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

DEPARTMENT OF THE TREASURY

Date: JUL 07 2016

FRIENDS OF NORTH SHORE ELEMENTARY
INC
C/O BRYANT MILLER OLIVE
NICOLE C NATE
ONE TAMPA CITY CENTER STE 2700
TAMPA, FL 33602

Employer Identification Number:
81-0911338
DLN:
17053104337016
Contact Person:
CHRIS BROWN ID# 31503
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
December 14, 2015
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

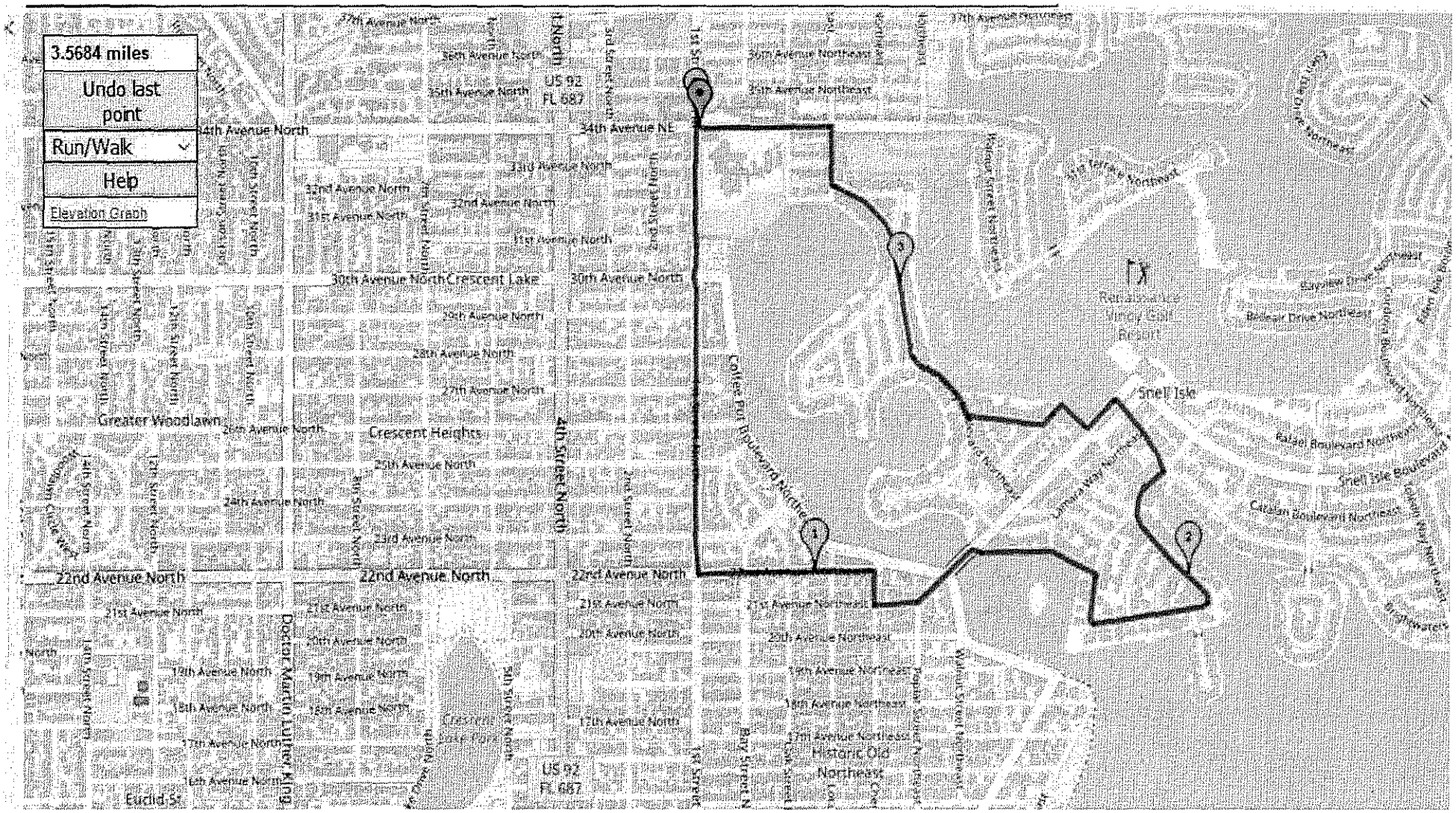
For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

FRIENDS OF NORTH SHORE ELEMENTARY

We sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements



Russell 2014 RTC

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
FRIENDS OF NORTH SHORE ELEMENTARY INC.

Filing Information

Document Number	N15000012045
FEI/EIN Number	81-0911338
Date Filed	12/14/2015
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	01/24/2017

Principal Address

200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Mailing Address

200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Registered Agent Name & Address

GIRARD-EMERSON, MARCI
506 17TH AVENUE NE
SAINT PETERSBURG, FL 33704

Name Changed: 01/24/2017

Officer/Director Detail

Name & Address

Title Director

TILLINGHAST HINE, LAURA
200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Title Director, VP

GIRARD-EMERSON, MARCI
200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Title Director, Secretary

SHARPE, JULIA
200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Title Director, President

STRICKLAND, KENNETH
200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Annual Reports

Report Year	Filed Date
2016	01/24/2017
2017	01/24/2017
2018	02/22/2018

Document Images

02/22/2018 -- ANNUAL REPORT	View image in PDF format
01/24/2017 -- REINSTATEMENT	View image in PDF format
12/14/2015 -- Domestic Non-Profit	View image in PDF format

Florida Department of State, Division of Corporations

st.petersburg

Contract/Permit

Contract #: 26023
Date: 22 Jan 2019

User: JSBENNIN
Status: Firm

NORTH SHORE ELEMENTARY
MONICA KILE
365 17TH AVE NE
ST PETERSBURG FL 33704 1534 USA

Primary #: (727) 204-3800
Secondary #: ()
Other #: ()

Purpose of Use: COFFEE POT TURKEY TROT

Expected: 3,000

Co-Sponsored Event

Contract Balance $30.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting: Thu 28 Nov 19 12:00 am** **Ending: Thu 28 Nov 19 11:59 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Special Programs	Thu	28 Nov 2019	12:00 AM	$0.00	$0.00	$0.00	$0.00
Special Event			11:59 PM				

Additional Fees:

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

Charges:

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

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By:(Sign Name) _____

(Print Name) **MONICA KILE**

NORTH SHORE ELEMENTARY
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

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

_____ ☐ Approved or ☐ Rejected Date: _____
Manager

st.petersburg

Contract/Permit

Contract #: 26023
Date: 22 Jan 2019

User: JSBENNIN
Status: Firm

_____ ☐ Approved or ☐ Rejected Date: _____
Manager

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

CITY OF ST PETERSBURG
CO-SPONSORED EVENT APPLICATION
Application Must be Typed!

Application for Feb, Mar, Apr, May and NEW Events.

st.petersburg
www.stpete.org

Date Received: 1-15-19
Check or Cash: 1635
Application #: 15
Packet: A B
Perm.t #: 26021

Event Title: First Night St Pete 2020 Phone No.: 7278238906 Fax No.:

Organization Name: First Night St Petersburg, Inc. Federal I.D. Number: 59-3204552

Event Date(s): December 31, 2019 Location: Williams Park, North Straub Park, South Straub Park, Demer

Beginning Time: 7:00 a.m. Ending Time: 1:00 a.m. Day of Week(s): Rain Date: N/A

Describe your events setup and teardown time frame. Please provide first day/date of setup and last day/date of teardown.

Most set up will be done beginning at 7:00 a.m. on 12/31/2019, most street closures will begin around 12:00 p.m. and will be broken down by 1:00 a.m. on 1/1/2020.

Application Prepared by: Jamie L McWade Phone: 727-823-8906

Title: Executive Director Evening Phone: 704-310-1450

Address: P.O. Box 1915 City: St Petersburg State: FL Zip: 33731

Additional contact person: Lee Allen Day Phone: 727-823-8906

Month/Year organization incorporated as non profit: 1993

Where will the proceeds of this event be used? To cover Municipal fees, artists and performers and to carry on the annual tradition.

What charities benefit from this event? Creative Clay, St Pete Public Art Project, Artz 4 Life Academy, Arts Conservatory for Teens, etc.

Is this agency related to a profit making agency? no What is agency's name?

Has organization received/applied for any financial assistance from the city currently or in the past? Yes

Which city agency/fund? Cultural Affairs.

What other sources of income will be used for this event? Sponsorships and grants for specific non profit partnerships.

THE FOLLOWING INFORMATION IS REQUIRED PER CITY RESOLUTION 2000-562

State purpose/need of event for our community:

First Night St Pete is the only family friendly New Year's Eve Celebration of the Arts in Florida. We have visitors from all over the world attend this annual calebration of the arts which celebrates NYE through a community or local support and artistic engagement.

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

First Night St Pete provides families and individuals with a fun and interactive event that differes from most traditional NYE celebrations. We bring a wide variety of people out each year for the fireworks and art during our annual event.

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

The fireworks bring out thousands of people on NYE- it's a much anticipated and sought after showcase with two sets at 8p.m. and midnight. Thousands of people attend, many first visitors to St Pete. We even have volunteers fly in to help each year!

Each co-sponsored group must possess Liability Insurance naming the city as an additional insured, and secure insurance in the amount determined by the city.

Does your group presently have Liability Insurance? ☒ YES ☐ NO How much? 1 Million

Are there plans to sell or allow participants to bring beer/wine? ☐ YES ☒ NO $12.00 + $6.00

Will there be an Admission / Registration fee? ☒ YES ☐ NO Advanced Fee: $12 and $5 Day of: $15 and $10

Does your event have a website? If yes, please provide. www.firstnightstpete.com

Do you have an email address you would like to provide? jamie.mcwade@firstnightstpete.com

Please provide a phone number that can be advertised to the public. 727-823-8906

As there are no funds available, you will be charged directly for costs:

A) Will your organization still host the event? YES

B) If yes, what modification will be made? We might have to omit the fireworks this year as it is our biggest expense.

What is the estimated attendance for this event? Spectators 100,000 Participants 40,000 Last Year Total Attendance 40,000

How much money was donated to charity last year? Who benefitted?

The following is a brief listing of city services, for which you will be charged, based upon the scope of your event. Services, park/facility use, equipment rental are subject to availability and advance request. **The City has the final authority in determining level of services required for each event.**

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
RECREATION SERVICES:	On-site presence, logistics help, liaison with other departments

Below, please check equipment and facility you are requesting:

Recreation Equipment

Showmobile (Yes/No)

Bleachers (seating: 180 people) # needed

Tables (6') # needed 30 Chairs # needed 200

Public Address System

Portable risers (4x8x16" sections) # needed

Special Events facilities

- [ ] Mahaffey Theater
- [ ] Coliseum
- [ ] Sunken Gardens
- [ ] Boyd Hill Area

- [x] Non City Locations

Which Location? First United Methodist, Cathedral

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 further certify that this is a non-profit event and that no individual(s) will gain as a result of this event. I understand that a financial report of the event is due in the Leisure Services office within 30 days of the completion of the event. I also understand that the city is to be shown as a major 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 request are accurate.

Signed: Jamie L Maxade Title: Executive Director Date: 1/4/2019

Co-Sign: Title: Board President Date: 1/4/2019

NOTE: a. **If person/organization preparing application is not representing a non-profit organization, the application must be co-signed by someone from the non-profit organization. A copy of the organization's 501c3 designation must accompany this application.**

b. **If your organization has any outstanding financial obligations with any departments within the City of St. Petersburg, your application may not be processed.**

c. **If application is incomplete (lacking information or required attachments listed below),you may not be eligible for consideration for co-sponsorship.**

PLEASE ATTACH:

1. Route map for parade or run
2. Letter of endorsement from last year's designated charity
3. Detailed financial report of last year's event
4. Check for $30.00 processing fee (non-refundable) for co-sponsored application **not** using a City Park.
5. NEW - Check for $60.00 for Co-Sponsored Application & Park Permit Application if applicable (non-refundable) for any event using a City Park.
6. Copy of 501c3 designation (if applicable)
7. **If applying after deadline**, check for $1200.00 late processing fee (non-refundable)

FOR FURTHER INFORMATION, PLEASE CALL THOMAS JACKSON, RECREATION MANAGER, 893-7494.

CITY OF ST. PETERSBURG
PUBLIC ASSEMBLIES/CO-SPONSORED EVENTS
SUMMARY SHEET

Name of Event: First Night St Pete 2020 Date(s) of Event: 12/31/2019 Time: 4:00 - Midnight

Location of Event: North Straub, South Straub, Williams Park Sponsoring Group:

Applicant Name: Jamie McWade Day Phone: 727-823-8906 Fax #:

Number of Event Years: 26 Years Night Phone: Cell #: 704-310-1450

Address (incl. zip):

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

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Sponsored by Organization		Proof of Organization's Existence
☐ Sponsoring Group	☒ 501c3 - Local ☐ 501c3 - Non-Local	
☒ Contracted Organizer	Who? First Night St Petersburg, Inc.	
☒ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? Over 30 Ven	
☐ Vending Beer / Wine		Alcohol Permit additional insurance Rider
☐ Erecting Tents - Larger than 10ft x 12ft	How many?	Temporary Structure Permit
☒ Fence Installation	What type? Barricades	Temporary Structure Permit
☒ Other structures	What Structure? Fire Sculpture, Bonfire, Art Exhibits	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☒ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☒ Vip Area		
☐ (Restricted Area) / Beer & Wine		Alcohol Permit additional insurance Rider
☐ Vending Beer / Wine		
☒ Staging	☒ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☒ Performers ☐ Announcement Only	
☐ Security	☐ Daytime - Private ☐ Overnight - Private ☒ Event Time Frame - SPPD	
☒ Sanitary Facilities - Portolets	Regular Units: 10 Disabled Units 2 Handwashing 4	
☒ Offsite Parking / Shuttle		
☐ Semi Truck / Tractor Trailer		

Marketing: Please check all that applies:

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

Electrical Requirements:

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

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

☒ Other: Please Explain: Some art exhibitors, stage performers, food vendors and food trucks.

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

We won't know the exact number until we finalize our list of performers but this year it worked out like this:
Williams Park- Power was used for stage lighting and sound smplification
South Straub Park- Power was used for 8 art exhibitors, 1 main tent lighting, 4 food vendors
North Straub Park- Power was used for 14 food vendors, Stage for performers, 2 art exhibitors

In addition will you supplement the above with generators, if needed? ☒ YES ☐ NO

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

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

We work with the SPPD to have street closures, officers at busy intersections and or busy venues.

If City Permits, Licenses or Services are required for event, who will pay for them?

Name: First Night St Pete Phone: 727-823-8906

Address (including zip): P.O. Box 1915 St Petersburg, FL 33731

Please write a complete, descriptive narrative of your event.
(1) Purpose:

First Night St Pete is the largest family friendly new year's eve celebration of the Arts and we celebrate with eight hours of music, dance, fire, interactive arts, a scavenger hunt and so much more.

At 4:00 p.m. the First Night activities kick off for the little ones at the FirstKIDS celebration. From 4:00 p.m. to 8:00 p.m. all things are specifically designed for kids and the young at heart. First United Methodist Church begins with Great Explorations, A musical petting zoo, crafts with Ovations School and more. Shortly after, Mirror Lake Library welcomes guests to be a part of their annual puppet show! At 7:45 p.m. Ann Kelly with WDUV hosts the bubblestomp and at 8:00 p.m. the first set of Fireworks light up the sky.

At 7:00 p.m. the Finale stage performers, our areas most talented musicians, kick off the festivities in North Straub and the Interactive Art Park opens up in South Straub Park. Our interactive art exhibits include local art exhibits curated by some of our most talented muralists, sculptures, and street artists. Williams Park begins at 7:30 p.m. and has hosted a wide variety of performances ranging from Dundu Dole, to American Stage and this year The Movement Sanctuary. The Museum of History, the Hampton Inn and other partner venues also host First Night performances ranging from Silent Disco, Tap dance, and more.

(2) Length of Event 4p.m. to midnight (3) Anticipated Attendance 40,000

(4) Describe in detail each activity, stating time events will start/end and locations desired for each activity - **SITE MAP REQUIRED**

North Straub Park	Williams Park	South Straub Park
Set up 7:00 a.m.	Set up 2:00 p.m.	Set up 7:00 a.m.
Musical performers/ Bands 6:00 p.m. to Midnight	Performers 6:00 p.m. to 11:00 p.m.	Interactive Art 6:00 to 11:00 p.m.
Food Vendors 6:00 p.m. to Midnight	Breakdown 11:00 p.m.	Breakdown 11:00 p.m.
Pavilion 7:30 to 8:00 p.m.		
Breakdown 1:00 a.m.	Demens Landing	
Street closure end 1:00 a.m.	Possible location of the Procession along Bayshore Dr.	

(5) Type of Music / Sound System / # of Hours of Music

North Straub- 2-3 Finale stage performers/ Bands: Blues, Sould, Rock, Mediterranean, gypsy funk, all kinds!- No system needed from the City as we contract GMS Audio for that. 6 hours of music.

South Straub- 1 type of interactive musical performance, drums or a small PA system have been used in the past.
Williams Park- Small sound system was used this year for aerial performers, drums have been used in the past on the stage.

(6) Product Vending / Merchandise

North Straub Park- Food vendors , 1 novelties, street art/ busking
South Straub Park- Food vendors, street art/ busking
Williams Park- street art/ busking

(7) For Use of Beer/Wine - Please provide Name, Address and Phone Number of your 501c3.

(8) Explain subject/purpose of all speeches/demonstrations which will occur

Ann Kelly with WDUV will do a Master of Ceremonies Speech to kick off the evening and will make small announcements throughout the evening.

(9) Registration / Admission Fee: Advanced: $12 and $5 kids 6-12 Day of: $15 and $10 Kids Entry by Donation

(10) Other Comments: Please describe your fee structure.

Advance Admission Fee	Day of Event Admission Fee
Adults $12.00	Adults $15.00
Kids $5.00	Kids $10.00

(11) Other Comments:

Thank you! We've enjoyed working with the City over the years. It's a great community event but it is a big event. Our friends with the Park and Rec department really help to make our event a success.

I represent and warrant that the purpose of the proposed activity/event and conduct of the permittee and the participants shall conform to all requirements of law and all ordinances of 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 revocation of the permit.

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 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 request are accurate.

Signed: Jamie L McWade Title: Executive Director Date: 1/4/2019

Print Form

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www.stpete.org

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: First Night St Petersburg, Inc.

