



City of St. Petersburg

City Council

Co-Sponsored Events Committee

Thursday, May 16, 2019, 11:00AM

City Hall Room 100

Committee Members

Lisa Wheeler-Bowman

Charlie Gerdes

Darden Rice

Ed Montanari

Steve Kornell (Alternate)

Agenda

- I. Call to Order
- II. Approval of nineteen (19) events for FY 20
 - a. Waiving the non-profit requirement for five (5) events.
 - b. Requesting liquor for one (1) event.
- III. Public Comment
- IV. Adjournment

Co-Sponsored Meeting May 16, 2019

Event #	Event Name
1	Open Streets St Pete
2	Southeast Guide Dogs Walk
3	Walk to End Alzheimers
4	Shopapalooza
5	Purplestride Run / Walk
6	5K Kettle Krush
7	Dr. MLK Arts and Music Festival
8	Boley Jingle Bell Run
9	James Weldon Johnson Literacy Festival
10	LOCALTOPIA
11	Walk to Defeat ALS
12	St. Petersburg Fine Art Festival
13	St. Pete Beer & Bacon Festival
14	Awakening into the Sun
15	Reggae Rise Up Music Festival
16	North American ACAT Championship
17	Come Out St. Pete
18	Getaway 5K
19	Vintage Car Show

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



Date Received: 3/14/19
 Check or Cash: _____
 Application #: 20
 Packet: A
 Permit #: 20610

Event Title: Open Streets St. Pete Phone No.: 703-343-0450 Fax No.: _____

Entity Name: SHIFT St. Pete Federal I.D. Number: 47-4317273

Event Date(s): October 20 2019 Location: Bayshore Drive 1st Ave to Dali Blvd

Day 1 of Event: 20OCT19 Time Gates Open: 11am Ending Time: 4pm

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

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

Application Prepared by: Cesar Morales Phone: 7033430450

Title: VP- SHIFT St. Pete Cell Phone: 7033430450

Address: 218 11th Ave North City: St. Petersburg State: FL Zip: 33701

Email Address: cesarfmorales@gmail.com

Additional Contact Person: _____ Day Phone: _____

What month/year were you incorporated as nonprofit? 6/2015

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

Name of the for-profit entity? _____

Describe your event with details.

Open Streets St. Pete, organized by the local non-profit and bicycle advocacy group Shift St. Pete, is a pedestrian-friendly celebration of cyclists, walkers, runners, skaters, and all forms of people-powered movement. Family-friendly activities will be programmed throughout the day, including fitness classes, yoga, music, food, art, games, and giveaways.

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

Open Streets St. Pete promotes healthy activities through opening the streets to alternative transportation modes. The event also serves as a venue for healthy and environmental friendly businesses. Years past have included carbon neutral/waste neutral coffee shops, bike shops, Sierra Club, Chart 411, Healthy St. Pete, Spin Classes, and Yoga classes, all business that promote St. Pete as environmentally progressive and health conscious.

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. openstreetsstpete.com

Please provide a phone number that can be advertised to the public. 703-343-0450

What is the estimated attendance for this event? Spectators _____ Participants 2k Last Year's Total Attendance 2k

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 6 Chairs # needed 60
Public Address System Yes
of portable risers needed (4 in. x 8 in. x 16 in. sections) 4

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

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: Cesar Morales Title: VP SHIFT St. Pete Date: 1MAR19
Co-Sign: Title: Date:

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? YES NO

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

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

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

Name: Cesar Morales

Phone: 7033430450

Address (including zip): 218 11th Ave North St. Petersburg FL 33701

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

Music by St. Petersburg Jazz Association; 1 stage; 3 bands

List Vending Products. Name & Provider.

4 food trucks

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

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

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

No specific needs- day of load in/out instruction provided to all vendors and exhibitors

Other Comments: Please describe your fee structure.

Only fees charged to the event are for food trucks and exhibitors

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: Cesar Morales

Title: VP SHIFT St. Pete

Date: 1MAR19

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: SHIFT St. Pete
Name of Responsible Party (President or CEO ONLY): Cesar Morales
Title of Responsible Party: Interim President
Physical Address of Responsible Party: 218 11th Ave North St. Petersburg FL 33701
Phone Number of Responsible Party: 703-343-0450
Email Address of Responsible Party: cesarfmorales@gmail.com
Nonprofit (Employee Identification Number): 47-4317273

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:

cesarfmorales@gmail.com

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

Name of Event: Open Streets St. Pete 2019
Date(s) of Event: Oct 28, 2018 - Oct 28, 2018

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

	Amount
1. AARP Sponsorship	\$5,000.00
2. Private Sponsorship	\$250.00
3. Food truck fees	\$225.00
4. Vendor fees	\$250.00
5. Getaway 5K sponsorship	\$500.00
6. SPCA sponsorship	\$250.00
7. In Health MD Sponsorship	\$250.00
8.	
TOTAL GROSS REVENUE	\$6,725.00