Name of Responsible Party (President or CEO ONLY): Leslie Curran

Title of Responsible Party: Board Chair/ President

Physical Address of Responsible Party: P.O. Box 1915 St Petersburg, FL 33731

Phone Number of Responsible Party: 727-823-8906

Email Address of Responsible Party: intmotives@gmail.com

Nonprofit (Employee Identification Number): 59-3204552

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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

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www.stpete.org

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

Name of Event: First Night of St. Petersburg
Date(s) of Event: 12/31/17 - 01/01/18

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

		Amount
1.	Individual and Corporate Sponsorships	55,866
2.	Event Sales- Buttons	57,555
3.	Vendor Fees	5,600
4	City of St. Petersburg funds	40,000
5.	Misc	1,458
6.		
7.		
8.		
	TOTAL GROSS REVENUE	

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

1.	Program Expenses	30,973
2.	City of St. Petersburg Co-Sponsor Fee	22,514
3.	Logistics	22,631
4	Fireworks	13,750
5.	Marketing / Buttons	17,360
6.	insurance	4,050
7.	Contracted Services	31,727
8.	Office Supplies / Misc	4,610
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	
	TOTAL NET INCOME	

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

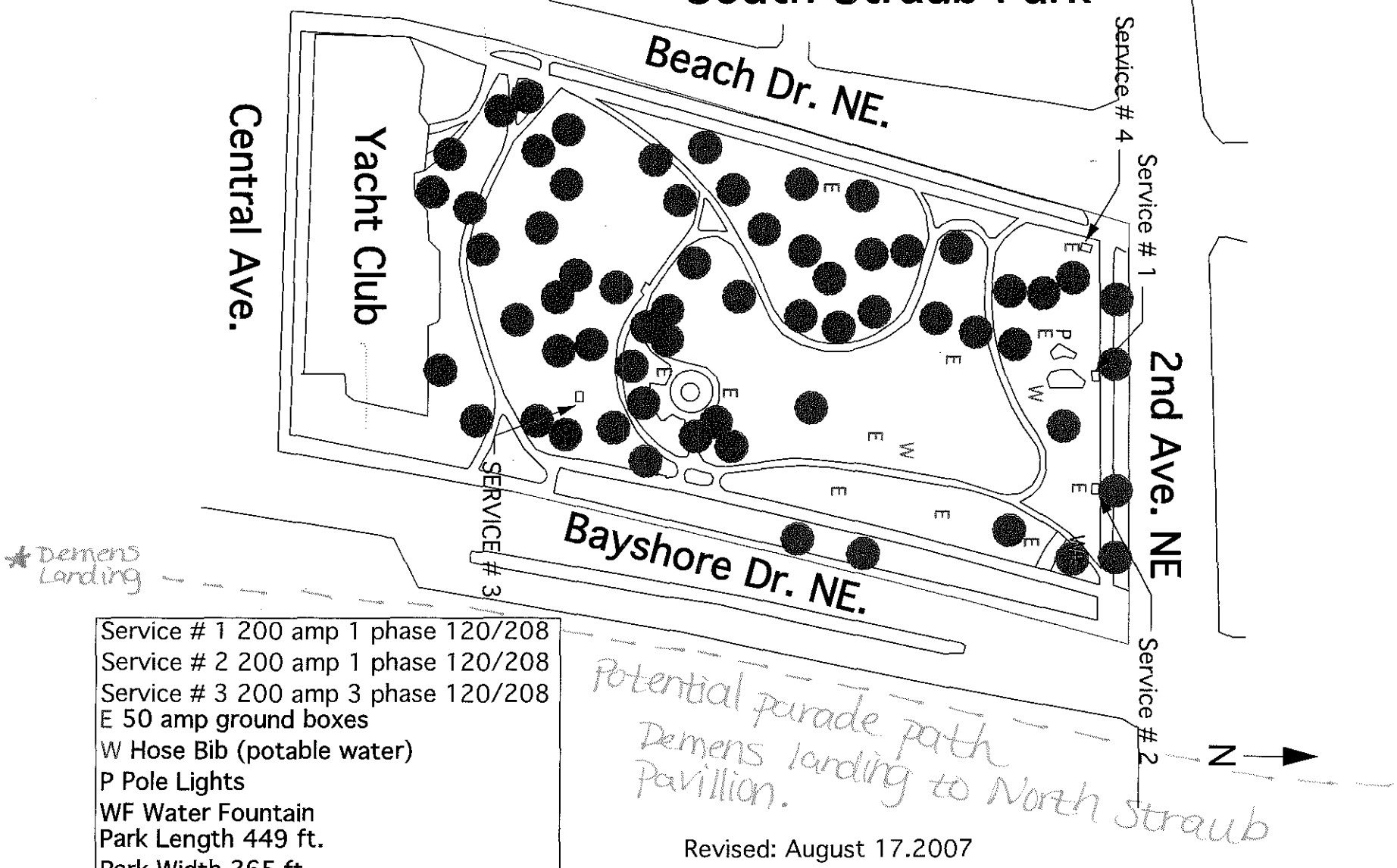
1.	Operating Reserves	12,864
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	

Prepared by: Lee Allen, Treasurer Date: 01/14/19

Print Application

Submit Application by Email

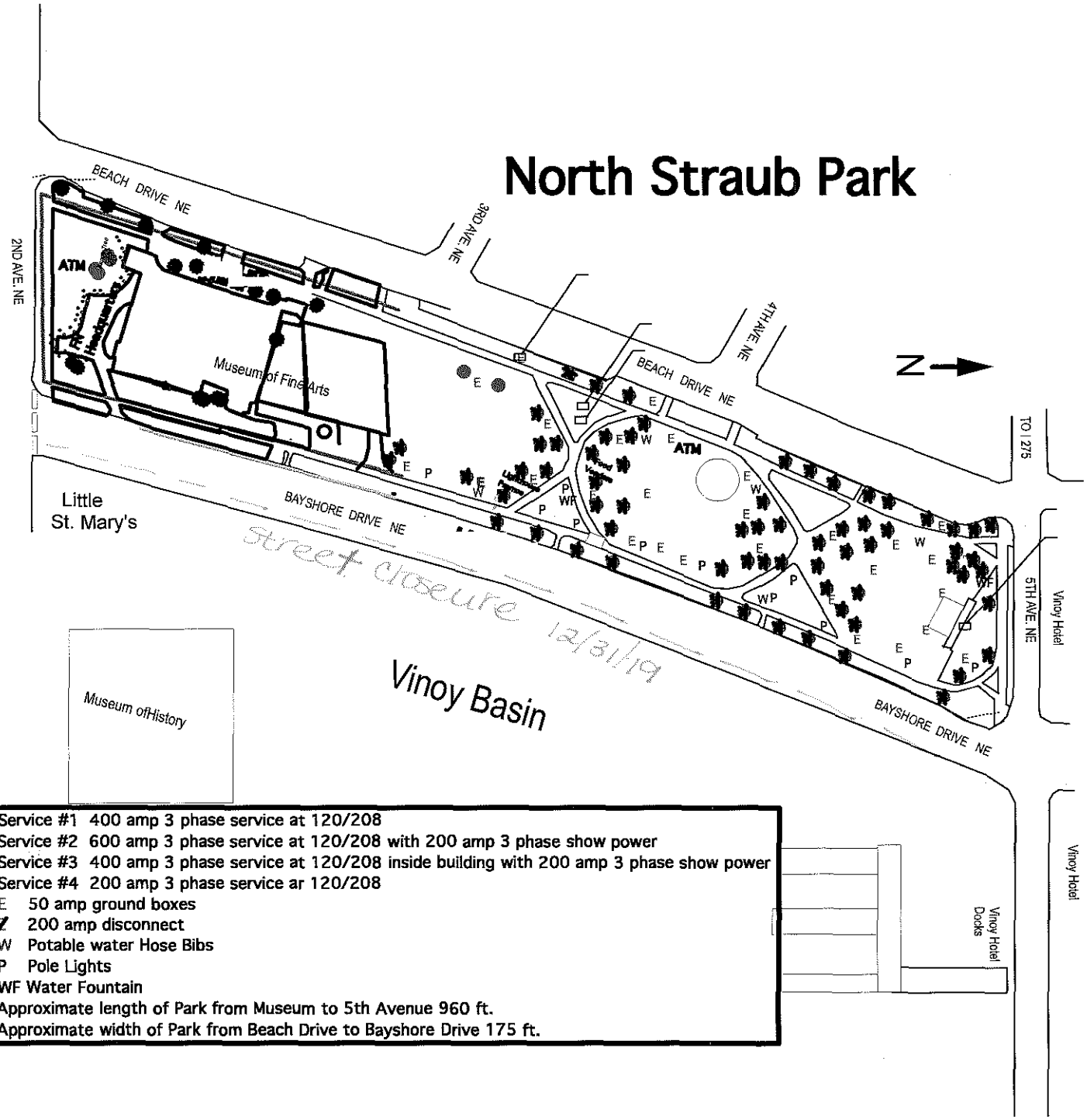
South Straub Park



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

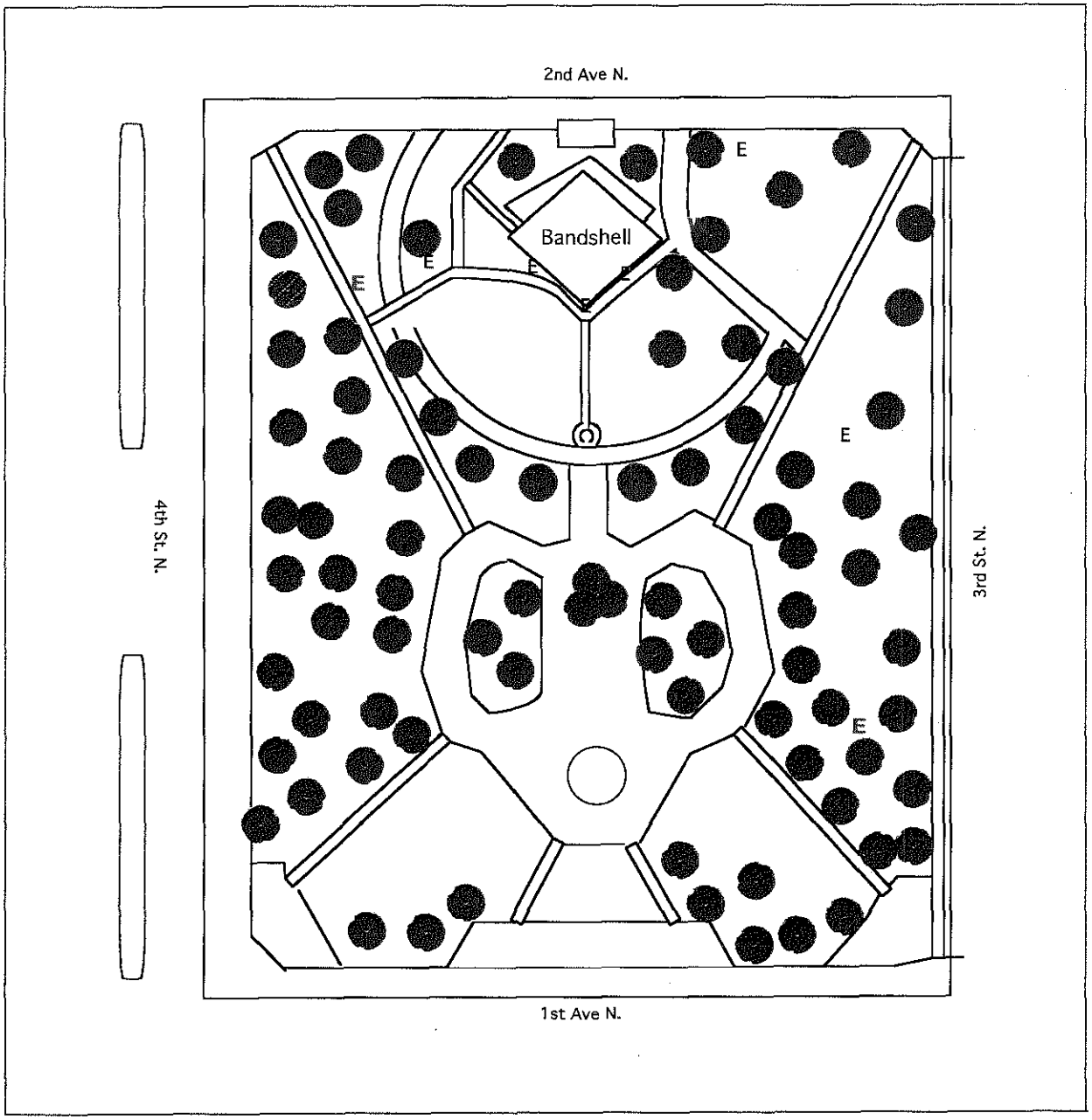
Revised: August 17.2007

North Straub Park



Service #1 400 amp 3 phase service at 120/208
Service #2 600 amp 3 phase service at 120/208 with 200 amp 3 phase show power
Service #3 400 amp 3 phase service at 120/208 inside building with 200 amp 3 phase show power
Service #4 200 amp 3 phase service ar 120/208
E 50 amp ground boxes
Z 200 amp disconnect
W Potable water Hose Bibs
P Pole Lights
WF Water Fountain
Approximate length of Park from Museum to 5th Avenue 960 ft.
Approximate width of Park from Beach Drive to Bayshore Drive 175 ft.

Williams Park



0000034 06/10/14

DEPARTMENT OF REVENUE

Consumer's Certificate of Exemption

DR-14
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8016474875C-1	06/02/2014	06/30/2019	501(C)(3) ORGANIZATION

This certifies that

FIRST NIGHT ST PETERSBURG INC
100 2ND AVE N STE 150
ST PETERSBURG FL 33701-3351

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.

DEPARTMENT OF REVENUE

Important Information for Exempt Organizations

DR-14
R. 04/11

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).

2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.

3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.

4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).

5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.

6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

Detail by Entity Name

Florida Not For Profit Corporation
FIRST NIGHT ST. PETERSBURG, INC.

Filing Information

Document Number	N93000004025
FEI/EIN Number	59-3204552
Date Filed	08/31/1993
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	10/05/2011

Principal Address

100 2nd Ave N
#150
SAINT PETERSBURG, FL 33701

Changed: 02/17/2015

Mailing Address

PO BOX 1915
SAINT PETERSBURG, FL 33731

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
FIRST NIGHT ST. PETERSBURG, INC.

Filing Information

Document Number	N93000004025
FEI/EIN Number	59-3204552
Date Filed	08/31/1993
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	10/05/2011

Principal Address

100 2nd Ave N
#150
SAINT PETERSBURG, FL 33701

Changed: 02/17/2015

Mailing Address

PO BOX 1915
SAINT PETERSBURG, FL 33731

Changed: 02/24/2003

Registered Agent Name & Address

Allen, Robert
151 20th Ave. S
ST PETERSBURG, FL 33705

Name Changed: 02/26/2018

Address Changed: 04/08/2013

Officer/Director Detail

Name & Address

Title President

Curran, Leslie
1445 Central Ave
ST. PETERSBURG, FL 33705

Title Treasurer

Allen, Robert
200 2nd Ave S #202
SAINT PETERSBURG, FL 33701

Title Secretary

EAVES, JULIE
336 18th Ave NE
ST. PETERSBURG, FL 33704

Title VP

Ploch, Heather
PO BOX 1915
SAINT PETERSBURG, FL 33731

Annual Reports

Report Year	Filed Date
2016	03/01/2016
2017	02/16/2017
2018	02/26/2018

Document Images

02/26/2018 -- ANNUAL REPORT	View image in PDF format
02/16/2017 -- ANNUAL REPORT	View image in PDF format
03/01/2016 -- ANNUAL REPORT	View image in PDF format
02/17/2015 -- ANNUAL REPORT	View image in PDF format
01/17/2014 -- ANNUAL REPORT	View image in PDF format
04/08/2013 -- ANNUAL REPORT	View image in PDF format
06/12/2012 -- ANNUAL REPORT	View image in PDF format
10/05/2011 -- REINSTATEMENT	View image in PDF format
06/11/2010 -- ANNUAL REPORT	View image in PDF format
01/07/2009 -- ANNUAL REPORT	View image in PDF format
01/11/2008 -- ANNUAL REPORT	View image in PDF format
02/16/2007 -- ANNUAL REPORT	View image in PDF format
01/27/2006 -- ANNUAL REPORT	View image in PDF format
02/14/2005 -- ANNUAL REPORT	View image in PDF format
03/19/2004 -- ANNUAL REPORT	View image in PDF format
02/24/2003 -- ANNUAL REPORT	View image in PDF format
02/25/2002 -- ANNUAL REPORT	View image in PDF format
02/02/2001 -- ANNUAL REPORT	View image in PDF format
03/20/2000 -- ANNUAL REPORT	View image in PDF format
02/22/1999 -- ANNUAL REPORT	View image in PDF format
05/18/1998 -- ANNUAL REPORT	View image in PDF format
04/15/1997 -- ANNUAL REPORT	View image in PDF format
04/10/1996 -- ANNUAL REPORT	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 26021
Date: 22 Jan 2019

User: JSBENNIN
Status: Firm

FIRST NIGHT ST PETERSBURG INC
JAMIE MCWADE
PO BOX 1915
ST PETERSBURG FL 33731 1915 USA

Primary #: (727) 823-8906
Secondary #: ()
Other #: ()

Purpose of Use: FIRST NIGHT ST. PETE 2020

Expected: 10,000

Co-Sponsored Event

Contract Balance $370.00

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: Mon 30 Dec 19 06:00 am** **Ending: Thu 02 Jan 20 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
South Straub Park	Mon	30 Dec 2019	06:00 AM	$0.00	$200.00	$0.00	$200.00
Park		02 Jan 2020	09:00 PM				
North Straub Park	Mon	30 Dec 2019	06:00 AM	$0.00	$200.00	$0.00	$200.00
Park		02 Jan 2020	09:00 PM				
Williams Park	Mon	30 Dec 2019	06:00 AM	$0.00	$0.00	$0.00	$0.00
Park		02 Jan 2020	09:00 PM				
Vinoy Park	Mon	30 Dec 2019	06:00 AM	$0.00	$0.00	$0.00	$0.00
Vinoy Park		02 Jan 2020	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	174:00	2	$400.00	$0.00	$400.00
		2	$400.00	$0.00	$400.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$430.00	$0.00	$430.00	$0.00	$60.00	$370.00	$370.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
22 Jan 2019	$60.00	Check	Rental	3231570

Additional Notes:

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

By:(Sign Name) _____

(Print Name) **JAMIE MCWADE**

FIRST NIGHT ST PETERSBURG INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

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

_____ ☐ Approved or ☐ Rejected Date: _____
Manager

_____ ☐ Approved or ☐ Rejected Date: _____
Manager

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

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City of St. Petersburg

FIRST NIGHT ST PETERSBURG INC
JAMIE MCWADE
PO BOX 1915
ST PETERSBURG, FL 33731 1915 USA

Receipt #: 3231570
User: JSBENNIN
Issued: Tue 22 Jan 19 02:33 pm

Description	Amount
Previous Balance	$430.00
Applied To: 26021 - FIRST NIGHT ST. PETE 2020 South Straub Park - Park December 30, 2019 6:00 am to January 2, 2020 9:00 pm	$60.00
Payment: Check	($60.00)
Balance	$370.00

APPROVED REFUNDS ARE BY CHECK ONLY

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

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st. petersburg parks & recreation

Date Received: 1-14-19
Check or Cash:
Application #: 16
Packet: A
Permit #: 26103

Event Title: St. Petersburg Science Festival (SPSF) and MarineQue Phone No.: 727-553-3376 Fax No.: 727-553-3968

Entity Name: Pier Aquarium, Inc. d/b/a Marine Exploration Center Federal I.D. Number: 59-2899571

Event Date(s): October 18 - 19, 2019 Location: Poynter Park/USF St. Petersburg

Day 1 of Event: October 18 Time Gates Open: 9:00 am Ending Time: 3:00 pm

Day 2 of Event: October 19 Time Gates Open: 10:00 am Ending Time: 4:00 pm

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

Application Prepared by: E. Howard Rutherford Phone: 727-553-3376

Title: Festival Co-Chair Cell Phone: 727-515-7033

Address: 244 Second Ave. N, Suite 203 City: St. Petersburg State: FL Zip: 33701

Email Address: hrutherford@usf.edu

Additional Contact Person: Jessica Pernell, Florida Fish and Wildlife Consersation Commis Day Phone: 727-502-4786

What month/year were you incorporated as nonprofit? December 1988

List all 501(c)3 entities that will benefit from this event. Pier Aquarium, Inc./University of South Florida/State of Florida

Name of the for-profit entity? N/A

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

Public understanding of science and technology is one of the most important challenges of our times. For our nation and its many communitites, science and technology are deeply tied to issues of economic competitiveness, industrial advancement, health, justice, environmental protection and social welfare. Acting as an informed consumer, preparing for the demands of the 21st century workplace, and weighing decisions as an engaged citizen, all require individuals to grapple with the rapid pace of scientific discovery and technological innovation. Developments in science and technology represent the cutting edge of what we know and can do, making their understanding a crucial component of full and meaningful particpation in society.
Science Festivals make science and technology a part of the cultural calendar in much the same way that art, music, film and sports festivals engage whole communities. The SPSF and MarineQuest positions St. Petersburg as the premier epicenter for science in the SE United States.

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

Festival attendees were also asked about whether they were planning to eat out or do any shopping before, during, or after attending the St. Petersburg Science Festival. The results show that a majority of respondents either already had or was planning to eat out or shop.

Among all of the respondents, a significant part (63%) already had or planned to spend between over $20 on food or shopping after the festival. Many (24%) already had or were looking to spend over $50.

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

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

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

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

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

Please provide a phone number that can be advertised to the public. 727-803-9799 X101

What is the estimated attendance for this event? Spectators Participants 15,000 Last Year's Total Attendance 15,000

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

Recreation Equipment

Showmobile (Yes/No) Yes

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

Tables (6 ft) # needed 50 Chairs # needed 200

Public Address System Yes

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

Special Events Facilities

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

☐ Non-City Locations

Which Location?

Poynter Park

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

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

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

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

Name:	E. Howard Rutherford	Title:	Festival Co-Chair	Date:	1/14/19
Co-Sign:	Mark Luther, Ph.D.	Title:	Board Chair	Date:	1/14/19

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? ☒ YES ☐ NO

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

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

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

Name: Pier Aquarium, Inc. d/b/a Marine Exploration Center Phone: 727-803-9799

Address (including zip): 244 Second Ave. N, Suite 203, St. Petersburg, FL 33701

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.

Science demonstrations.

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

TBD

Other Comments: Please describe your fee structure.

N/A

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: E. Howard Rutherford Title: Festival Co-Chair Date: 1/14/19

Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Pier Aquarium, Inc.

Name of Responsible Party (President or CEO ONLY): Mark Luther, Ph.D.

Title of Responsible Party: Board Chair

Physical Address of Responsible Party: 244 Second Ave. N, Suite 203

Phone Number of Responsible Party: 727-803-9799

Email Address of Responsible Party: info@mecstpete.org

Nonprofit (Employee Identification Number): 59-2899571

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: pzimmermann@mecstpete.org

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

Name of Event: St. Petersburg Science festival and Mari

Date(s) of Event: 10/19/18 - 10/20/18

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

		Amount
1.	Cash Sponsorships	$85,750
2.	In-kind Sponsorships	$121,300
3.		
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	

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

1.	Cash Expenditures	$85,267
2.	In-Kind Expenditures	$121,300
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: E. Howard Rutherford Date: 1/14/19

Print Application

ubmit Application by Ema

Detail by Entity Name

Florida Not For Profit Corporation
PIER AQUARIUM, INC.

Filing Information

Document Number	N26771
FEI/EIN Number	59-2899571
Date Filed	06/03/1988
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	06/21/1988
Event Effective Date	NONE

Principal Address

244 Second Ave N
Suite 203
ST. PETERSBURG, FL 33701

Changed: 02/25/2015

Mailing Address

244 Second Ave N
Suite 203
ST. PETERSBURG, FL 33701

Changed: 01/20/2014

Registered Agent Name & Address

LUTHER, MARK, Phd
2180 GRAND BAYOU GRANDE BLVD. NE
ST PETERSBURG, FL 33704

Name Changed: 02/22/2016

Address Changed: 02/22/2016

Officer/Director Detail

Name & Address

Title D

JOHNSON, LARI
200 2ND AVE S STE 159
SAINT PETERSBURG, FL 33701

Title P

LUTHER, MARK PH.D
2180 BAYOU GRANDE NE
SAINT PETERSBURG, FL 33701

Title D

BETZER, PETER PH.D
1830 7TH ST N
SAINT PETERSBURG, FL 33704

Title VP

WALLACE, SUSAN H
343 BRIGHTWATERS BLVD NE.
ST. PETERSBURG, FL 33704

Annual Reports

Report Year	Filed Date
2016	02/22/2016
2017	01/12/2017
2018	03/11/2018

Document Images

03/11/2018 -- ANNUAL REPORT	View image in PDF format
01/12/2017 -- ANNUAL REPORT	View image in PDF format
02/22/2016 -- ANNUAL REPORT	View image in PDF format
02/25/2015 -- ANNUAL REPORT	View image in PDF format
01/20/2014 -- ANNUAL REPORT	View image in PDF format
01/16/2013 -- ANNUAL REPORT	View image in PDF format
01/10/2012 -- ANNUAL REPORT	View image in PDF format
01/06/2011 -- ANNUAL REPORT	View image in PDF format
01/12/2010 -- ANNUAL REPORT	View image in PDF format
06/29/2009 -- ANNUAL REPORT	View image in PDF format
01/10/2008 -- ANNUAL REPORT	View image in PDF format
01/16/2007 -- ANNUAL REPORT	View image in PDF format
04/13/2006 -- ANNUAL REPORT	View image in PDF format
02/02/2005 -- ANNUAL REPORT	View image in PDF format
02/17/2004 -- ANNUAL REPORT	View image in PDF format
02/18/2003 -- ANNUAL REPORT	View image in PDF format
01/16/2002 -- ANNUAL REPORT	View image in PDF format
04/03/2001 -- ANNUAL REPORT	View image in PDF format
03/20/2000 -- ANNUAL REPORT	View image in PDF format
04/21/1999 -- ANNUAL REPORT	View image in PDF format
04/28/1998 -- ANNUAL REPORT	View image in PDF format

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Contract/Permit

Contract #: 26103
Date: 29 Jan 2019

User: MAMOUSHO
Status: Firm

PIER AQUARIUM INC
HOWARD RUTHERFORD
244 SECOND AVE N STE 203
ST PETERSBURG FL 33701 USA

Primary #: (727) 803-9799
Secondary #: ()
Other #: ()

Purpose of Use: ST PETERSBURG SCIENCE FESTIVAL (SPSF)

Expected: 15,000

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:** Tue 15 Oct 19 06:00 am **Ending:** Sun 20 Oct 19 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Poynter Park	Tue	15 Oct 2019	06:00 AM	$0.00	$200.00	$0.00	$200.00
Park		20 Oct 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	135:00	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) **HOWARD RUTHERFORD**

PIER AQUARIUM 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.

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

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Date Received: 2-1-19
Check or Cash:
Application #: 17
Packet: A
Permit #: 26187

Event Title: Shannon's Walk for ACC CURE Phone No.: 7275658045 Fax No.:
Entity Name: Federal I.D. Number:
Event Date(s): October 19, 2019 Location: Flora Wiley Park
Day 1 of Event: Time Gates Open: Ending Time:
Day 2 of Event: Time Gates Open: Ending Time:
Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared by: Smaragda "Emerald" Cromwell Phone: 7275658045
Title: Registered Agent of ACC CURE Florida Cell Phone: 7275658045
Address: 21 Bellevue Drive City: St Pete State: Fl Zip: 33706
Email Address: emeraldk@gmail.com
Additional Contact Person: Day Phone:

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

Describe your event with details.

Walk around Flora Wiley Park in honor of Shannon Jager who passed away due to adrenal cortical cancer. All proceeds are donated to Moffitt Cancer Center for adrenal cancer research.

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

The attendance of participants will boost local restaurants, hotels and shops.

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

Does your group presently have liability insurance? ☐ YES ☒ NO 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.shannonswalk.com
Please provide a phone number that can be advertised to the public. 7275658045
What is the estimated attendance for this event? Spectators Participants 300 Last Year's Total Attendance 300

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 5 Chairs # needed 6

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: Smaragda Emerald Cromwell Title: Registerd Agent Date: 1/26/19

Co-Sign: Title: Date:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

Condition		Obligation
[X] Public Invited		General Liability Insurance
[X] Located in Park		Park Permit
[ ] Vending Product / Merchandise Sales		Occupational License
[ ] Vending Food / Beverage		Health Inspection
[ ] Vendors / Exhibitors	How many?	
[ ] Vending Beer / Wine		Alcohol Permit Additional insurance Required
[ ] Erecting Tents - Larger than 10ft x 12ft	How many?	Temporary Structure Permit
[ ] Fence Installation	What type?	Temporary Structure Permit
[ ] Other Structures	What structure?	Temporary Structure Permit
[ ] Open Flame Food Preparation		Fire Inspection Permit
[ ] Pyrotechnics		Fireworks Permit
[ ] 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.

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

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

Electrical Requirements:

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

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

☐ Other:

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

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.

N/A

List Vending Products. Name & Provider.

N/A

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

N/A

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

The MD's from Moffitt will talk about adrenal cancer and research needed.

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: Smaragda Emerald Crown Title: Registered Agent Date: 1/26/19

Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* **The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.**

* **Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.**

* **All first time entities requesting events will be required to complete a credit application.**

ACC C.U.R.E. A NJ NONPROFIT CORPORATION

0400508346

The above-named DOMESTIC NON-PROFIT CORPORATION was duly filed in accordance with New Jersey state law on 07/27/2012 and was assigned identification number 0400508346. Following are the articles that constitute its original certificate.

1. **Name:**
   ACC C.U.R.E. A NJ NONPROFIT CORPORATION
2. **Registered Agent:**
   JOSEPH E DEMING ESQ.
3. **Registered Office:**
   250 PASSAIC AVENUE
   SUITE 140
   FAIRFIELD, NJ 07004
4. **Business Purpose:**
   Voluntary Health Organization
5. **Qualification as set forth herein:**
   AS SET FORTH IN THE BYLAWS
6. **Rights and Limitations of members if not previously addressed:**
   AS SET FORTH IN THE BYLAWS
7. **Method of electing Trustees as set forth herein:**
   AS SET FORTH IN THE BYLAWS
8. **Asset Distribution:**
   NO PART OF THE NET EARNINGS OF THE ENTITY SHALL INURE TO THE BENEFIT OF, OR BE DISTRIBUTABLE TO ITS MEMBERS, TRUSTEES, OFFICERS, OR OTHER PRIVATE PERSONS, (CONTINUED BELOW)
9. **First Board of Trustees:**
   MICHELE GANNON
   6 WEST LAKE DRIVE
   MONTVILLE, NJ 07045

   ROBERT GANNON
   6 WEST LAKE DRIVE
   MONTVILLE, NJ 07045

   LINDA GANNON
   6 WEST LAKE DRIVE
   MONTVILLE, NJ 07045
10. **Incorporators:**
   JOSEPH E DEMING ESQ.
   250 PASSAIC AVENUE SUITE 140
   FAIRFIELD, NJ 07004

11. Main Business Address:

C/O GANNON
6 WEST LAKE DRIVE
MONTVILLE, NJ 07045

12. Additional Articles/Provisions:

1 BUSINESS PURPOSE, (CONT): THE CORPORATION WILL CONDUCT FUNDRAISING ACTIVITIES UNDER PROPER PROTOCOL AND WILL TRANSFER THE PROCEEDS OF SUCH EVENTS TO A CORPORATION SEPARATELY QUALIFIED AS A 501(C)(3) ENTITY FOR THE CONDUCT OF RESEARCH AND TREATMENT OF ADRENOCORTICAL CARCINOMA. THE SOLE OBJECTIVE OF THE FOUNDATION IS TO CONTRIBUTE TO THE FUNDING OF HEALTH RESEARCH AND MEDICAL TREATMENT OF THE PUBLIC BY DIRECT CONTRIBUTION TO QUALIFIED LABORATORIES AND PROVIDERS.

2 PURPOSE (CONT) THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE PURPOSES, INCLUDING THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. PRIVATE RESEARCH FUNDING WILL LESSEN THE BURDEN ON GOVERNMENTAL FUNDING. THE GENERAL PUBLIC WILL BENEFIT FROM HEALTH RESEARCH AND DEVELOPMENT OF TREATMENT FOR CATASTROPHIC DISEASES.

3 PURPOSE (CONT) THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE PURPOSES, INCLUDING THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. PRIVATE RESEARCH FUNDING WILL LESSEN THE BURDEN ON GOVERNMENTAL FUNDING. THE GENERAL PUBLIC WILL BENEFIT FROM HEALTH RESEARCH AND DEVELOPMENT OF TREATMENT FOR CATASTROPHIC DISEASES.

Signatures:

JOSEPH E DEMING ESQ.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 27th day of July, 2012

Andrew P Sidamon-Eristoff

State Treasurer

Certification#

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

F18000002036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

600311300516

04/13/18--01024--022 **87.50

18 APR 24 PM 2:49

FILED
MAY 02 2018

M160000076087

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACC C.U.R.E.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Linda Gannon
Name of Person

ACC C.U.R.E.
Firm/Company

6 West Lake Drive
Address

Montville, New Jersey 07045
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Gannon at (973) 650-2583
Name of Person — Area Code — Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ $70.00 Filing Fee
- ☐ $78.75 Filing Fee & Certificate of Status
- ☐ $78.75 Filing Fee & Certified Copy
- ☑ $87.50 Filing Fee, Certificate of Status & Certified Copy

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2018

LINDA GANNON
6 WEST LAKE DRIVE
MONTVILLE, NJ 07045 US

SUBJECT: ACC C.U.R.E. A NJ NONPROFIT CORPORATION
Ref. Number: W18000036083

We have received your document for ACC C.U.R.E. A NJ NONPROFIT CORPORATION and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 218A00007746

RECEIVED
2018 APR 27 PM 1:26
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. ACC CURE. A NJ Nonprofit Corporation
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

_____
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey
(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. December 18 2013
(Date of Incorporation)

5. _____
(Date of duration, if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. *See sections 617.1501 & 617.1502, F.S. to determine penalty liability.*)

7. 6 West Lake Drive Montville NJ 07045
(Principal office address)

_____
(Current mailing address, if different)

8. Fundraising for cancer research
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Smaragda Cromwell
Office Address: 21 Bellevue Drive
Treasure Island, Florida 33706
(City) (Zip Code)

10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Smaragda Cromwell
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS

President: Linda Gannon

Address: 6 West Lake Drive
Montville NJ 07045

Vice President: Michele Gannon

Address: 7404 Coventry Court
Riverdale, NJ 07457

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Linda Gannon
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Linda Gannon, President
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

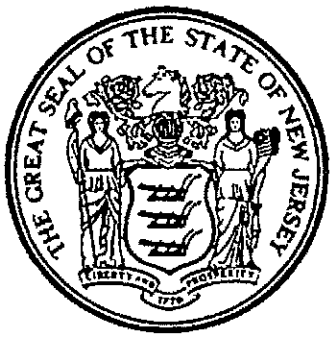
ACC C.U.R.E. A NJ NONPROFIT CORPORATION
0400508346

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on July 27, 2012.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JOSEPH E DEMING
75 LANE ROAD
STE 205
FAIRFIELD, NJ 07004-1000



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 23rd day of April, 2018

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6087721137

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Detail by Entity Name

Foreign Not For Profit Corporation
ACC C.U.R.E. A NJ NONPROFIT CORPORATION

Filing Information

Document Number	F18000002036
FEI/EIN Number	NONE
Date Filed	04/27/2018
State	NJ
Status	ACTIVE

Principal Address

6 WEST LAKE DRIVE
MONTVILLE, NJ 07045

Mailing Address

6 WEST LAKE DRIVE
MONTVILLE, NJ 07045

Registered Agent Name & Address

CROMWELL, SMARAGDA
21 BELLEVUE DRIVE
TREASURE ISLAND, FL 33706

Officer/Director Detail

Name & Address

Title PRESIDENT

GANNON, LINDA
6 WEST LAKE DRIVE
MONTVILLE, NJ 07045

Title VP

GANNON, MICHELE
7404 COVENTRY COURT
RIVERDALE, NJ 07457

Annual Reports

No Annual Reports Filed

Document Images

04/27/2018 -- Foreign Non-Profit | View image in PDF format

st.petersburg

Contract/Permit

Contract #: 26187
Date: 05 Feb 2019

User: JSBENNIN
Status: Firm

ACC CURE, INC.
EMERALD CROMWELL
21 BELLEVUE DR
TREASURE ISLAND FL 33706 USA

Primary #: (727) 656-8045
Secondary #: (727)
Other #: ()

Purpose of Use: SHANNON'S WALK FOR ACC CURE **Expected: 600** **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 18 Oct 19 06:00 am** **Ending: Sat 19 Oct 19 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Flora Wylie Park	Fri	18 Oct 2019	06:00 AM	$0.00	$200.00	$0.00	$200.00
Park		19 Oct 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	39:00	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) **EMERALD CROMWELL**

ACC CURE, 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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 2-1-19
Check or Cash:
Application #: 18
Packet: A
Permit #: 26188

Event Title: St. Pete Empower + Yoga Phone No.: 727-895-5885 Fax No.:

Entity Name: Heels to Heal, Inc. Federal I.D. Number: 27-1488133

Event Date(s): October 6, 2019 Location: Downtown St. Petersburg

Day 1 of Event: October 6 Time Gates Open: 6 am Ending Time: 2 pm

Day 2 of Event: Time Gates Open: Ending Time:

Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared by: Melissa Mihok Phone: 727-895-5885

Title: CEO/Executive Director Cell Phone: 941-685-5627

Address: 290 9th Street N, Suite M100 City: St. Petersburg State: FL Zip: 33705

Email Address: Melissa@heelstoheal.org

Additional Contact Person: Ilene McCloskey Day Phone: 727-895-5885

What month/year were you incorporated as nonprofit? October 2009

List all 501(c)3 entities that will benefit from this event. Heels to Heal, Inc.

Name of the for-profit entity? Heels to Heal, Inc.

Describe your event with details.

A community event to raise awareness of domestic violence through a 5K Run/Walk and Yoga for all levels followed by a community health market and vendors.

6 am - 7 am: registration
7 am - 8:30 am: run
8:30 am - 9:30 am: yoga
9:30 am - 2 pm: wellness fair/market/vendors

Describe what economic benefit and impact this event will bring to St. Petersburg.

"Raising awareness for domestic violence and intimate partner violence, honoring the 1 in 3 women and 1 in 4 men that are affected by severe physical violence throughout their lifetime."

Heels to Heal is a 501 (c) (3) dedicated to helping survivors of domestic violence and sexual assault receive the resources necessary for healing. Heels to Heal provides crisis counseling to survivors of domestic violence and sexual assault. In conjunction with Purple Dot, this event will help raise funds for additional crisis counseling services and resources for domestic violence and sexual assault in St. Petersburg.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? ☒ YES ☐ NO How much? $1,000,000

Are there plans to sell or distribute beer/wine at your event? ☐ YES ☒ NO

Will there be an admission / registration fee? ☒ YES ☐ NO Advanced Fee: $40 Day of: $50

Please provide the website address for your event. heelstoheal.org/events

Please provide a phone number that can be advertised to the public. 727-895-5885

What is the estimated attendance for this event? Spectators Participants 750 Last Year's Total Attendance

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) [ ]

Bleacher(s) needed. Each bleacher approx. 180 people) TBD

Tables (6 ft) # needed TBD 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:	Melissa Michel	Title:	CEO/Executive Director	Date:	2/1/2019
Co-Sign:		Title:		Date:	

NOTE: a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: FEB 25 2011

HEELS TO HEAL
PO BOX 16142
ST PETERSBURG, FL 33733

Employer Identification Number:
27-1488133
DLN:
200131038
Contact Person:
JOY M MCCOY ID# 31495
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
October 19, 2009
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,

Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

Condition		Obligation
[X] Public Invited		General Liability Insurance
[X] Located in Park		Park Permit
[X] Vending Product / Merchandise Sales		Occupational License
[X] Vending Food / Beverage		Health Inspection
[X] Vendors / Exhibitors	How many? 1 - 10 Vendors / Exhibitors	
[ ] Vending Beer / Wine		Alcohol Permit Additional insurance Required
[X] Erecting Tents - Larger than 10ft x 12ft	How many? 1	Temporary Structure Permit
[X] Fence Installation	What type? Barricade	Temporary Structure Permit
[ ] Other Structures	What structure?	Temporary Structure Permit
[ ] Open Flame Food Preparation		Fire Inspection Permit
[ ] Pyrotechnics		Fireworks Permit
[X] Require Street Closure		Parade or Street Closure Permit(s)
[ ] VIP Area		
[X] Staging	[ ] Professional [X] Showmobile [ ] Other	
[X] Amplified Sound	[X] Performers [X] Announcement Only	
[X] Security	[X] Daytime - Private [X] Overnight - Private [ ] Event Time Frame - SPPD	
[X] Sanitary Facilities - Port-O-Lets	Regular Units 30 Disabled Units 2 Hand Washing 2	
[ ] Off-site Parking / Shuttle		
[ ] Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

- [X] Invitations
- [X] Posters / Flyers
- [X] Newspaper / Internet
- [X] Radio
- [X] Television
- [X] Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☐ YES ☒ NO

If YES, check all that apply. ☐ RV'S ☒ Coffee Vendors ☒ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☒ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

TBD

Will you supply your own generators? ☒ YES ☐ NO

Will your event have a licensed electrician on-site during the event? ☐ YES ☐ NO If YES, who? TBD

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: Heels to Heal, Inc. Phone: 727-895-5885

Address (including zip): 290 9th Street N, Suite M100, St. Petersburg, FL 33705

Type of music, # of stages, and # of bands.

Music - TBD/Local Music
1 Stage
1 Band

List Vending Products. Name & Provider.

TBD

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

N/A

Explain subject/purpose of all speeches/demonstrations which will occur.

Awareness of Domestic Violence and fundraising purposes to support crisis counseling in St. Petersburg.

Discuss your load in/load out parking needs, include times and dates.

Load in Friday @ 8 am.
Load out Saturday @ 3 pm.

Other Comments: Please describe your fee structure.

Advance Fee: $40
Day of Fee: $50

Other comments:

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Melissa Mirto Title: CEO/Executive Director Date: 2/1/2019

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: Heels to Heal, Inc.

Name of Responsible Party (President or CEO ONLY): Melissa Mihok

Title of Responsible Party: CEO/Executive Director

Physical Address of Responsible Party: 290 9th Street N, Suite M100, St. Petersburg, FL 33705

Phone Number of Responsible Party: 727-895-5885

Email Address of Responsible Party: Melissa@heelstoheal.org

Nonprofit (Employee Identification Number): N/A

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: Heels to Heal, Inc.

Address: 290 9th Street N, Suite M100

City, State, Zip: St. Petersburg, FL 33705

☐ BY EMAIL

Email Address:

APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: N/A
Date(s) of Event: N/A -

I. REVENUE SOURCES (attach sheet if more space is needed) **Amount**

1.		
2.		
3.	N/A	
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 E

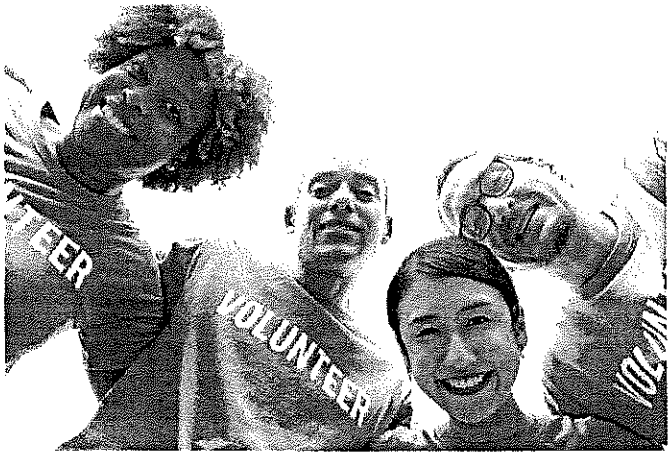
Heels to Heal
PURPLE DOT
YOGA PROJECT

WHAT?

An announcement of partnership between Heels to Heal and PDYP. Bringing healing through talk therapy and yoga to individuals affected by domestic violence and trauma.

A community event to raise awareness of domestic violence through a 5k run/walk and yoga for all levels followed by a community health market and concert showcasing local musicians.

Raising funds for Heels 2 Heal and PDYP to run programs that support their partnership.



WHY?

FUNDRAISING

Raising funds through registration, sponsorships, peer-to-peer fundraising.