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

1. Parks and Rec Bill	\$1,190.00
2. Posters	\$316.00
3. Al Lang Parking Lot	\$450.00
4. Event Insurance	\$1,000.00
5. Park Fee	\$250.00
6. SPPD Crowd Permit	\$30.00
7. T Shirts	\$205.00
8. Portolets	\$550.00
9. Music	\$250.00
10. Tents	\$1,139.00
11.	
12.	
TOTAL OPERATING EXPENSES	\$5,380.00
TOTAL NET INCOME	\$1,345.00

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

1. Shift St. Pete Account	\$345.00
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	\$345.00

Prepared by: Cesar Morales

Date: Mar 14, 2019

Print Application

Submit Application by
Email

1st Ave SE

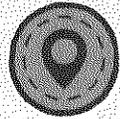
1st Street

4th Ave S

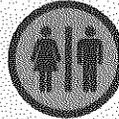
5th Ave S

Dali Blvd

Bayshore Drive



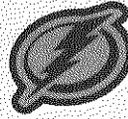
Welcome Area



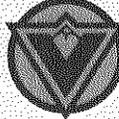
Toilets



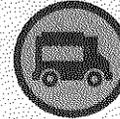
Water Station



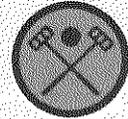
Tampa Bay Lightning



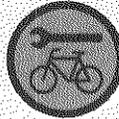
Climbing Wall



Food Trucks



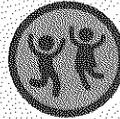
St. Pete Bike Polo



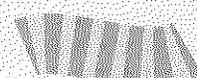
Trek Bike Repair



Live Music



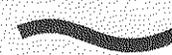
Family Fun at the Dali



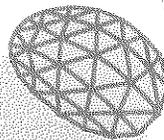
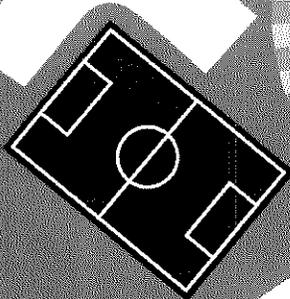
Road Closed to Traffic



Pinellas Trail / Protected Lane



Healthy St. Pete Loop



Albert Whitted Park



OPEN STREETS

ST. PETE



Contract/Permit

Contract #: 26670
Date: 18 Mar 2019

User: AKLEBRET
Status: Firm

SHIFTSTPETE, INC
 CESAR MORALES
 218 11TH AVE N
 ST PETERSBURG FL 33701 USA

Primary #: (703) 343-0450
 Secondary #: (727)
 Other #: ()

Purpose of Use: OPEN STREETS ST.PETE

Expected:
2,000

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: Sat 19 Oct 19 11:00 am

Ending: Sun 20 Oct 19 08:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Sat	19 Oct 2019	11:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
Park		20 Oct 2019	08:00 PM				

Additional Fees:

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

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$230.00	\$0.00	\$230.00	\$0.00	\$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) **CESAR MORALES**

 SHIFTSTPETE, 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 #: 26670
Date: 18 Mar 2019

User: AKLEBRET
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.



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

Detail by Entity Name

Florida Not For Profit Corporation
SHIFTSTPETE, INC.

Filing Information

Document Number N15000006148
FEI/EIN Number 47-4317273
Date Filed 06/18/2015
State FL
Status ACTIVE

Principal Address

2624 Burlington Ave N
ST PETERSBURG, FL 33713

Changed: 02/04/2018

Mailing Address

PO Box 2198
ST PETERSBURG, FL 33731

Changed: 02/04/2018

Registered Agent Name & Address

Smith, Alexander
2624 Burlington Ave N
ST PETERSBURG, FL 33713

Name Changed: 02/04/2018

Address Changed: 02/04/2018

Officer/Director Detail

Name & Address

Title Board

SMITH, ALEXANDER
PO Box 2198
ST PETERSBURG, FL 33731

Title Advisor

WHEELER, VANESSA

PO Box 2198
ST PETERSBURG, FL 33731

Title VP OpenStreets

Morales, Cesar
PO Box 2198
ST PETERSBURG, FL 33731

Title President

Bailey, Kerry
PO Box 2198
ST PETERSBURG, FL 33731

Title Administrator

Allen, Lee
PO Box 2198
ST PETERSBURG, FL 33731

Annual Reports

Report Year	Filed Date
2016	04/26/2016
2017	05/01/2017
2018	02/04/2018

Document Images

02/04/2018 -- ANNUAL REPORT	View image in PDF format
05/01/2017 -- ANNUAL REPORT	View image in PDF format
04/26/2016 -- ANNUAL REPORT	View image in PDF format
06/18/2015 -- Domestic Non-Profit	View image in PDF format

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



Date Received: 3/11/19
 Check or Cash: _____
 Application #: 27
 Packet: B
 Permit #: 26612

Event Title: Southeastern Guide Dogs St. Petersburg Walkathon Phone No.: 941-803-7548 Fax No.: 941-729-6646