Raising funds for Heels 2 Heal talk therapy services + PDYP one-on-one yoga services for survivors

AWARENESS

Raising awareness for domestic violence and intimate partner violence, honoring the 1 in 3 women and 1 in 4 men that are affected by severe physical violence in an intimate partner in their lifetime.

THE IMPORTANCE OF DOMESTIC VIOLENCE AWARENESS

Over 6500 cases reported to St. Petersburg Police Department each year.

More than 1 in 3 women (35.6%) and more than 1 in 4 men (28.5%) in the U.S. having experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.

The costs associated with healthcare spending ($11,000), criminal behavior ($14,000) and loss of labor market productivity ($26,000) is $50,000 per person from the ages of 20-64 as a result of being exposed to domestic violence as child is $50,000. Applied to the entire U.S., the economic burden is over $55 billion.

Those who have experienced rape, physical violence, and/or stalking by an intimate partner report at least one impact related to experiencing these or other forms of violent behavior in the relationship (e.g., being fearful, concerned for safety, post traumatic stress disorder (PTSD) symptoms, need for health care, injury, contacting a crisis hotline, need for housing services, need for victim's advocate services, need for legal services, missed at least one day of work or school).

Victims of intimate partner violence lost almost 8 million days of paid work because of the violence perpetrated against them. This loss is the equivalent of more than 32,000 full-time jobs and almost 5.6 million days of household productivity as a result of violence

Compared with children in other households, children who have been exposed to domestic violence often suffer from insomnia and have trouble with bed-wetting. They also are more likely to experience difficulties in school and to score lower on assessments of verbal, motor, and cognitive skills, and are more likely to exhibit aggressive and antisocial behavior, to be depressed and anxious, and to have slower cognitive development.

WHO?

HEELS TO HEAL

Mission statement
Heels to Heal is a 501(c)(3) non-profit organization dedicated to helping survivors of sexual assault and domestic violence receive the resources necessary for healing.

Offering
Heels to Heal Therapy Resource program engages the services of licensed mental health counselors to help survivors of domestic violence and sexual assault receive 12 weeks of free counseling.

Cost
$780 for individual counseling for 12 weeks.

Heels TO Heal

PURPLE DOT YOGA PROJECT

Mission statement
Purple Dot Yoga Project is a 501(c)(3) non-profit organization using trauma informed yoga as a healing tool for individuals affected by domestic violence and trauma.

Offering
Purple Dot Yoga Project one-on-one yoga program offers the comprehensive tool of yoga practice and philosophy for individuals impacted by domestic violence and trauma free of cost to the individual.

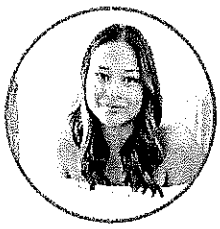
Cost
$400 per individual for 8 weeks

PURPLE DOT
YOGA PROJECT

PLANNING COMMITTEE

Melissa Mihok: Founder of Heels to Heal
Kate Berlin: Founder of Purple Dot Yoga Project
Todd Fitzgerald: Race Director
Jessika Poppe: PR + Social Media

Melissa Mihok



Kate Berlin

Kate Berlin, founded Purple Dot Yoga Project in October 2015. With a background in banking, she is also a certified trauma informed yoga teacher, a certified reiki practitioner, and knows firsthand the devastating effects of domestic violence. Kate is an avid advocate for domestic violence awareness and believes that connection is the most important tool when it comes to healing trauma. She has been featured on Bay News 9, ABC Action News, WTSP 10 News, Creative Mornings, and USFSP CONNECT.

Todd Fitzgerald

Jessika Poppe

WHEN?

DATE

Saturday, Sept 28, 2019

TIME

6am - 7am: registration

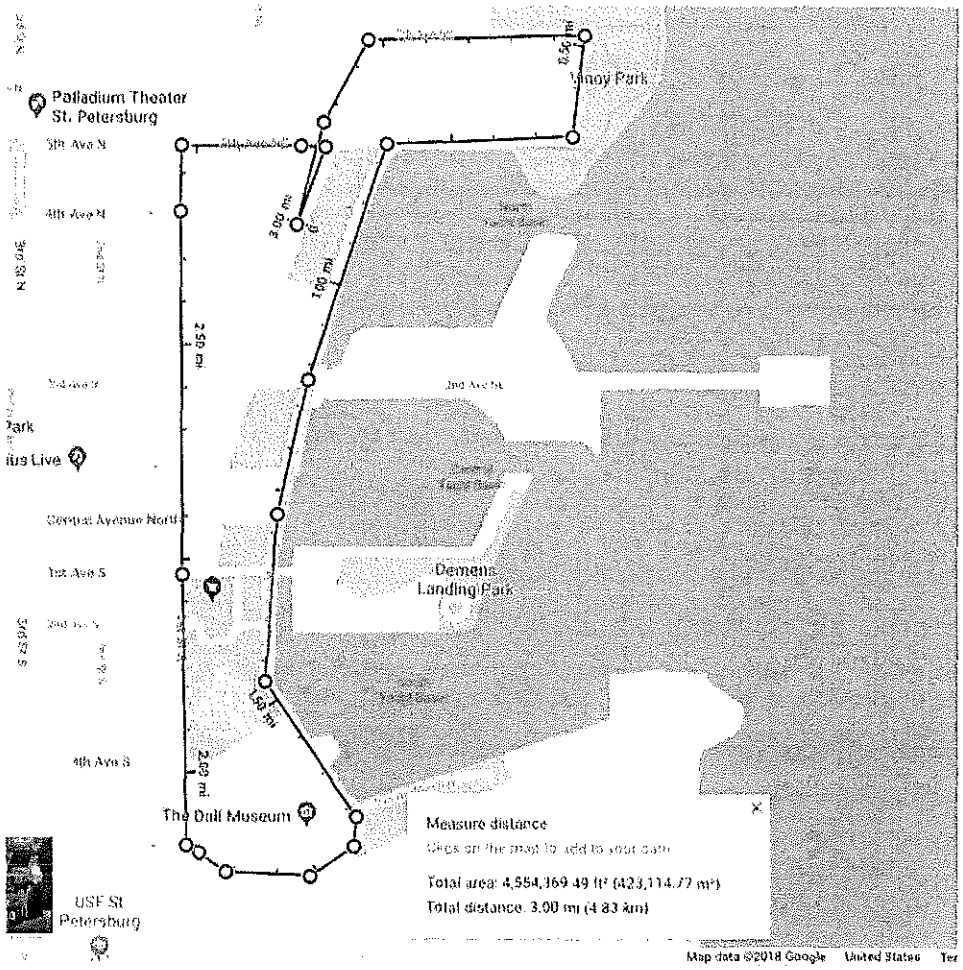
7am - 8:30am: run

8:30am- 9:30am: yoga

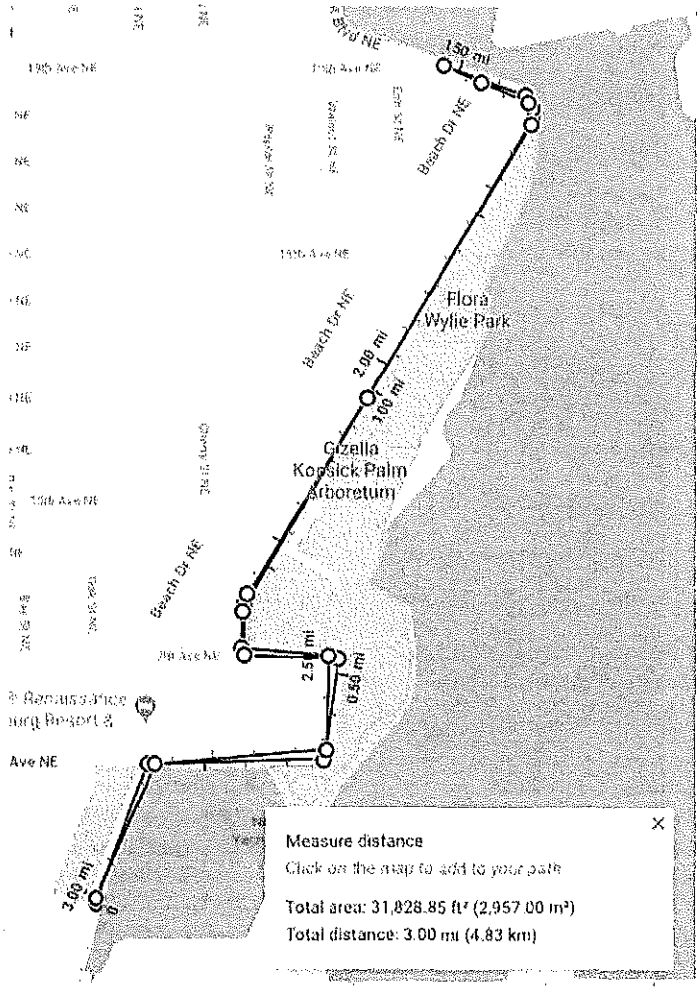
9:30am - 2pm: wellness fair/market/~~concert~~ vendors/~~games~~

WHERE?

North Straub Park



WHERE? (continued)



PROJECTED RACE BUDGET

Expenses

Revenue $30x500=$15,000	Estimated	Actual
Total Expenses based on 500 people	$29,000.00	$0.00

Site	Estimated	Actual
Venue fees?	$2,000.00	
Site staff $250 a day	$2,000.00	
Equipment	$3,000.00	
tents	$1,800.00	
Total	$8,800.00	$0.00

Refreshments	Estimated	Actual
Food	$3,000.00	
Drinks	$1,000.00	
Total	$4,000.00	$0.00

Not fixed	Estimated	Actual
Shirts $6-$7 per	$4,200.00	
Timing $2.50-3 per	$1,500.00	
porto potties $50 per	$500.00	
Insurance RRCA	$500.00	
Police?	$1,000.00	
Total	$7,700.00	$0.00

Program	Estimated	Actual
Performers	$5,000.00	
Speakers		
Travel		
Hotel		
Other		
Total	$5,000.00	$0.00

Marketing	Estimated	Actual
Graphics work		
Photocopying/Printing		
Total	$0.00	$0.00

Prizes	Estimated	Actual
Ribbons/Plaques/Trophie	$500.00	
Gifts		
Total	$500.00	$0.00

Miscellaneous	Estimated	Actual
Race Director	$3,000.00	
Total	$3,000.00	$0.00

Florida Department of State DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Not For Profit Corporation
HEELS TO HEAL, INC.

Filing Information

Document Number	N09000010231
FEI/EIN Number	27-1488133
Date Filed	10/20/2009
Effective Date	10/19/2009
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	01/07/2015

Principal Address

601 5th Ave North
ST PETERSBURG, FL 33701

Changed: 03/28/2016

Mailing Address

601 5th Ave North
ST PETERSBURG, FL 33701

Changed: 03/28/2016

Registered Agent Name & Address

MIHOK, MELISSA L
601 5th Ave North
ST PETERSBURG, FL 33701

Name Changed: 01/07/2015

Address Changed: 03/28/2016

Officer/Director Detail

Name & Address

Title PD

MIHOK, MELISSA L
601 5th Ave North
ST PETERSBURG, FL 33701

Title Treasurer

Mancino, Marc A
General Accounting Systems
601 5th Ave North
ST PETERSBURG, FL 33701

Annual Reports

Report Year	Filed Date
2016	03/28/2016
2017	02/14/2017
2018	03/01/2018

Document Images

03/01/2018 -- ANNUAL REPORT	View image in PDF format
02/14/2017 -- ANNUAL REPORT	View image in PDF format
03/28/2016 -- ANNUAL REPORT	View image in PDF format
01/07/2015 -- REINSTATEMENT	View image in PDF format
11/25/2014 -- Admin Diss for AR	View image in PDF format
09/16/2014 -- ANNUAL REPORT [CANCELLED]	View image in PDF format
04/10/2013 -- ANNUAL REPORT	View image in PDF format
01/08/2012 -- ANNUAL REPORT	View image in PDF format
05/19/2011 -- ANNUAL REPORT	View image in PDF format
12/28/2010 -- Amendment	View image in PDF format
09/29/2010 -- REINSTATEMENT	View image in PDF format
04/15/2010 -- Amended and Restated Articles	View image in PDF format
10/20/2009 -- Domestic Non-Profit	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 26188
Date: 05 Feb 2019

User: JSBENNIN
Status: Firm

HEELS TO HEAL, INC.
MELISSA MIHOK
290 9TH ST. N., SUITE M100
ST PETERSBURG FL 33705 USA

Primary #: (727) 895-5885
Secondary #: ()
Other #: ()

Purpose of Use: ST. PETE EMPOWER + YOGA **Expected: 750** **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 05 Oct 19 06:00 am** **Ending: Sun 06 Oct 19 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Sat	05 Oct 2019	06:00 AM	$0.00	$0.00	$0.00	$0.00
Mole		06 Oct 2019	09:00 PM				
Albert Whitted Park	Sat	05 Oct 2019	06:00 AM	$0.00	$200.00	$0.00	$200.00
Park		06 Oct 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	39:00	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) **MELISSA MIHOK**

HEELS TO HEAL, 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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 2-4-19
Check or Cash: 3299
Application #: 19
Packet: A
Permit #: 26189

Event Title: BungalowFest 2019 Phone No.: 941-350-7531 Fax No.:

Entity Name: Historic Kenwood Neighborhood Association (HKNA) Federal I.D. Number: 57-0953652

Event Date(s): November 2, 2019 Location: Seminole Park

Day 1 of Event: 11/2/19 Time Gates Open: 10:00am 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: Nicole Carlisle Phone: 941-350-7531

Title: President - HKNA Cell Phone: 941-350-7531

Address: P.O. Box 15134 City: St. Petersburg State: FL Zip: 33733

Email Address: president@historickenwood.org

Additional Contact Person: Brenda Gordon Day Phone: 813-712-0796

What month/year were you incorporated as nonprofit? October 2010

List all 501(c)3 entities that will benefit from this event. HKNA to support community projects in Historic Kenwood

Name of the for-profit entity? n/a

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.

The event focuses on the ongoing home and neighborhood improvements in Historic Kenwood. It inspires people to appreciate historic homes and community improvement. BungalowFest attracts media attention and attendance from people from throughout the Tampa Bay region and beyond. It enhances the stature of the neighborhood and the image of the City while enabling the neighborhood to continue funding local projects.

Describe what economic benefit and impact this event will bring to St. Petersburg.

Last year's BungalowFest netted the HKNA approximately $13,000.00 and is the HKNA's major fundraiser to support the association's many projects and programs.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? ☒ YES ☐ NO How much? $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: $20.00 Day of: $25.00

Please provide the website address for your event. www.BungalowFest.org

Please provide a phone number that can be advertised to the public. TBD

What is the estimated attendance for this event? Spectators 800 Participants 100 Last Year's Total Attendance 850

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) No

Bleacher(s) needed. Each bleacher approx. 180 people) No

Tables (6 ft) # needed No Chairs # needed No

Public Address System No

# of portable risers needed (4 in. x 8 in. x 16 in. sections) No

Special Events Facilities

- ☐ Mahaffey Theater
- ☐ Coliseum
- ☐ Sunken Gardens
- ☐ Boyd Hill

☐ Non-City Locations

Which Location?

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE:	Public Safety Personnel, Marine Services
TRAFFIC:	Personnel, Equipment (cones, barricades, no parking signs)
FIRE:	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES:	On-site Presence, Logistics Help, Liaison with Other Ddepartments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name:	C. Nicole Carlisle	Title:	President	Date:	2/9/19
Co-Sign:	Brenda Gordon	Title:	HKAA volunteer	Date:	2-4-19

NOTE: a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

st.petersburg
www.stpete.org

APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: BungalowFest 2018
Date(s) of Event: 11/3/18 -

I. REVENUE SOURCES (attach sheet if more space is needed)	Amount
1. Ticket sales	$15,000
2. Brochure ad sales	$4000
3. Donations/sponsorships	$500
4	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	$19,500

II. EXPENSES (attach sheet if more space is needed)	
1. Volunteer T shirts	$1155
2. Brochure/postcards/posters printing	$2055
3. Trolleys	$1330
4 Portapotties	$275
5. Social Media	$350
6. Volunteer lunch	$350
7. Homeowner reception & tour	$370
8. Homeowner plaques	$375
9. Banners	$165
10. Supplies (tablecloths, utensils, tickets, armbands, etc)	$160
11.	
12.	
TOTAL OPERATING EXPENSES	$6585
TOTAL NET INCOME	$12,915

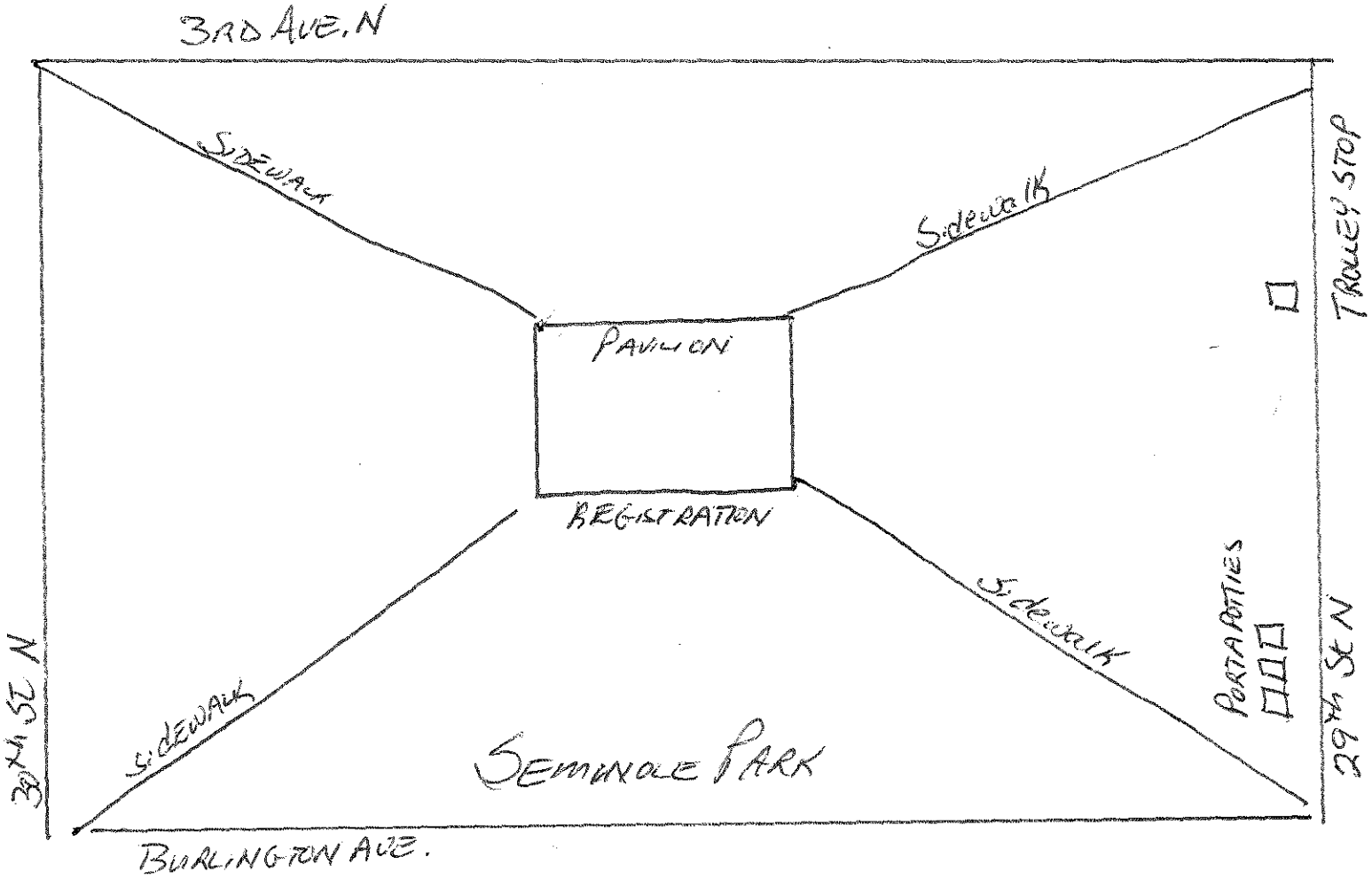
III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)	
1. Historic Kenwood Projects, Programs, and Activities	$12,915
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	

Prepared by: Nicole Carlisle Date: 2/1/19

Print Application

Submit Application by Email

BUNGALOW FEST
11/2/19



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OPEN: 10:00 AM
CLOSE: 4:00 PM

FLORIDA

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-
R. 10/

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8015666784C-4	06/09/2016	06/30/2021	501(C)(3) ORGANIZATION

This certifies that

HISTORIC KENWOOD NEIGHBORHOOD
ASSOCIATION INC
2410 9TH AVE N
SAINT PETERSBURG FL 33713-6835

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangib personal property purchased or rented, or services purchased.

FLORIDA

Important Information for Exempt Organizations

DR-
R. 10/

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 fc payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.

6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account *Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration* Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

Florida Department of State DIVISION OF CORPORATIONS

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Not For Profit Corporation
HISTORIC KENWOOD NEIGHBORHOOD ASSOCIATION, INC.

Filing Information

Document Number	N38463
FEI/EIN Number	57-0953652
Date Filed	06/01/1990
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	01/18/2011
Event Effective Date	NONE

Principal Address

242 30th St N
ST. PETERSBURG, FL 33713

Changed: 01/06/2017

Mailing Address

POST OFFICE BOX 15134
ST. PETERSBURG, FL 33733-5134

Changed: 04/08/2005

Registered Agent Name & Address

Kellett, Linda D.
242 30th St. N.
ST. PETERSBURG, FL 33713

Name Changed: 01/06/2017

Address Changed: 01/06/2017

Officer/Director Detail

Name & Address

Title PRES

Everett, Micheilene
POST OFFICE BOX 15134
ST. PETERSBURG, FL 33733-5134

Title VP

Carlisle, Nicole
POST OFFICE BOX 15134
ST. PETERSBURG, FL 33733-5134

Title SEC

Baker, MJ
POST OFFICE BOX 15134
ST. PETERSBURG, FL 33733-5134

Title TRES

Kellett, Linda D.
POST OFFICE BOX 15134
ST. PETERSBURG, FL 33733-5134

Annual Reports

Report Year	Filed Date
2016	01/06/2016
2017	01/06/2017
2018	02/14/2018

Document Images

02/14/2018 -- ANNUAL REPORT	View image in PDF format
01/06/2017 -- ANNUAL REPORT	View image in PDF format
01/06/2016 -- ANNUAL REPORT	View image in PDF format
01/10/2015 -- ANNUAL REPORT	View image in PDF format
01/04/2014 -- ANNUAL REPORT	View image in PDF format
01/19/2013 -- ANNUAL REPORT	View image in PDF format
01/11/2012 -- ANNUAL REPORT	View image in PDF format
01/18/2011 -- Amendment	View image in PDF format
01/17/2011 -- ANNUAL REPORT	View image in PDF format
01/04/2010 -- ANNUAL REPORT	View image in PDF format
02/05/2009 -- ANNUAL REPORT	View image in PDF format
01/18/2008 -- ANNUAL REPORT	View image in PDF format
10/19/2007 -- Amendment	View image in PDF format
04/15/2007 -- ANNUAL REPORT	View image in PDF format
04/28/2006 -- ANNUAL REPORT	View image in PDF format
04/08/2005 -- ANNUAL REPORT	View image in PDF format
08/13/2004 -- ANNUAL REPORT	View image in PDF format
04/21/2003 -- ANNUAL REPORT	View image in PDF format
03/24/2002 -- ANNUAL REPORT	View image in PDF format
04/30/2001 -- Name Change	View image in PDF format
03/27/2001 -- ANNUAL REPORT	View image in PDF format
01/22/2000 -- ANNUAL REPORT	View image in PDF format
02/25/1999 -- ANNUAL REPORT	View image in PDF format

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Contract/Permit

Contract #: 22590
Date: 18 Jan 2018

User: JSBENNIN
Status: Firm

HISTORIC KENWOOD NEIGHBORHOOD ASSOC
MICHELENE EVERETT
PO BOX 15134
ST PETERSBURG FL 33733 5134 USA

Primary #: (813) 712-0796
Secondary #: ()
Other #: ()

Purpose of Use: BUNGALOWFEST **Expected:** 800 **Co-Sponsored Event**

Contract Balance $0.00

Conditions of Use: Insurance Required

Other Information:

Use of beer and wine	No
Use of fencing	No
Use of liquor	No

Date(s) and Time(s) of Use: **Starting:** Sat 03 Nov 18 06:00 am **Ending:** Sat 03 Nov 18 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Seminole Park	Sat	03 Nov 2018	06:00 AM	$0.00	$0.00	$0.00	$0.00
Park			09:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Application Processing Fee - Parks	1	$30.00	$0.00	$30.00
Co-Sponsored Application Fee	1	$30.00	$0.00	$30.00
				$60.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$60.00	$0.00	$60.00	$0.00	$60.00	$0.00	($170.00)

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
06 Feb 2018	$30.00	Check	Rental	2974916
13 Feb 2018	$30.00	Check	Rental	2979606

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) **MICHELENE EVERETT**

HISTORIC KENWOOD NEIGHBORHOOD ASSOC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name): _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

Supervisor II / Foreman	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:
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.

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City of St. Petersburg

HISTORIC KENWOOD NEIGHBORHOOD ASSOC
BRENDA K GORDON
PO BOX 15134
ST PETERSBURG, FL 33733 5134 USA

Receipt #: 3239946
User: JSBENNIN
Issued: Tue 05 Feb 19 11:17 am

Description		Amount
Previous Balance		($140.00)
Payment:	Check	($30.00)
Balance		($170.00)

APPROVED REFUNDS ARE BY CHECK ONLY

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

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www.stpete.org

st. petersburg parks & recreation

Date Received: 2-4-19
Check or Cash: 93221
Application #: 20
Packet: A
Permit #: 26190

Event Title: St. Petersburg Power & Sailboat Show | Phone No.: 954-463-6762 | Fax No.: 954-676-1858

Entity Name: Yachting Promotions Inc. | Federal I.D. Number: 59-1652459

Event Date(s): December 5 - 8 | Location: 400 1st Street South, St. Petersburg, FL 33701

Day 1 of Event: DEC 5 | Time Gates Open: 10:00AM | Ending Time: 7:00PM

Day 2 of Event: DEC 6 | Time Gates Open: 10:00AM | Ending Time: 7:00PM

Day 3 of Event: DEC 7 - 8 | Time Gates Open: 10:00AM | Ending Time: 7:00PM

Application Prepared by: Jacqueline Deffler | Phone: 954-676-1858

Title: Executive Assistant | Cell Phone: 954-599-2126

Address: 1650 SE 17th Street, Suite 412 | City: Fort Lauderdal | State: FL | Zip: 33304

Email Address: Jacqueline.Deffler@Informa.com

Additional Contact Person: Dane Christopher Fleming | Day Phone: 561-312-2998

What month/year were you incorporated as nonprofit? May 1978

List all 501(c)3 entities that will benefit from this event.

Name of the for-profit entity? Yachting Promotions Inc.

Describe your event with details.

To bring the best products and savings to the community to shop and buy and enjoy our best natural resource, The water.

Describe what economic benefit and impact this event will bring to St. Petersburg.

There will be a 30 million dollar economic impact in services such as hotels, restaurants and taxes.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? ☒ YES ☐ NO How much? 9,000,000.00

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. www.stpeteboatshow.com

Please provide a phone number that can be advertised to the public. 954-463-6762

What is the estimated attendance for this event? Spectators Participants Last Year's Total Attendance 20,000+

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) NO

Bleacher(s) needed. Each bleacher approx. 180 people) NO

Tables (6 ft) # needed N/A Chairs # needed N/A

Public Address System NO

# 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 Whitted Park

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE:	Public Safety Personnel, Marine Services
TRAFFIC:	Personnel, Equipment (cones, barricades, no parking signs)
FIRE:	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES:	On-site Presence, Logistics Help, Liaison with Other Ddepartments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name:	Dane Christopher Fleming	Title:	Director of Business Developm	Date:	1/30/2019
Co-Sign:		Title:		Date:	

NOTE:

a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,
727-893-7766 or EMAIL: StPeteEvents@stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☐ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 260	
☐ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 20	Temporary Structure Permit
☒ Fence Installation	What type? Chain Link	Temporary Structure Permit
☐ Other Structures	What structure? Floating Docks	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☐ Staging	☐ Professional ☐ Showmobile ☐ Other	
☐ Amplified Sound	☐ Performers ☐ Announcement Only	
☒ Security	☐ Daytime - Private ☐ Overnight - Private ☐ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units ____ Disabled Units ____ Hand Washing YES	
☒ Off-site Parking / Shuttle		
☒ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

☒ Invitations	☐ Radio
☐ Posters / Flyers	☐ Television
☒ Newspaper / Internet	☐ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☒ YES ☐ NO

If YES, check all that apply. ☐ RV'S ☐ Coffee Vendors ☐ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☐ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

We use the existing transformers that are on site at Albert Whitted Park. They are 750 KVA each as 400 Amp disconnects.

Will you supply your own generators? ☒ YES ☐ NO

Will your event have a licensed electrician on-site during the event? ☐ YES ☐ NO If YES, who? Show Management Electric

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

NO

If City permits, licenses, or services are required for event, who will pay for them?

Name: Yachting Promotions, Inc. Phone: 954-463-6762

Address (including zip): 1650 SE 17th Street, Suite 412, Fort Lauderdale, FL 33316

Type of music, # of stages, and # of bands.

Light music on floating cocktail barge from noon to 7PM.

List Vending Products. Name & Provider.

Marine accessories and boats on display.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

N/A

Explain subject/purpose of all speeches/demonstrations which will occur.

N/A

Discuss your load in/load out parking needs, include times and dates.

Other Comments: Please describe your fee structure.

Adults $17.00 and Children 15 and under are free

Other comments:

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Dane Christopher Fleming Title: Director of Business Developm Date: 1/30/19

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation:

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

Nonprofit (Employee Identification Number):

Name of the **For-profit** Corporation: Yachting Promotions Inc.

Name of Responsible Party (President or CEO ONLY): Andrew Doole

Title of Responsible Party: President

Physical Address of Responsible Party: 1650 SE 17th Street, Suite 412, Fort Lauderdale, FL 33316

Phone Number of Responsible Party: 954-463-6762

Email Address of Responsible Party: Andrew.Doole@Informa.com

For-profit (Employee Identification Number) 59-1652459

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: Dana Centifanti

Address: 1650 SE 17th Street, Suite 412,

City, State, Zip: Fort Lauderdale, FL 33316

☒ BY EMAIL

Email Address: Dana.Centifanti@Informa.com

APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: St. Petersburg Power & Sailboat Show

Date(s) of Event: DEC 5 - DEC 8

I. REVENUE SOURCES (attach sheet if more space is needed)

		Amount
1.	10 X 10 Booths	$23,205.00
2.	In Water	$12,500.00
3.		
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$35,705.00

II. EXPENSES (attach sheet if more space is needed)

1.	Associations Fees	$85,000.00
2.		
3.		
4		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$85,000.00
	TOTAL NET INCOME	($49,295.00)

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: Robert Correa

Date: Jan 30, 2019

Print Application

Submit Application by Email

Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g.,1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* **The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.**

* **Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.**

* **All first time entities requesting events will be required to complete a credit application.**

ST. PETERSBURG
POWER AND
SAILBOAT SHOW

St. Petersburg Power & Sailboat Show

Fact Sheet

WHEN: December 5 – 8, 2019

WHERE:

SHOW LOCATION
Duke Energy Center for the Arts Mahaffey Theater Yacht Basin and Albert Whitted Park
400 First Street, South
St. Petersburg, Fl. 33701

HOURS:

Thursday - Friday	10:00 am – 6:00 pm
Saturday	10:00 am – 7:00 pm
Sunday	10:00 am – 5:00 pm

GENERAL ADMISSION:
Adults - US $17.00
Children- 15 and under are Free

MEDIA CONTACT:
Informa
Lana Bernstein
Phone: (954) 676-1866
Lana.bernstein@informa.com

PUBLIC RELATIONS:
Brock Communications
Phuong Nguyen
Phone: 813.961.8388
phuong@brockcomm.com

HOTEL INFO: wwwONPEAK.com

ADDITIONAL SHOW INFORMATION GO TO: WWW.STPETEBOATSHOW.COM

Florida Department of State

DIVISION OF CORPORATIONS

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Profit Corporation
YACHTING PROMOTIONS, INC.

Filing Information

Document Number	498855
FEI/EIN Number	59-1652459
Date Filed	03/15/1976
State	FL
Status	ACTIVE
Last Event	CORPORATE MERGER
Event Date Filed	12/14/2006
Event Effective Date	01/01/2007

Principal Address

1115 NE 9TH AVENUE
FORT LAUDERDALE, FL 33304

Mailing Address

101 Paramount Drive, Ste. 100
Sarasota, FL 34232

Changed: 04/03/2017

Registered Agent Name & Address

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHSSEE, FL 32301

Name Changed: 04/04/2017

Address Changed: 04/04/2017

Officer/Director Detail

Name & Address

Title Director, President

McCurdy, Charles
5 Howick Place
London SW1P 1WG GB

Title Director, Senior Vice President, Secretary

Etter, Thomas C.
711 3rd Avenue, 8th Floor
New York, NY 10017

Title VP

Levine, Marc
101 Paramount Drive, Ste. 100
Sarasota, FL 34232

Title Asst. Secretary

Peter, Patricia
711 3rd Avenue, 8th Floor
New York, NY 10017

Title VP

McAvoy, Ken
1115 NE 9TH AVENUE
FORT LAUDERDALE, FL 33304

Annual Reports

Report Year	Filed Date
2016	04/28/2016
2017	04/03/2017
2018	04/13/2018

Document Images

04/13/2018 -- ANNUAL REPORT	View image in PDF format
04/04/2017 -- Reg. Agent Change	View image in PDF format
04/03/2017 -- ANNUAL REPORT	View image in PDF format
04/28/2016 -- ANNUAL REPORT	View image in PDF format
04/30/2015 -- ANNUAL REPORT	View image in PDF format
04/30/2014 -- ANNUAL REPORT	View image in PDF format
06/12/2013 -- ANNUAL REPORT	View image in PDF format
03/21/2012 -- ANNUAL REPORT	View image in PDF format
04/27/2011 -- ANNUAL REPORT	View image in PDF format
04/23/2010 -- ANNUAL REPORT	View image in PDF format
11/17/2009 -- Reg. Agent Change	View image in PDF format
04/30/2009 -- ANNUAL REPORT	View image in PDF format
04/29/2008 -- ANNUAL REPORT	View image in PDF format
05/04/2007 -- ANNUAL REPORT	View image in PDF format
12/14/2006 -- Merger	View image in PDF format
09/28/2006 -- ANNUAL REPORT	View image in PDF format
05/12/2006 -- Reg. Agent Change	View image in PDF format
04/10/2006 -- Reg. Agent Change	View image in PDF format
01/27/2006 -- ANNUAL REPORT	View image in PDF format
02/04/2005 -- ANNUAL REPORT	View image in PDF format

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Contract/Permit

Contract #: 26190
Date: 05 Feb 2019

User: JSBENNIN
Status: Firm

YACHTING PROMOTIONS INC
JACQUELINE DEFFLER
1115 NE 9TH AVE
FORT LAUDERDALE FL 33304 USA

Primary #: (954) 764-7642
Secondary #: ()
Other #: ()

Purpose of Use: ST. PETERSBURG POWER & SAILBOAT SHOW

Expected: 20,000

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 02 Dec 19 06:00 am **Ending:** Thu 12 Dec 19 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Mon	02 Dec 2019	06:00 AM	$0.00	$600.00	$0.00	$600.00
Park		12 Dec 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	255:00	3	$600.00	$0.00	$600.00
		3	$600.00	$0.00	$600.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$630.00	$0.00	$630.00	$0.00	$630.00	$0.00	($30.00)

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
13 Jan 2017	$30.00	Check	Rental	2707126
05 Feb 2019	$600.00	Check	Rental	3239942

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) **JACQUELINE DEFFLER**

YACHTING PROMOTIONS INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name): _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

Supervisor II / Foreman	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:

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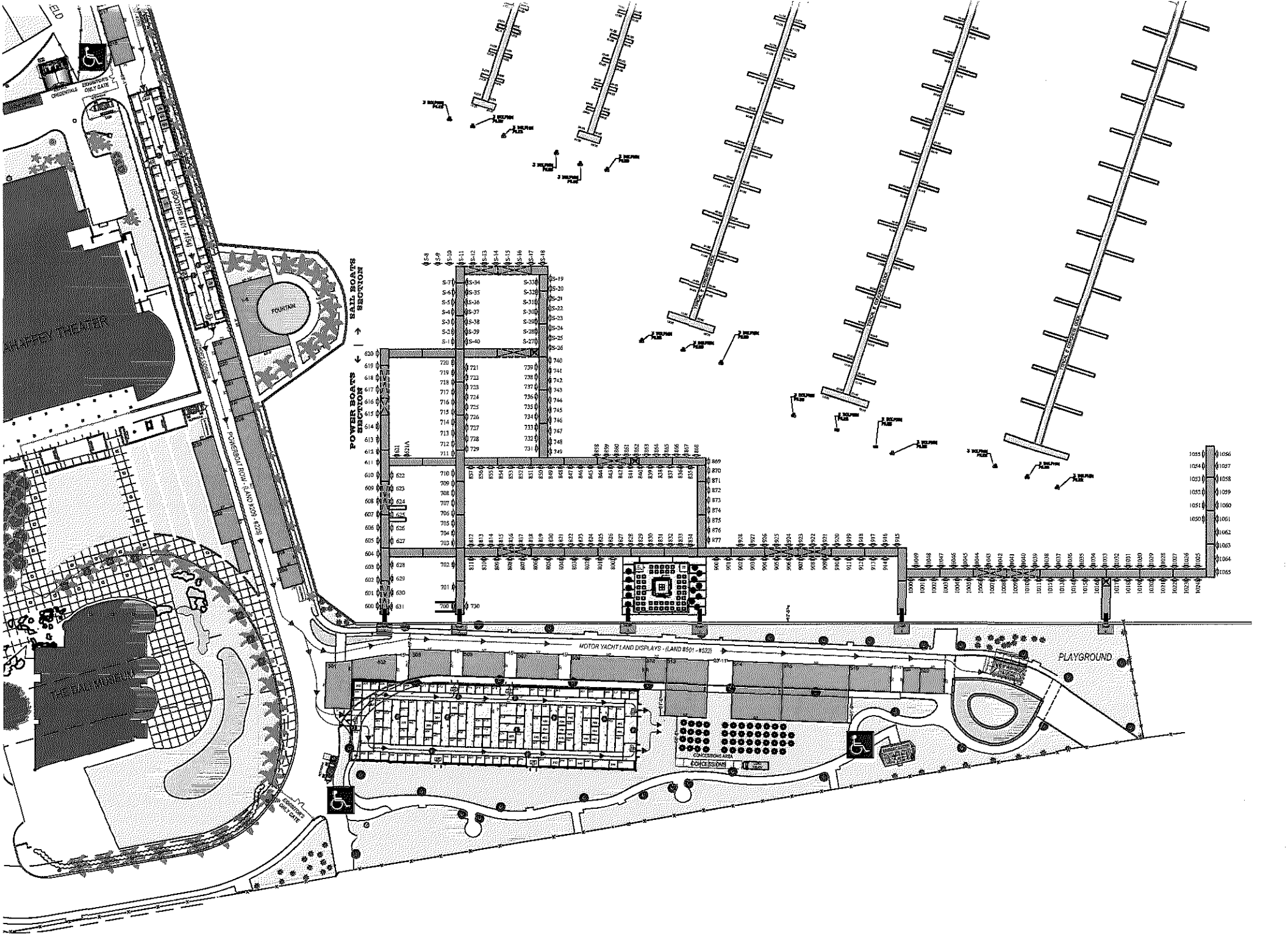
City of St. Petersburg

YACHTING PROMOTIONS INC
DANE GRAZIANO
1115 NE 9TH AVE
FORT LAUDERDALE, FL 33304 USA

Receipt #: 3239942
User: JSBENNIN
Issued: Tue 05 Feb 19 11:16 am

Description	Amount
Previous Balance	$600.00
Applied To: 26190 - ST. PETERSBURG POWER & SAILBOAT SHOW Albert Whitted Park - Park December 2, 2019 6:00 am to December 12, 2019 9:00 pm	$600.00
Payment: Check	($630.00)
Balance	($30.00)

APPROVED REFUNDS ARE BY CHECK ONLY


POWER BOATS SECTION
SAIL BOATS SECTION
FOUNTAIN
MOTOR YACHT LAND DISPLAYS - (LAND #501 - #522)
PLAYGROUND
CONCESSIONS AREA
CONCESSIONS
EXHIBITORS ONLY GATE
CREDENTIALS
POWERBOAT ROW - (LAND #209 - #225)
THE SAIL MUSEUM

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 2-5-19
Check or Cash: 4848
Application #: 21
Packet: A
Permit #: 26191

Event Title: 12th Annual St. Petersburg Chillovage Night
Phone No.: 941-488-0995 Fax No.:
Entity Name: Design O'Fresco
Federal I.D. Number: 76-0722028
Event Date(s): Saturday, November 16, 2019
Location: N. Straub Park
Day 1 of Event: 11/16/19 Time Gates Open: 6 PM Ending Time: 11 PM
Day 2 of Event: Time Gates Open: Ending Time:
Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared by: Rainer Scheer
Phone: 941-488-0995
Title: President
Cell Phone: 941-488-0995
Address: 4909 Gulf Dr. 16
City: Holmes Beach State: FL Zip: 34217
Email Address: rainer@chillovagenight@gmail.com
Additional Contact Person: Ralph Radtke
Day Phone: 941-400-8640
What month/year were you incorporated as nonprofit? Creative Clay, Inc
List all 501(c)3 entities that will benefit from this event. Design O'Fresco
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.

A premier social event for the community. Bringing downtown alive with great food, drinks, entertainment and a beautiful setting.

Describe what economic benefit and impact this event will bring to St. Petersburg.

The event brings each year around 1600 people to Beach Dr. We work hard to provide an upscale event to the area. All restaurants around Beach Dr. we talk to love the event.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? ☒ YES ☐ NO How much? 2 million
Are there plans to sell or distribute beer/wine at your event? ☒ YES ☐ NO
Will there be an admission / registration fee? ☒ YES ☐ NO Advanced Fee: TBD Day of:
Please provide the website address for your event. www.chillovagenight.com
Please provide a phone number that can be advertised to the public. 941-488-0995
What is the estimated attendance for this event? Spectators 1800 Participants 90 Last Year's Total Attendance 1600

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) No

Bleacher(s) needed. Each bleacher approx. 180 people) No

Tables (6 ft) # needed No Chairs # needed No

Public Address System No

# of portable risers needed (4 in. x 8 in. x 16 in. sections) No

Special Events Facilities

- [ ] Mahaffey Theater
- [ ] Coliseum
- [ ] Sunken Gardens
- [ ] Boyd Hill

- [ ] Non-City Locations

Which Location? N. Evans Park

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE:	Public Safety Personnel, Marine Services
TRAFFIC:	Personnel, Equipment (cones, barricades, no parking signs)
FIRE:	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES:	On-site Presence, Logistics Help, Liaison with Other Ddepartments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name:	Raiser Scheer	Title:	President	Date:	2-4-19
Co-Sign:		Title:		Date:	

NOTE: a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

Condition		Obligation
[X] Public Invited		General Liability Insurance
[X] Located in Park		Park Permit
[ ] Vending Product / Merchandise Sales		Occupational License
[X] Vending Food / Beverage		Health Inspection
[ ] Vendors / Exhibitors	How many?	
[X] Vending Beer / Wine		Alcohol Permit Additional insurance Required
[X] Erecting Tents - Larger than 10ft x 12ft	How many? Stage Crew 0s/g	Temporary Structure Permit
[X] Fence Installation	What type? Bike Rack	Temporary Structure Permit
[ ] Other Structures	What structure?	Temporary Structure Permit
[ ] Open Flame Food Preparation		Fire Inspection Permit
[ ] Pyrotechnics		Fireworks Permit
[X] Require Street Closure		Parade or Street Closure Permit(s)
[X] VIP Area		
[X] Staging	[X] Professional [ ] Showmobile [ ] Other	
[X] Amplified Sound	[X] Performers [ ] Announcement Only	
[X] Security	[ ] Daytime - Private [X] Overnight - Private [X] Event Time Frame - SPPD	
[X] Sanitary Facilities - Port-O-Lets	Regular Units 15 Disabled Units 2 Hand Washing 1	
[X] Off-site Parking / Shuttle		
[X] Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

- [ ] Invitations
- [X] Posters / Flyers
- [X] Newspaper / Internet
- [X] Radio
- [X] Television
- [X] Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☐ YES ☒ NO

If YES, check all that apply. ☐ RV'S ☒ Coffee Vendors ☐ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☒ Catering Trucks ☒ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Generator is provided for all stage, lighting and sound requirements.

Will you supply your own generators? ☒ YES ☐ NO

Will your event have a licensed electrician on-site during the event? ☐ YES ☒ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

Yes, the ability to sell distilled spirits in the Park (alcohol waiver) for the day of event.

If City permits, licenses, or services are required for event, who will pay for them?

Name: Denise O'Frisco Phone: 941-448-0995

Address (including zip): 4909 Gulf Dr. 1b, Holmes Beach, FL 34217

Type of music, # of stages, and # of bands.

1 stage, 2 bands, top 40/pop/reggea

List Vending Products. Name & Provider.

No vending products other than food + beverage incl. alcohol

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

TBD. probably Steve Westphal, like 2018.

Explain subject/purpose of all speeches/demonstrations which will occur.

Not Applicable

Discuss your load in/load out parking needs, include times and dates.

Loaders 2 PM on Friday 11/15/19 till about 8 pm.
All furniture will be placed Sat. 11/16/19 between 8am and 5pm
Bayshore will be closed day of event.

Other Comments: Please describe your fee structure.

GA 20,- online day of 25,-
VIP 100,- online " " 120,-

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: Rainer Schur Title: President Date: 2-4-19

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www.stpete.org

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Creative Clay, Inc

Name of Responsible Party (President or CEO ONLY): Kim Dohrney

Title of Responsible Party: CEO

Physical Address of Responsible Party: 1114 Central Ave, St. Petersburg.

Phone Number of Responsible Party: 727-825-0515

Email Address of Responsible Party: Kim@creativeclay.org

Nonprofit (Employee Identification Number): 59-3338595

Name of the **For-profit** Corporation: Design O'Fresco Corp

Name of Responsible Party (President or CEO ONLY): Rainer Schew

Title of Responsible Party: President

Physical Address of Responsible Party: 4909 Gulf Dr. 16, Holmes Beach, FL 34217

Phone Number of Responsible Party: 941-448-0995

Email Address of Responsible Party: rainer.chillongeight@gmail.com

For-profit (Employee Identification Number) 76-0723028

Please include a copy of the the current IRS Nonprofit Affidavit / For Profit

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www.stpete.org

APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: 11th annual St. Pete Chilly Night
Date(s) of Event: 11/17/18 -

I. REVENUE SOURCES (attach sheet if more space is needed)

		Amount
1.	cash sponsor ships	22,000
2.	Ticket sales online	38.000
3.	Ticket sales gate	2,800
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	62.800

II. EXPENSES (attach sheet if more space is needed)

1.	City services / Permit	6.200
2.	Staging, Tent.	8.700
3.	Production, Lighting, Sound, Video	9.500
4	Rentals, Restrooms, Generator	4.900
5.	Entertainment	6.000
6.	Marketing	1.900
7.	Security	2000
8.	Transportation (equipment)	2.500
9.	Cabo	3.100
10.	Food VIP / Cabo	4.800
11.	Insurance	1,100
12.		
	TOTAL OPERATING EXPENSES	50.700
	TOTAL NET INCOME	12.100

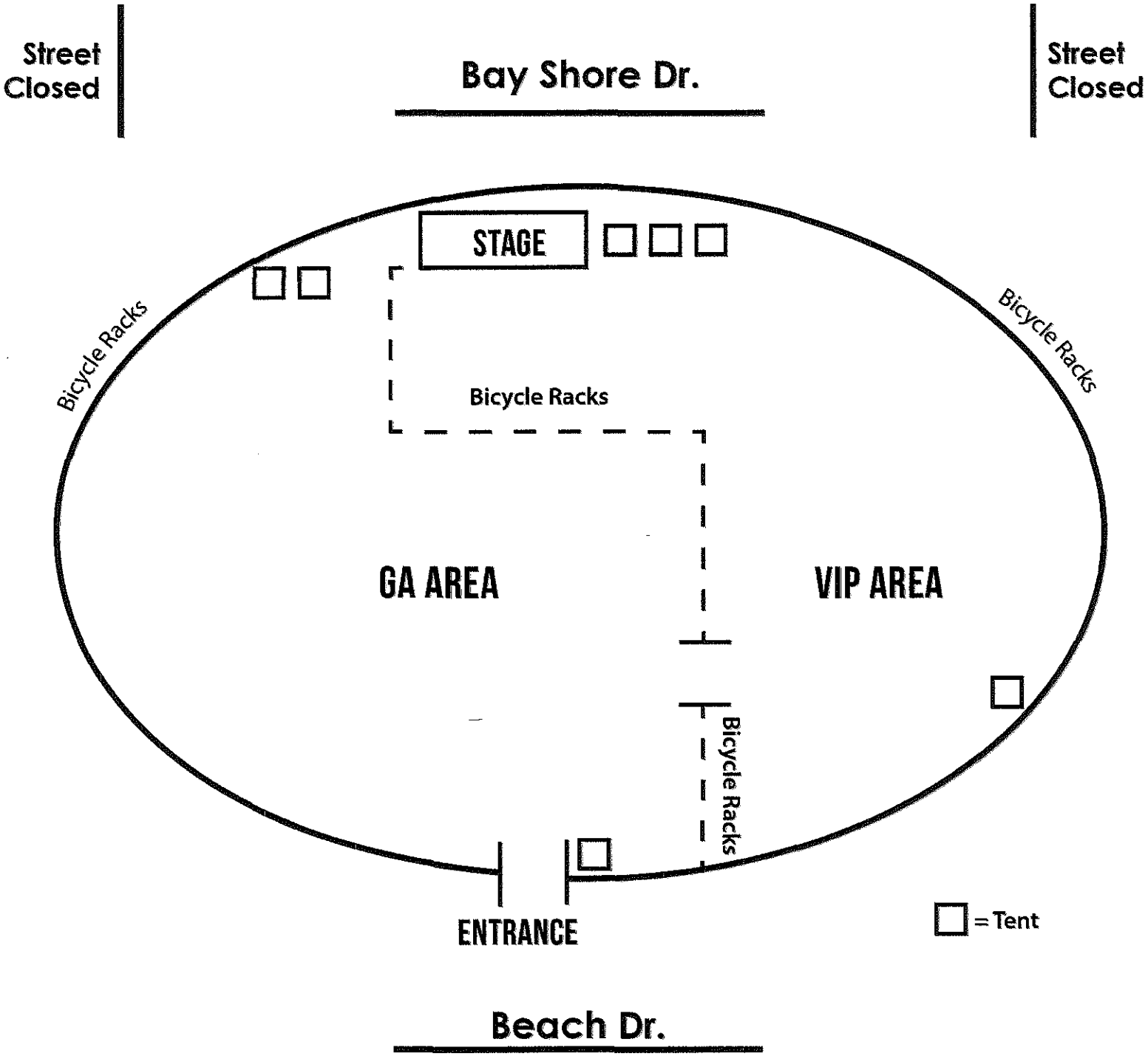
III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

1.	Furniture rental and agent fee	~~12.000~~ 6.400
2.	Creative Clay	2000
3.	Net income retained by Producer (furniture	5.500
4.	repair)	
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	12 100

Prepared by: Raven Idler Date: 1/11/19

Print Application

Submit Application by Email


Street Closed
Bay Shore Dr.
Street Closed
STAGE
Bicycle Racks
Bicycle Racks
Bicycle Racks
GA AREA
VIP AREA
Bicycle Racks
ENTRANCE
= Tent
Beach Dr.

Florida Department of State DIVISION OF CORPORATIONS

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Profit Corporation
DESIGN OFRESCO CORP.

Filing Information

Document Number	P03000009921
FEI/EIN Number	76-0723028
Date Filed	01/21/2003
State	FL
Status	ACTIVE

Principal Address

4909 GULF DRIVE
#1B
HOLMES BEACH, FL 34217

Changed: 04/25/2011

Mailing Address

4909 GULF DRIVE
#1B
HOLMES BEACH, FL 34217

Changed: 04/25/2011

Registered Agent Name & Address

Scheer, Rainer
4909 Gulf Dr
Apt.1b
Holmes Beach, FL 34217

Name Changed: 04/29/2013

Address Changed: 04/29/2013

Officer/Director Detail

Name & Address

Title PD

SCHEER, RAINER
4909 GULF DRIVE #1B
HOLMES BEACH, FL 34217

Annual Reports

Report Year	Filed Date
2016	03/29/2016
2017	03/17/2017
2018	03/11/2018

Document Images

03/11/2018 -- ANNUAL REPORT	View image in PDF format
03/17/2017 -- ANNUAL REPORT	View image in PDF format
03/29/2016 -- ANNUAL REPORT	View image in PDF format
01/28/2015 -- ANNUAL REPORT	View image in PDF format
04/22/2014 -- ANNUAL REPORT	View image in PDF format
04/29/2013 -- ANNUAL REPORT	View image in PDF format
04/30/2012 -- ANNUAL REPORT	View image in PDF format
04/25/2011 -- ANNUAL REPORT	View image in PDF format
04/27/2010 -- ANNUAL REPORT	View image in PDF format
04/24/2009 -- ANNUAL REPORT	View image in PDF format
05/14/2008 -- ANNUAL REPORT	View image in PDF format
03/19/2007 -- ANNUAL REPORT	View image in PDF format
01/29/2007 -- ANNUAL REPORT	View image in PDF format
04/28/2006 -- ANNUAL REPORT	View image in PDF format
07/18/2005 -- ANNUAL REPORT	View image in PDF format
09/13/2004 -- ANNUAL REPORT	View image in PDF format
01/21/2003 -- Domestic Profit	View image in PDF format

Florida Department of State, Division of Corporations

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
CREATIVE CLAY INC.

Filing Information

Document Number	N95000002251
FEI/EIN Number	59-3338595
Date Filed	05/08/1995
State	FL
Status	ACTIVE

Principal Address

1846 1st Avenue S.
SAINT PETERSBURG, FL 33712

Changed: 06/19/2017

Mailing Address

1846 1st Avenue S.
SAINT PETERSBURG, FL 33712

Changed: 06/19/2017

Registered Agent Name & Address

DOHRMAN, KIMBERLY M
1846 1st Avenue S.
SAINT PETERSBURG, FL 33712

Name Changed: 07/15/2011

Address Changed: 06/19/2017

Officer/Director Detail

Name & Address

Title CEO

DOHRMAN, KIMBERLY M
1114 CENTRAL AVENUE
SAINT PETERSBURG, FL 33705

Title President

Kennedy, Sean

1114 CENTRAL AVENUE
SAINT PETERSBURG, FL 33705

Title VP

Jackson, Melanie
1114 CENTRAL AVENUE
ST. PETE, FL 33705

Annual Reports

Report Year	Filed Date
2017	01/09/2017
2017	06/19/2017
2018	03/14/2018

Document Images

03/14/2018 -- ANNUAL REPORT	View image in PDF format
06/19/2017 -- AMENDED ANNUAL REPORT	View image in PDF format
01/09/2017 -- ANNUAL REPORT	View image in PDF format
01/22/2016 -- ANNUAL REPORT	View image in PDF format
07/27/2015 -- AMENDED ANNUAL REPORT	View image in PDF format
01/16/2015 -- ANNUAL REPORT	View image in PDF format
01/30/2014 -- ANNUAL REPORT	View image in PDF format
09/18/2013 -- AMENDED ANNUAL REPORT	View image in PDF format
01/16/2013 -- ANNUAL REPORT	View image in PDF format
01/05/2012 -- ANNUAL REPORT	View image in PDF format
07/15/2011 -- Reg. Agent Change	View image in PDF format
06/22/2011 -- Reg. Agent Resignation	View image in PDF format
06/02/2011 -- ANNUAL REPORT	View image in PDF format
01/05/2011 -- ANNUAL REPORT	View image in PDF format
02/17/2010 -- ANNUAL REPORT	View image in PDF format
01/17/2009 -- ANNUAL REPORT	View image in PDF format
01/11/2008 -- ANNUAL REPORT	View image in PDF format
03/19/2007 -- ANNUAL REPORT	View image in PDF format
01/05/2006 -- ANNUAL REPORT	View image in PDF format
01/18/2005 -- ANNUAL REPORT	View image in PDF format
02/12/2004 -- ANNUAL REPORT	View image in PDF format
03/03/2003 -- ANNUAL REPORT	View image in PDF format
07/11/2002 -- ANNUAL REPORT	View image in PDF format
01/24/2001 -- ANNUAL REPORT	View image in PDF format
02/09/2000 -- ANNUAL REPORT	View image in PDF format
04/14/1999 -- ANNUAL REPORT	View image in PDF format
04/14/1998 -- ANNUAL REPORT	View image in PDF format
05/20/1997 -- ANNUAL REPORT	View image in PDF format
07/18/1996 -- ANNUAL REPORT	View image in PDF format
05/08/1995 -- DOCUMENTS PRIOR TO 1997	View image in PDF format

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Contract/Permit

Contract #: 26191
Date: 05 Feb 2019

User: JSBENNIN
Status: Firm

DESIGN O' FRESCO
RAINER SCHEER
4909 GULF DR STE 1B
HOLMES BEACH FL 34217 USA

Primary #: (941) 448-0995
Secondary #: ()
Other #: ()

Purpose of Use: 12TH ANNUAL ST. PETERSBURG CHILLOUNGE NIGHT

Expected: 2,000

Co-Sponsored Event

Contract Balance $200.00

Conditions of Use: Insurance Required

Other Information:

Use of beer and wine	Yes
Use of fencing	Yes
Use of liquor	Yes

Date(s) and Time(s) of Use: **Starting: Sat 16 Nov 19 06:00 am** **Ending: Sun 17 Nov 19 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
North Straub Park	Sat	16 Nov 2019	06:00 AM	$0.00	$200.00	$0.00	$200.00
Park		17 Nov 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	39:00	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
05 Feb 2019	$30.00	Check	Rental	3239936

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By:(Sign Name) _____

(Print Name) **RAINER SCHEER**

DESIGN O' FRESCO
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name): _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

Supervisor II / Foreman	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.

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City of St. Petersburg

DESIGN O' FRESCO
RAINER SCHEER
4909 GULF DR STE 1B
HOLMES BEACH, FL 34217 USA

Receipt #: 3239936
User: JSBENNIN
Issued: Tue 05 Feb 19 11:14 am

Description	Amount
Previous Balance	$230.00
Applied To: 26191 - 12TH ANNUAL ST. PETERSBURG CHILLOUNGE NIGHT North Straub Park - Park November 16, 2019 6:00 am to November 17, 2019 9:00 pm	$30.00
Payment: Check	($30.00)
Balance	$200.00

APPROVED REFUNDS ARE BY CHECK ONLY

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

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st. petersburg parks & recreation

Date Received: 2-18-19
Check or Cash:
Application #: 22
Packet: A
Permit #: 26269

Event Title: SAVOR ST. PETE Phone No.: 813-477-6111 Fax No.:

Entity Name: Floridata Capital Assets Group, Inc. Federal I.D. Number: 59-3328318

Event Date(s): November 2 & 3, 2019 Location: North Straub Park

Day 1 of Event: Nov 2, 2019 Time Gates Open: 12pm Ending Time: 4pm

Day 2 of Event: Nov 3, 2019 Time Gates Open: 12pm Ending Time: 4pm

Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared by: Tammy Gail Phone: 813-477-6111

Title: President Cell Phone: 813-477-6111

Address: 2085 CR 753 South City: Webster State: FL Zip: 33597

Email Address: tammyg@floridata.net

Additional Contact Person: Jeannette Adelman Day Phone: 813-777-0113

What month/year were you incorporated as nonprofit? N/A

List all 501(c)3 entities that will benefit from this event. St Petersburg College Foundation

Name of the for-profit entity? Floridata Capital Asset Group, Inc.

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.

Savor St. Pete serves up 180-degree views of Tampa Bay and the Vinoy Basin, artfully blending local chef rock stars with national brand partners offering tastes and sips to please every palate.

The highly anticipated Savor St, Petefood & wine festival will be touted as the hippest waterfront gastronomic event on Florida's west coast. Locals and tourists alike will enjoying the finest fare and wines this side of fabulous. This re-branded event has a seven year following, attracting foodies, media gurus and influencers from across the state and the country.

Describe what economic benefit and impact this event will bring to St. Petersburg.

Over 6,000 high income guests will attend the first annual SAVOR ST. PETE food & wine festival on November 2nd and 4rd. Sponsors from more than 75 national brands will be represented at the event, with senior leadership attending and visitng St. Petersburg for the weekend. According to our economic impact study provided by Walter Klages Reasearch annually, the averega eage of our attendee is 44 years old. Average HH income is $94,000 and sixty six percent of our attendees are women. Our PR agency will secure local, regional and national press attention via social media, food, wine, travel & lifetsyle bloggers, and traditional media including newsprint, magazine, radio and TV. In 2018 our November event drew a media reach of 11,337,114, and we expect an even greater media response for the launch of SAVOR ST PETE 2019

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 Carry a $2MM/$1MM poli

Are there plans to sell or distribute beer/wine at your event? ☐ YES ☐ NO

Will there be an admission / registration fee? ☐ YES ☐ NO Advanced Fee: $75.00 Day of: $95

Please provide the website address for your event. www.SavorStPete.com www.SavortheBurg.com

Please provide a phone number that can be advertised to the public. N/A - all communication is online

What is the estimated attendance for this event? Spectators 5500 Participants 300 Last Year's Total Attendance 5800

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 20 Chairs # needed 20

Public Address System Yes

# of portable risers needed (4 in. x 8 in. x 16 in. sections) 5

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:	Tammy Gail	Title:	President	Date:	2-6-19
Co-Sign:		Title:		Date:	

NOTE: a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,
727-893-7766 or EMAIL: StPeteEvents@stpete.org

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PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☐ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? Over 30 Vendors / Exhibitors	
☒ Vending Beer / Wine		Alcohol Permit Additional Insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 80'x140' and 10	Temporary Structure Permit
☒ Fence Installation	What type? above ground 6' panel fencing - 8' ste	Temporary Structure Permit
☐ Other Structures	What structure? TBD	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 5 Disabled Units 1 Hand Washing 1	
☐ Off-site Parking / Shuttle		
☒ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

- ☒ Invitations
- ☒ Posters / Flyers
- ☒ Newspaper / Internet
- ☒ Radio
- ☒ Television
- ☒ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☒ YES ☐ NO

If YES, check all that apply. ☐ RV'S ☒ Coffee Vendors ☒ Ice Bins ☒ Freezers ☒ Ice Cream Vendors ☒ Catering Trucks ☒ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

We will need a distribution panel with your junction boxes. On the north end we'll need to tie into the 100 amp box for the cooking stage and on the south end we'll need to tie into the larger distribution box for restaurant cooking needs. We will have small Quiet Whisper generators for backup

Will you supply your own generators? ☒ YES ☐ NO

Will your event have a licensed electrician on-site during the event? ☐ YES ☒ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

None that we know of

If City permits, licenses, or services are required for event, who will pay for them?

Name: Floridata Capital Assts Group, Inc. Phone: 813-477-6111

Address (including zip): 2085 CR 753 South, Webster, FL 33597

Type of music, # of stages, and # of bands.

One riser with a DJ

List Vending Products. Name & Provider.

Publix, Campbell's Soup, Reynold's Consumer Products, Kellogg's, RX Bars, Lindt Chocolates, Chameleon Cold Brew, Starbuck's Coffee, Spice Hunter, Jarlsberg Cheese,

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

St. Petersburg College Foundation - PO Box 13489, St. Petersburg, Florida, 33733
EIN - 59-1954369

Explain subject/purpose of all speeches/demonstrations which will occur.

Cooking stage demos, national chef guests, restaurant sampling, beer, wine and spirits sampling

Discuss your load in/load out parking needs, include times and dates.

Load in on Tuesday, October 29th /Load out on Monday, November 4th. Parking needs will be determined within the next four weeks.

Other Comments: Please describe your fee structure.

General Admission tickets - $75
VIP tickets - $100

3500 tickets will be on sales for saturday and 2500 for Sunday. Only 100 VIP tickets will be for sale each day.

Other comments:

We greatly appreciate the oppportunity to work with the St Pete Parks & Rec team!

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: Tammy Gail Title: President Date: 2-6-2019

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Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation:

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

Nonprofit (Employee Identification Number):

Name of the **For-profit** Corporation: Floridata Capital Assets Group, Inc.

Name of Responsible Party (President or CEO ONLY): Tammy Gail

Title of Responsible Party: President

Physical Address of Responsible Party: 2085 CR 753 South, Webster, FL 33597

Phone Number of Responsible Party: 813-477-6111

Email Address of Responsible Party: tammyg@floridata.net

For-profit (Employee Identification Number) 59-3328318

Please include a copy of the the current IRS Nonprofit Affidavit / For Profit

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APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: SAVOR ST. PETE
Date(s) of Event: November 2, 2019 - November 3, 2(

I. REVENUE SOURCES (attach sheet if more space is needed)

		Amount
1.	3000 GA tickets	$225,000
2.	100 VIP tickets	$10,0000
3.	Sponsorships	$85,000
4	1500 Groupon	$37,500
5.		
6.		
7.		
8.	Total Gross Revenue	$357,500
	TOTAL GROSS REVENUE	

II. EXPENSES (attach sheet if more space is needed)

1.	Charity donation	$10,000
2.	Labor	$30,000
3.	rental equipment	$11,500
4	security	$5,000
5.	Tents	$23,000
6.	tables, chairs, linens	$8,000
7.	porolets	$3500
8.	handwashing	$1500
9.	trussing/av/lights	$5,500
10.	accommodations	$3,500
11.	media	$15,000
12.	branded premiums	$25,000
	TOTAL OPERATING EXPENSES	141,500
	TOTAL NET INCOME	216,000

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: Tammy Gail Date: 2-6-19

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 Profit Corporation
FLORIDATA CAPITAL ASSETS GROUP, INC.

Filing Information

Document Number	P95000060025
FEI/EIN Number	59-3328318
Date Filed	08/03/1995
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	12/08/2009
Event Effective Date	NONE

Principal Address

2085 COUNTY RD 753 SOUTH
WEBSTER, FL 33597

Changed: 01/30/2001

Mailing Address

2085 COUNTY RD 753 SOUTH
WEBSTER, FL 33597

Changed: 01/30/2001

Registered Agent Name & Address

Gail, Tammy
2085 COUNTY RD 753 S
WEBSTER, FL 33597

Name Changed: 01/23/2018

Address Changed: 01/30/2001

Officer/Director Detail

Name & Address

Title P

GAIL, TAMMY
2085 CR 753 S
WEBSTER, FL 33597

Title V

YOUHN, CHRISTOPHER
2085 CR 753 S
WEBSTER, FL 33597

Annual Reports

Report Year	Filed Date
2016	03/05/2016
2017	01/10/2017
2018	01/23/2018

Document Images

01/23/2018 -- ANNUAL REPORT	View image in PDF format
01/10/2017 -- ANNUAL REPORT	View image in PDF format
03/05/2016 -- ANNUAL REPORT	View image in PDF format
03/11/2015 -- ANNUAL REPORT	View image in PDF format
01/16/2014 -- ANNUAL REPORT	View image in PDF format
01/29/2013 -- ANNUAL REPORT	View image in PDF format
02/11/2012 -- ANNUAL REPORT	View image in PDF format
02/16/2011 -- ANNUAL REPORT	View image in PDF format
01/11/2010 -- ANNUAL REPORT	View image in PDF format
12/08/2009 -- Amendment	View image in PDF format
03/05/2009 -- ANNUAL REPORT	View image in PDF format
02/20/2008 -- ANNUAL REPORT	View image in PDF format
01/12/2007 -- ANNUAL REPORT	View image in PDF format
03/21/2006 -- ANNUAL REPORT	View image in PDF format
02/03/2005 -- ANNUAL REPORT	View image in PDF format
01/27/2004 -- ANNUAL REPORT	View image in PDF format
01/10/2003 -- ANNUAL REPORT	View image in PDF format
03/03/2002 -- ANNUAL REPORT	View image in PDF format
01/30/2001 -- ANNUAL REPORT	View image in PDF format
12/18/2000 -- Reg. Agent Change	View image in PDF format
01/21/2000 -- ANNUAL REPORT	View image in PDF format
04/22/1999 -- Reg. Agent Change	View image in PDF format
02/23/1999 -- ANNUAL REPORT	View image in PDF format
04/14/1998 -- ANNUAL REPORT	View image in PDF format
04/17/1997 -- ANNUAL REPORT	View image in PDF format
03/07/1996 -- ANNUAL REPORT	View image in PDF format
08/03/1995 -- DOCUMENTS PRIOR TO 1997	View image in PDF format

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Contract/Permit

Contract #: 26269
Date: 11 Feb 2019

User: JSBENNIN
Status: Firm

FLORIDATA CAPITAL ASSETS GROUP
TAMMY GAIL
2085 CR 753 SOUTH
WEBSTER FL 33597 USA

Primary #: (813) 477-6111
Secondary #: ()
Other #: ()

Purpose of Use: SAVOR ST PETE

Expected: 5,000

Co-Sponsored Event

Contract Balance $430.00

Conditions of Use: Insurance Required

Other Information:

Use of beer and wine	Yes
Use of fencing	Yes
Use of liquor	No

Date(s) and Time(s) of Use: **Starting: Mon 28 Oct 19 06:00 am** **Ending: Mon 04 Nov 19 11:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
North Straub Park	Mon	28 Oct 2019	06:00 AM	$0.00	$400.00	$0.00	$400.00
Park		30 Oct 2019	09:00 PM				
North Straub Park	Fri	01 Nov 2019	06:00 AM	$0.00	$0.00	$0.00	$0.00
Park		04 Nov 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	63:00	2	$400.00	$0.00	$400.00
		2	$400.00	$0.00	$400.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$430.00	$0.00	$430.00	$0.00	$0.00	$430.00	$430.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By:(Sign Name) _____

(Print Name) **TAMMY GAIL**

FLORIDATA CAPITAL ASSETS GROUP
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name): _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

Supervisor II / Foreman	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

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st. petersburg parks & recreation

Date Received: 2-6-19
Check or Cash: 2344
Application #: 23
Packet: C
Permit #: 26291

Event Title: Tampa Bay Blues Festival | Phone No.: 727-502-5000 | Fax No.: 727502-5001

Entity Name: Tampa Bay Blues Foundation Inc. | Federal I.D. Number: 31-1485045

Event Date(s): April 3, 4, & 5, 2020 | Location: Vinoy Park

Day 1 of Event: April 3, 2020 | Time Gates Open: 10:30 a.m. | Ending Time: 10:00 p.m.

Day 2 of Event: April 4, 2020 | Time Gates Open: 10:00 a.m. | Ending Time: 10:00 p.m.

Day 3 of Event: April 5, 2020 | Time Gates Open: 11:00 a.m. | Ending Time: 10:00 p.m.

Application Prepared by: Charles W. Ross | Phone: 727-502-5000

Title: President | Cell Phone: 727-515-8444

Address: 1535 Dr. M.L. King Jr. Street North | City: St. Petersburg | State: FL | Zip: 33704

Email Address: cwross@tampabay.rr.com

Additional Contact Person: Diane Nicola | Day Phone: 727-502-5000

What month/year were you incorporated as nonprofit? 1995

List all 501(c)3 entities that will benefit from this event. PARC

Name of the for-profit entity?

Describe your event with details.

The Tampa Bay Blues Festival has been held at Vinoy Park since 1996. Over 420 national blues artists have graced the stage, providing residents and tourists with first class blues music entertainment in a beautiful waterfront setting.

Describe what economic benefit and impact this event will bring to St. Petersburg.

Approximately one-third of the attendees are from outside the Tampa Bay area. These patrons fill downtown hotels and restaurants. For the past five years, we have contracted with the Vinoy Resort, Marriott Downtown, the new Hyatt Place (in 2017), and the St. Petersburg Marriott Clearwater. Each hotel sold out of the rooms afforded to our VIP patrons. Approximately 150 room nights are booked at the St. Petersburg Marriott Clearwater for our performing artists.

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: $45 Day of: $50

Please provide the website address for your event. www.tampabaybluesfest.com

Please provide a phone number that can be advertised to the public. 727-895-6153

What is the estimated attendance for this event? Spectators 12,000 Participants 1,500 Last Year's Total Attendance 12,000

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) no

Bleacher(s) needed. Each bleacher approx. 180 people) 0

Tables (6 ft) # needed 0 Chairs # needed 0

Public Address System no

# of portable risers needed (4 in. x 8 in. x 16 in. sections) 0

Special Events Facilities

- ☐ Mahaffey Theater
- ☐ Coliseum
- ☐ Sunken Gardens
- ☐ Boyd Hill

☐ Non-City Locations

Which Location?

Vinoy Park

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE:	Public Safety Personnel, Marine Services
TRAFFIC:	Personnel, Equipment (cones, barricades, no parking signs)
FIRE:	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES:	On-site Presence, Logistics Help, Liaison with Other 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:	President	Date:	2-8-19
Co-Sign:		Title:		Date:	

NOTE:

a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,
727-893-7766 or EMAIL: StPeteEvents@stpete.org

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

Condition		Obligation
[X] Public Invited		General Liability Insurance
[X] Located in Park		Park Permit
[X] Vending Product / Merchandise Sales		Occupational License
[X] Vending Food / Beverage		Health Inspection
[X] Vendors / Exhibitors	How many? 60	
[X] Vending Beer / Wine		Alcohol Permit Additional insurance Required
[X] Erecting Tents - Larger than 10ft x 12ft	How many? 21	Temporary Structure Permit
[X] Fence Installation	What type? wire	Temporary Structure Permit
[X] Other Structures	What structure? stage	Temporary Structure Permit
[X] Open Flame Food Preparation		Fire Inspection Permit
[ ] Pyrotechnics		Fireworks Permit
[ ] Require Street Closure		Parade or Street Closure Permit(s)
[X] VIP Area		
[X] Staging	[X] Professional [ ] Showmobile [ ] Other	
[X] Amplified Sound	[X] Performers [ ] Announcement Only	
[X] Security	[X] Daytime - Private [X] Overnight - Private [X] Event Time Frame - SPPD	
[X] Sanitary Facilities - Port-O-Lets	Regular Units 91 Disabled Units 15 Hand Washing 20	
[X] Off-site Parking / Shuttle		
[X] Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

- [X] Invitations
- [X] Posters / Flyers
- [X] Newspaper / Internet
- [X] Radio
- [X] Television
- [X] Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☒ YES ☐ NO

If YES, check all that apply. ☒ RV'S ☒ Coffee Vendors ☒ Ice Bins ☒ Freezers ☒ Ice Cream Vendors ☒ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Same power as in past years.

Will you supply your own generators? ☒ YES ☐ NO

Will your event have a licensed electrician on-site during the event? ☒ YES ☐ NO If YES, who? Collins Electric

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

We would like to sell mixed drinks, as well as beer & wine again in 2020.

If City permits, licenses, or services are required for event, who will pay for them?

Name: Tampa Bay Blues Foundation Inc. Phone: 727-502-5000

Address (including zip): 1535 Dr. M.L. King Jr. Street North, St. Petersburg, FL 33704

Type of music, # of stages, and # of bands.

Blues music, one stage, 15 bands

List Vending Products. Name & Provider.

Multiple, individual vendors

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

PARC, 3190 Tyrone Blvd., St. Petersburg, FL 33710
Tampa Bay Blues Foundation Inc., 1535 Dr. M.L. King Jr. Street North, St. Petersburg, FL 33704

Explain subject/purpose of all speeches/demonstrations which will occur.

none

Discuss your load in/load out parking needs, include times and dates.

Set up early Monday Morning, March 30, 2020, and break down Monday, April 6, 2020. Parking for volunteers and sponsors at softball field, along North Shore Drive NE, and tennis courts on April 3, 4, & 5, 2020.

Other Comments: Please describe your fee structure.

Fees for 2019 are: Friday = $50, Saturday = $50, Sunday = $40. Undetermined for 2020.

Other comments:

The Tampa Bay Blues Festival has been successfully produced in St. Petersburg for 24 years as of the date of this application. 2020 will be our 26th anniversary. It was recognized as "Best U.S. Festival" in 2011 by the leading blues organization, The Blues Foundation. In 2018, our foundation received the Community Partner Award from PARC. The festival is a destination event for both U.S. residents and international visitors.

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: 2-8-19

Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g.,1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* **The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.**

* **Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.**

* **All first time entities requesting events will be required to complete a credit application.**

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Tampa Bay Blues Foundation Inc.

Name of Responsible Party (President or CEO ONLY): Charles W. Ross

Title of Responsible Party: President

Physical Address of Responsible Party: 1535 Dr. M.L. King Jr. Street North, St. Petersburg, FL 33704

Phone Number of Responsible Party: 727-502-5000

Email Address of Responsible Party: cwross@tampabay.rr.com

Nonprofit (Employee Identification Number): 31-1485045

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: Charles W. Ross

Address: 1535 Dr. M.L. King Jr. Street North

City, State, Zip: St Petersburg, FL 33704

☐ BY EMAIL

Email Address:

APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: Tampa Bay Blues Festival

Date(s) of Event: 4-12, 13, 14 - Jan 1, 2019

I. REVENUE SOURCES (attach sheet if more space is needed)

		Amount
1.	Our event has not yet been held for 2019	
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

0000017 12/16/16

FLORIDA

Consumer's Certificate of Exemption

DR-14
R. 10/15

Issued Pursuant to Chapter 212, Florida Statutes

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8012583797C-7	02/13/2017	02/28/2022	501(C)(3) ORGANIZATION

This certifies that

TAMPA BAY BLUES FOUNDATION INC
1535 DR MARTIN LUTHER KING JR ST N
SAINT PETERSBURG FL 33704-4201

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

FLORIDA

Important Information for Exempt Organizations

DR-14
R. 10/15

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).

2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.

3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.

4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).

5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.

6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

Tampa Bay Blues Foundation, Inc.
1535 Dr. Martin Luther King Jr. Street North, St. Petersburg, FL 33704
(727) 502-5000; (727) 502-5001 (fax); www.tampabaybluesfest.com
cwross@tampabay.rr.com
Tampa Bay Blues Festival

February 8, 2019

The Honorable Charles W. Gerdes
Co-Sponsored Sub-Committee Chair
St. Petersburg City Council
City of St. Petersburg
Post Office Box 2842
St. Petersburg, FL 33731

Re: Tampa Bay Blues Festival 2020; Request for Alcoholic Beverage Sales

Dear Councilman Gerdes:

I furnish this letter on behalf of the Tampa Bay Blues Foundation, Inc., our 501(c)3 non-profit entity, in order to request your assistance in re-issuing our approval to sell mixed alcoholic beverages at the 2020 Tampa Bay Blues Festival. Thank you for granting us this opportunity since 2010. I am pleased to report that mixed drink sales have always been handled smoothly, and we have experienced no problems. Our anticipated festival dates for 2020 are April 3, 4, & 5.

For the past 25 years, the City of St. Petersburg and the Tampa Bay Blues Festival have worked together in order to build one of the best blues music events in the entire world. Without the City's partnership and assistance, this success would not have been possible.

As a part of our continuing effort to produce a first class event and to increase our capacity to raise charitable donations for PARC, we would respectfully ask that the City of St. Petersburg again approve our sale of mixed alcoholic drinks at two locations within Vinoy Park and to further permit us to sell mixed alcoholic drinks within our VIP area. All operations will continue to be staffed by professional bartenders with paid security personnel from Sentry Services and will be supervised by a festival manager who reports directly to me.

If you require any additional information or input, please do not hesitate to give me a call.

I sincerely appreciate past support of mixed drink sales at the festival, and I assure you that, if permitted, we will utilize our very best efforts to insure that the event

continues to be professionally and responsibly operated. Thank you for your kind consideration.

Sincerely,

TAMPA BAY BLUES FOUNDATION, INC.

Charles W. Ross, President

CWR:dn

2019 Site Map – Tampa Bay Blues Festival

901 North Shore Drive NE
St. Petersburg, FL 33701
(South of North Shore Swimming Pool)

Open gates:
~ 11:00 am
close - 10 pm

North Shore Swimming Pool

Production Passes only in grassy area

Volunteer
Check-in
Tent

Trucks/Tour Buses
Parking
Production Passes Only Area

☐☐☐Port o lets

Artist/Production Trailers
Artist Passes Only

Stage

VIP TENTS
VIP Wristband
Area Only - Bar

Private Stage seating – West **VIP Seating**

VIP Seating	VIP Seating	VIP Seating	VIP Seating
VIP Seating	VIP Seating	VIP Seating	VIP Seating
VIP Seating	VIP Seating	VIP Seating	VIP Seating
VIP Seating	VIP Seating	VIP Seating	VIP Seating
VIP Seating	VIP Seating	VIP Seating	VIP Seating
VIP Seating	VIP Seating	VIP Seating	VIP Seating

(Gate to Stage Seating - West) **(gate to VIP – must have VIP wristband)**

Street Side Outside

☐North Vendor Swing Gate
for vendors/volunteers/handicapped persons/VIP
☐ WMNF ☐The Eagle ☐ATM ☐ Blues Society

☐Dre's BBQ
☐
☐Tickets
☐Wine
☐Beer
☐Bar
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

☐**Sound Booth**

Backline

Water Side

☐
☐Pipos
☐Superb Foods
☐Rich & Rise
☐Blues Conspiracy
☐Beer
☐Wine/Bar
☐Tickets
☐T-Shirts
☐Mudry
☐Mudry
☐Mudry
☐Mudry
☐Mudry
☐Mudry
☐Mudry
☐Mudry
☐Mudry

Beer Garden Tickets

Coke

PARC
PARC
PARC

Street Side Inside

Tampa Bay Times

- Front Gate (includes Will Call & ATM Machine)
Security in Trailer

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
TAMPA BAY BLUES FOUNDATION, INC.

Filing Information

Document Number	N96000005721
FEI/EIN Number	31-1485045
Date Filed	11/08/1996
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	02/26/1997
Event Effective Date	NONE

Principal Address

8370 - 4O AVENUE NORTH
ST. PETERSBURG, FL 33709

Mailing Address

8370 - 4O AVENUE NORTH
ST. PETERSBURG, FL 33709

Registered Agent Name & Address

ROSS, CHARLES W
1535 DR. M.L. KING ST. N
SAINT PETERSBURG, FL 33704

Address Changed: 02/14/2008

Officer/Director Detail

Name & Address

Title D

ROSS, CHARLES W
8370 - 4O AVENUE NORTH
ST. PETERSBURG, FL 33709

Title D

NICOLA, DIANE
1535 DR M.L. KING ST N
SAINT PETERSBURG, FL 33704

Title D

ROSS, TRACI
8370 40 AVE N.
SAINT PETERSBURG, FL 33709

Annual Reports

Report Year	Filed Date
2016	03/07/2016
2017	02/08/2017
2018	01/23/2018

Document Images

01/23/2018 -- ANNUAL REPORT	View image in PDF format
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02/18/2011 -- ANNUAL REPORT	View image in PDF format
01/26/2010 -- ANNUAL REPORT	View image in PDF format
01/12/2009 -- ANNUAL REPORT	View image in PDF format
02/14/2008 -- ANNUAL REPORT	View image in PDF format
02/08/2007 -- ANNUAL REPORT	View image in PDF format
01/31/2006 -- ANNUAL REPORT	View image in PDF format
01/27/2005 -- ANNUAL REPORT	View image in PDF format
02/04/2004 -- ANNUAL REPORT	View image in PDF format
01/09/2003 -- ANNUAL REPORT	View image in PDF format
04/24/2002 -- ANNUAL REPORT	View image in PDF format
01/31/2001 -- ANNUAL REPORT	View image in PDF format
01/13/2000 -- ANNUAL REPORT	View image in PDF format
01/26/1999 -- ANNUAL REPORT	View image in PDF format
02/10/1998 -- ANNUAL REPORT	View image in PDF format
02/26/1997 -- AMENDMENT	View image in PDF format
01/30/1997 -- ANNUAL REPORT	View image in PDF format
11/08/1996 -- DOCUMENTS PRIOR TO 1997	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 26291
Date: 12 Feb 2019

User: JSBENNIN
Status: Firm

TAMPA BAY BLUES FOUNDATION INC
CHARLES ROSS
1535 DR MARTIN L KING JR ST N
ST PETERSBURG FL 33704 USA

Primary #: (727) 502-5000
Secondary #: ()
Other #: ()

Purpose of Use: TAMPA BAY BLUES FESTIVAL

Expected: 1,200

Co-Sponsored Event

Contract Balance $0.00

Conditions of Use: Insurance Required

Other Information:

Use of beer and wine	Yes
Use of fencing	Yes
Use of liquor	Yes

Date(s) and Time(s) of Use: **Starting: Mon 30 Mar 20 06:00 am** **Ending: Mon 06 Apr 20 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Mon	30 Mar 2020	06:00 AM	$0.00	$900.00	$0.00	$900.00
Vinoy Park		06 Apr 2020	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 (Vinoy)	183:00	3	$900.00	$0.00	$900.00
		3	$900.00	$0.00	$900.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$930.00	$0.00	$930.00	$0.00	$930.00	$0.00	$0.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
12 Feb 2019	$930.00	Check	Rental	3245905

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By:(Sign Name)

(Print Name) **CHARLES ROSS**

TAMPA BAY BLUES FOUNDATION INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name):
Parks and Recreation Superintendent

(Print Name)
Parks and Recreation Department

Supervisor II / Foreman	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.

st.petersburg

City of St. Petersburg

TAMPA BAY BLUES FOUNDATION INC
CHARLES ROSS
1535 DR MARTIN L KING JR ST N
ST PETERSBURG, FL 33704 USA

Receipt #: 3245905
User: JSBENNIN
Issued: Tue 12 Feb 19 10:28 am

Description	Amount
Previous Balance	$930.00
Applied To: 26291 - TAMPA BAY BLUES FESTIVAL Vinoy Park - Vinoy Park March 30, 2020 6:00 am to April 6, 2020 9:00 pm	$930.00
Payment: Check	($930.00)
Balance	$0.00

APPROVED REFUNDS ARE BY CHECK ONLY

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

Date Received: 2-5-19
Check or Cash: 9387
Application #: 24
Packet: B
Permit #: 26305

Event Title: 2nd Annual 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 9, 2020 | Location: Start/Finish at North Shore Park, downtown roads

Day 1 of Event: February 9 | Time Gates Open: 5:00 am | Ending Time: 2:00 pm

Day 2 of Event: | Time Gates Open: | Ending Time:

Day 3 of Event: | Time Gates Open: | Ending Time:

Application Prepared by: 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 4 timed running events: marathon, half marathon, 10K, and 5K Race / Walk, along with an Expo on Saturday, February 8 and during the races on Sunday, February 9. 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. www.StPetersburgDistanceClassic.com / www.FloridaRoadRaces.com

Please provide a phone number that can be advertised to the public. 727 347-4440 (Voicemail)

What is the estimated attendance for this event? Spectators 2,500 Participants 2,500 Last Year's Total Attendance 1,800

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) No

Bleacher(s) needed. Each bleacher approx. 180 people)

Tables (6 ft) # needed Chairs # needed

Public Address System

# of portable risers needed (4 in. x 8 in. x 16 in. sections)

Special Events Facilities

- ☐ Mahaffey Theater
- ☐ Coliseum
- ☐ Sunken Gardens
- ☐ Boyd Hill

☐ Non-City Locations

Which Location? North Shore Park

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE:	Public Safety Personnel, Marine Services
TRAFFIC:	Personnel, Equipment (cones, barricades, no parking signs)
FIRE:	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES:	On-site Presence, Logistics Help, Liaison with Other 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:	Chris Lowlen	Title:	President	Date:	Feb 1, 2019
Co-Sign:		Title:		Date:	

NOTE: a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

Condition		Obligation
[X] Public Invited		General Liability Insurance
[X] Located in Park		Park Permit
[X] Vending Product / Merchandise Sales		Occupational License
[X] Vending Food / Beverage		Health Inspection
[X] Vendors / Exhibitors	How many? 11 - 20 Vendors / Exhibitors	
[X] Vending Beer / Wine		Alcohol Permit Additional insurance Required
[ ] Erecting Tents - Larger than 10ft x 12ft	How many?	Temporary Structure Permit
[X] Fence Installation	What type? Snow fencing	Temporary Structure Permit
[X] Other Structures	What structure? Start / Finish Truss	Temporary Structure Permit
[X] Open Flame Food Preparation		Fire Inspection Permit
[ ] Pyrotechnics		Fireworks Permit
[X] Require Street Closure		Parade or Street Closure Permit(s)
[ ] VIP Area		
[ ] Staging	[ ] Professional [ ] Showmobile [ ] Other	
[X] Amplified Sound	[X] Performers [X] Announcement Only	
[X] Security	[ ] Daytime - Private [X] Overnight - Private [X] Event Time Frame - SPPD	
[X] Sanitary Facilities - Port-O-Lets	Regular Units TBD Disabled Units TBD Hand Washing TBD	
[ ] Off-site Parking / Shuttle		
[ ] Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

- [X] Invitations
- [X] Posters / Flyers
- [X] Newspaper / Internet
- [ ] Radio
- [X] Television
- [ ] Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☐ YES ☒ NO

If YES, check all that apply. ☐ RV'S ☐ Coffee Vendors ☐ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☐ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Will you supply your own generators? ☒ YES ☐ NO

Will your event have a licensed electrician on-site during the event? ☐ YES ☒ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

Traffic restrictions customary with running events. Hospitality beer for participants to be served in a fenced-in area, 8:00 am - 2:00 pm race day only, Sunday, February 9, 2020. 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: Chris Lauber, President / Race Director Phone: 727 468-9196

Address (including zip): 6161 7th Avenue N., St. Petersburg, FL 33710

Type of music, # of stages, and # of bands.

Background music at post-race celebration, 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 - we have filed for 501(c)3 recognition)
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 8, 2020 and will completely tear down by 5:00 pm, Sunday, February 9, 2020, all at North Shore Park.

Other Comments: Please describe your fee structure.

Entry Fees will vary by event distance and date of registrations as follows:

Marathon: $85 - $140
Half Marathon: $70 - $120
10K: $40 - $70
5K Race: $35 - $60

Other comments:

PLEASE NOTE: At time of application, we intend to use many of the aspects established for the 2019, such as race courses, site plans, etc. This critical information will be fine tuned in consultation with city staff.

Saturday, February 8: Site prep starts at North Shore Park at about 9:00 am
Sunday, February 9: Final site prep starts at North Shore Park at 4:00 am; registration / packet pick-up from 5:00 - 7:00 am
Races start at 6:00 am, with last finisher arriving at about 12:30 pm
Finish line activity throughout the morning, finishing at about 1:00 pm, with tear-down completed by 5:00 pm
Cones will be set out to mark the courses starting at about 5:00 am, entirely removed by 12:30 pm.

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Chris Lauber Title: President / Race Director Date: February 1, 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: 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

APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: St. Petersburg Distance Classic

Date(s) of Event: Feb 10, 2019 -

I. REVENUE SOURCES (attach sheet if more space is needed)

		Amount
1.	To be submitted after completion of 2019 event.	
2.		
3.		
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	

II. EXPENSES (attach sheet if more space is needed)

1.	To be submitted after completion of 2019 event.	
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.	To be submitted after completion of 2019 event.	
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	

Prepared by: Chris Lauber

Date: Feb 1, 2019

Print Application

Submit Application by Email

Florida Road Races

February 1, 2019

Ms. Lynn Gordon
City of St. Petersburg
1400 – 19th Street North
St. Petersburg, FL 33713

Dear Ms. Gordon,
I am submitting two applications for special events to be staged in January and February, 2020, if approved:

1) The Inaugural Gulf to Bay 15K on Sunday, January 5, 2020
We propose to start this new race in Treasure Island, head east over the Treasure Island Causeway, onto the Pinellas Trail at Central Avenue, east to the downtown St. Petersburg waterfront, and south to the finish line at Albert Whitted Park. We will also explore adding a race of shorter distance, contingent upon identifying a suitable venue for a start line that is easily accessible to the Pinellas Trail.

Other alternatives, if Albert Whitted Park is already booked, include finishing at the new Pier Approach, if finished and open; or adding some mileage to finish at North Shore Park by converting it into a 10-Mile Race. Or a different date, if none of the above is acceptable.

Also, if the city is interested in staging a road race as part of the Pier's opening festivities, we would like this new race to be considered for that.

We recognize this race will require permitting and cooperation from the City of Treasure Island, as well as the County Parks Department for use of the Pinellas Trail. In order to secure their permission, we will first need permission from the City of St. Petersburg.

2) The 2nd Annual St. Petersburg Distance Classic on Sunday, February 9, 2020
As in our inaugural race on February 10, 2019, we request co-sponsorship to stage:
- The St. Petersburg Marathon
- The St. Petersburg Halfathon
- The St. Petersburg Distance Classic 10K Race
- The St. Petersburg Distance Classic 5K Run / Walk

Most of the details from our inaugural race will be the same for our 2nd year, with anticipated approvements.

I know this might be considered unusual to submit an application for 2020 prior to staging our race in 2019, but I do so only because of the awkward timing of this application submission relative to the next meeting of the Co-Sponsored Events Sub-Committee, and the Gasparilla Distance Classic Expo on February 22 - 23.

Our hope is that we will be able to open registration for 2020 less than 2 weeks after this year's race, while also recognizing if we totally botch this year's race, the Sub-Committee can deny our application. If possible, we would like to capitalize on the momentum from this year's race and have nearly a full year to grow next year's race.

I look forward to partnering with the City to create the Gulf to Bay 15K and build the St. Petersburg Distance Classic well into the future.

Thank you!

Chris Lauber

Chris Lauber
Race Director

P.O. Box 47774 • St. Petersburg, FL 33743-7774 • www.FloridaRoadRaces.com • FLRoadRaces@aol.com • 727-347-4440

Florida Department of State

DIVISION OF CORPORATIONS

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
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04/16/2009 -- ANNUAL REPORT	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

st.petersburg

Contract/Permit

Contract #: 26305
Date: 13 Feb 2019

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: ST. PETERSBURG DISTANCE CLASSIC

Expected: 2,500

Co-Sponsored Event

Contract Balance $0.00

Conditions of Use: Insurance Required

Other Information:

Use of beer and wine	Yes
Use of fencing	Yes
Use of liquor	No

Date(s) and Time(s) of Use: **Starting:** Sat 08 Feb 20 06:00 am **Ending:** Sun 09 Feb 20 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Sat	08 Feb 2020	06:00 AM	$0.00	$200.00	$0.00	$200.00
Vinoy Park		09 Feb 2020	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	39:00	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
13 Feb 2019	$230.00	Check	Rental	3246587

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

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.

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City of St. Petersburg

WATERCROSS INTERNATIONAL
CHRIS LAUBER
6161 7TH AVE N
ST PETERSBURG, FL 33710 USA

Receipt #: 3246587
User: JSBENNIN
Issued: Wed 13 Feb 19 08:34 am

Description	Amount
Previous Balance	$230.00
Applied To: 26305 - ST. PETERSBURG DISTANCE CLASSIC Vinoy Park - Vinoy Park February 8, 2020 6:00 am to February 9, 2020 9:00 pm	$230.00
Payment: Check	($230.00)
Balance	$0.00

APPROVED REFUNDS ARE BY CHECK ONLY

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

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st. petersburg parks & recreation

Date Received: 2-13-19
Check or Cash:
Application #: 25
Packet: A
Permit #: 26315

Event Title: UIPM Biathle/ Triathle World Championship | Phone No.: 732.804.8232 | Fax No.:

Entity Name: USA Pentathlon | Federal I.D. Number: 26-3563446

Event Date(s): October 21-29, 2019 | Location: Albert Whitted Park

Day 1 of Event: 10/24/19 | Time Gates Open: 09:00 | Ending Time: 18:00

Day 2 of Event: 10/25/19 | Time Gates Open: 07:00 | Ending Time: 19:00

Day 3 of Event: 10/26/19 | Time Gates Open: 07:00 | Ending Time: 19:00

Application Prepared by: John Amabile | Phone: 732.804.8232

Title: Communications Director | Cell Phone: 732.804.8232

Address: 1 Olympic Plaza | City: Colorado Sprin | State: CO | Zip: 80907

Email Address: jcamabile@gmail.com

Additional Contact Person: Rob Stull | Day Phone: 305.332.8232

What month/year were you incorporated as nonprofit? 2007

List all 501(c)3 entities that will benefit from this event. USA Pentathlon

Name of the for-profit entity? N/A

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.

This is a world championship sports event involving an Olympic International Federation. 90 per cent of the event participants will be from outside the United States with a strong contingent from the United Kingdom, Canada, South Africa and the British Commonwealth, and Europe. In total there will be over 30 countries represented. It is a family friendly age group competition where almost all participants travel with the rest of their family and make this their annual family vacation. the event is broadcast to over 120 countries world-wide. This is a great chance for families to see Olympic athletes and future Olympic athletes compete in a casual and up close way and for young children see athletes their own age compete from around the world.

Describe what economic benefit and impact this event will bring to St. Petersburg.

This event will bring over 2,500 hotel room nights to St. Petersburg. The economic impact will be made by approximately 900 participants and their families staying for 4 or 5 days in town with 90 per cent of the visitors coming from another country and a good portion of the domestic visitors from out of state. Additionally the event brings a lot of British, Canadian and other Europeans which are attractive markets for future tourists to visit St. Pete though word of mouth from these visitors. There will also be large delegations from non-traditional St. Pete tourist markets whereby St. Pete can expand their brand visibility with teams from South Africa, Portugal, India, Egypt, Guatemala and Argentina. With the event televised in over 120 countries including all of Europe, it again is an opportunity for a wide and diverse group of potential tourists to see and hear about St. Petersburg.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? ☒ YES ☐ NO How much? $1,000,000/$2,000,000

Are there plans to sell or distribute beer/wine at your event? ☐ YES ☒ NO

Will there be an admission / registration fee? ☐ YES ☒ NO Advanced Fee: Day of:

Please provide the website address for your event. https://www.teamusa.org/USA-Modern-Pentathlon

Please provide a phone number that can be advertised to the public.

What is the estimated attendance for this event? Spectators 200 Participants 700 Last Year's Total Attendance

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) Yes

Bleacher(s) needed. Each bleacher approx. 180 people) 8

Tables (6 ft) # needed 20 Chairs # needed 200

Public Address System Yes

# of portable risers needed (4 in. x 8 in. x 16 in. sections)

Special Events Facilities

- ☐ Mahaffey Theater
- ☐ Coliseum
- ☐ Sunken Gardens
- ☐ Boyd Hill

☐ Non-City Locations

Which Location?

Albert Whitted Park

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE:	Public Safety Personnel, Marine Services
TRAFFIC:	Personnel, Equipment (cones, barricades, no parking signs)
FIRE:	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES:	On-site Presence, Logistics Help, Liaison with Other Ddepartments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name:	John Amabile	Title:	Communications director	Date:	2/10/2019
Co-Sign:		Title:		Date:	

NOTE: a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

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PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 20	
☐ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 3	Temporary Structure Permit
☐ Fence Installation	What type?	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☒ VIP Area		
☒ Staging	☐ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☐ Performers ☐ Announcement Only	
☐ Security	☐ Daytime - Private ☐ Overnight - Private ☐ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units ____ Disabled Units ____ Hand Washing ____	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

- ☒ Invitations
- ☒ Posters / Flyers
- ☒ Newspaper / Internet
- ☒ Radio
- ☒ Television
- ☒ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☒ YES ☐ NO

If YES, check all that apply. ☐ RV'S ☐ Coffee Vendors ☐ Ice Bins ☐ Freezers ☒ Ice Cream Vendors ☒ Catering Trucks

☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Catering food trucks and ice cream vendors will be utilized for this event.

Will you supply your own generators? ☐ YES ☒ NO

Will your event have a licensed electrician on-site during the event? ☐ YES ☒ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

Closing Dan Wheldon Way

If City permits, licenses, or services are required for event, who will pay for them?

Name: USA Pentathlon Phone: 732-804-8232

Address (including zip): 1 Olympic Plaza, Colorado Springs, CO 80907

Type of music, # of stages, and # of bands.

We are considering some music which will be submitted in a later request.

List Vending Products. Name & Provider.

To be supplied at a later time.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

Explain subject/purpose of all speeches/demonstrations which will occur.

Discuss your load in/load out parking needs, include times and dates.

Set-up will be done on October 21-22 and will utilize trucks to bring in the required equipment from 8:00 am to 4:00 pm. During the event, drop-off and pick-up by small vehicles will take place. We would like to have parking for 3 cars on-site. All items will be taken away by trucks on 28 October from 8:00 am to 5:00 pm.

Other Comments: Please describe your fee structure.

There will be no fee for spectators to attend the event. There will be a fee to compete in the competition.

Other comments:

October 21-23 are set-up days. October 23-24 are practice days, with practice occurring from 8:00 am till 4pm each day. There will be a pasta dinner for the competitors on 24 October starting in late afternoon. The Triathle Individual competition is scheduled for 25 October. The Biathle individual competition is scheduled for 26 October with the Biathle and Triathle relay events scheduled for 27 October. Competition events will run from 7:30 am till approximately 6:30 pm on 25-27 October. There will be a post competition dinner on 27 October which may start before the end of all races. A detailed schedule for each day will be provided at a later date. Based on registration numbers, competitions in the various events may include an additional day. Break down will start on 27 October and conclude with clean up on 28 October. A detailed site map will be provided at a later time.

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: John Amabile Title: Communications Director Date: 2/10/2019

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.**

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Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: USA Pentathlon

Name of Responsible Party (President or CEO ONLY): Robert Stull

Title of Responsible Party: CEO

Physical Address of Responsible Party: 1 Olympic Plaza, Colorado Springs, CO 80907

Phone Number of Responsible Party: 305-332-8148

Email Address of Responsible Party: robstull@aol.com

Nonprofit (Employee Identification Number): 26-3563446

Name of the **For-profit** Corporation:

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

Please include a copy of the the current IRS Nonprofit Affidavit / For Profit

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APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: UIPM Biathle/ Triathle World Championship
Date(s) of Event: Oct 23, 2019 - Oct 27, 2019

I. REVENUE SOURCES (attach sheet if more space is needed)

		Amount
1.	Sarasota County	
2.	SANKA	
3.	State of Florida	
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	

II. EXPENSES (attach sheet if more space is needed)

1.	Audio System and Radios	$6,215.86
2.	Restrooms, Trash, Recycling,	$2,564.50
3.	Ice	$731.50
4	Radios	$660.00
5.	Tents, Tables, Chairs	$5,120.59
6.	Airport Transfers	$990.27
7.	Golf Carts	$819.50
8.	Light Tower/ Generator, Permits, Supplies and Misc.	$3,583.73
9.	Event Cleaning/Set-up & Breakdown	$2,537.56
10.	Volunteer Expenses and Volunteer T-Shirts	$3,450.57
11.	Shooting Range	$5,000.00
12.	Medals	$3,982.17
	TOTAL OPERATING EXPENSES	$35,656.25
	TOTAL NET INCOME	($35,656.25)

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: John Amabile Date: 2/10/2019

Print Application

Submit Application by Email

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Contract/Permit

Contract #: 26315
Date: 13 Feb 2019

User: JSBENNIN
Status: Firm

USA PENTATHLON, INC.
JOHN AMABILE
1 OLYMPIC PLAZA
COLORADO SPRINGS CO 80907 USA

Primary #: (732) 804-8232
Secondary #: ()
Other #: ()

Purpose of Use: UIPM BIATHLE/TRIATHLE WORLD CHAMPIONSHIP

Expected: 900

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: Mon 21 Oct 19 06:00 am** **Ending: Mon 28 Oct 19 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Mon	21 Oct 2019	06:00 AM	$0.00	$600.00	$0.00	$600.00
Park		28 Oct 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	183:00	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) **JOHN AMABILE**

USA PENTATHLON, INC.
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name): _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

Supervisor II / Foreman	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:

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FAQs, Glossary and Information

Summary

Details			
Name	USA Pentathlon, Inc.		
Status	Good Standing	Formation date	02/15/2007
ID number	20071079363	Form	Nonprofit Corporation
Periodic report month	November	Jurisdiction	Colorado
Principal office street address	1 Olympic Plaza, Colorado Springs, CO 80909, United States		
Principal office mailing address	n/a		

Registered Agent	
Name	Rob Stull
Street address	1 Olympic Plaza, Colorado Springs, CO 80909, United States
Mailing address	One Olympic Plaza, Colorado Springs, CO 80909-____, United States

Filing history and documents
Get a certificate of good standing
Get certified copies of documents
File a form
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