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

Event Date(s): February 22, 2020 Location: Vinoy Park

Day 1 of Event: February 22, 20 Time Gates Open: 9:00am Ending Time: 2:00pm

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

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

Application Prepared by: Taylor Dechen Phone: 941-803-7548

Title: Associate Director, Philanthropy Cell Phone: 407-719-1828

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

Email Address: taylor.dechen@guidedogs.org

Additional Contact Person: Jennifer Bryan Day Phone: 941-729-5665

What month/year were you incorporated as nonprofit? 1982

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

Name of the for-profit entity? N/A

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

Southeastern Guide Dogs creates and nurtures a partnership between visually impaired individuals and guide dogs as well as veterans with disabilities and service dogs, facilitating life's journey with mobility, independence, and dignity. Our services are free of charge to the recipient. This event helps us in our mission and continues to allow us to provide these dogs free of charge to those in need. We have a large group of puppy raisers in the St. Petersburg community who help us fulfill our mission as well as the support of many local businesses. We have many graduates using our dogs in the St. Petersburg area and our training facilities and office are based just 20 minutes away in Palmetto, FL.

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

Local businesses, restaurants, and hotels all benefit from the exposure we bring to St. Petersburg with the Walkathon. The event creates publicity for the city and brings out of town puppy raisers, guide dog recipients, and family members to St. Pete. It also presents an opportunity for people from neighboring cities to come to Vinoy Park and visit/become familiar with surrounding businesses, parks, and activities.

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

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

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

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

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

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

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

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

Recreation Equipment

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

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Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

- NOTE: a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**
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FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,
727-893-7766 or EMAIL: StPeteEvents@stpete.org



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

Condition

Obligation

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Public Invited | | General Liability Insurance |
| <input checked="" type="checkbox"/> Located in Park | | Park Permit |
| <input checked="" type="checkbox"/> Vending Product / Merchandise Sales | | Occupational License |
| <input checked="" type="checkbox"/> Vending Food / Beverage | | Health Inspection |
| <input checked="" type="checkbox"/> Vendors / Exhibitors | How many? <input type="text" value="Over 30 Vendors / Exhibitors"/> | Alcohol Permit |
| <input checked="" type="checkbox"/> Vending Beer / Wine | | Additional insurance Required |
| <input checked="" type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft | How many? <input type="text" value="5"/> | Temporary Structure Permit |
| <input checked="" type="checkbox"/> Fence Installation | What type? <input type="text" value="Barricade"/> | Temporary Structure Permit |
| <input type="checkbox"/> Other Structures | What structure? <input type="text"/> | Temporary Structure Permit |
| <input type="checkbox"/> Open Flame Food Preparation | | Fire Inspection Permit |
| <input type="checkbox"/> Pyrotechnics | | Fireworks Permit |
| <input checked="" type="checkbox"/> Require Street Closure | | Parade or Street Closure Permit(s) |
| <input type="checkbox"/> VIP Area | | |
| <input checked="" type="checkbox"/> Staging | <input checked="" type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other | |
| <input checked="" type="checkbox"/> Amplified Sound | <input checked="" type="checkbox"/> Performers <input checked="" type="checkbox"/> Announcement Only | |
| <input checked="" type="checkbox"/> Security | <input type="checkbox"/> Daytime - Private <input checked="" type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD | |
| <input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets | Regular Units <input type="text" value="6"/> Disabled Units <input type="text" value="2"/> Hand Washing <input type="text" value="2"/> | |
| <input type="checkbox"/> Off-site Parking / Shuttle | | |
| <input type="checkbox"/> Semitruck / Tractor Trailer | | |

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

N/A

Will you supply your own generators? YES NO

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

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

No

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

Name: Southeastern Guide Dogs

Phone: 941-729-5665

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

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

1 stage with potentially 1 - 3 bands playing upbeat music

List Vending Products. Name & Provider.

US Tents, USA Fence, Portable Sanitation of Tampa, Gator Guards, Metro Ice, other vendors to be finalized closer to event

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

Great Bay Distributers

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

Walkathon is our largest annual fundraiser. It includes a 3k walk, music, food, vendors, entertainment all with the purpose of spreading our mission and furthering support of our programs.

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

Set up will begin on February 21st from approximately 9am - 5pm. There will be overnight security and we will arrive around 6am the morning of February 22nd. The event concludes around 2pm at which time we will break down all event equipment. Parking will be public and we will reserve the parking lot at the Aquatic Center for our volunteers and vendors on the 22nd.

Other Comments: Please describe your fee structure.

All our resources are given to the recipients free of charge. We receive no government funding and rely solely on donations. Walkathon is our largest fundraiser of the year. The participants fundraise and donate various amount in which 100% of the proceeds benefit Southeastern Guide Dogs.

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: Taylor Dechen

Title: Associate Director, Philanthro

Date: 3/11/2019

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:	Southeastern Guide Dogs
Name of Responsible Party (President or CEO ONLY):	Titus Herman
Title of Responsible Party:	CEO
Physical Address of Responsible Party:	4210 77th Street East, Palmetto, FL 34221
Phone Number of Responsible Party:	941-845-1861
Email Address of Responsible Party:	titus.herman@guidedogs.org
Nonprofit (Employee Identification Number):	59-2252352

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:

taylor.dechen@guidedogs.org

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

Name of Event: Southeastern Guide Dogs Walkathon
Date(s) of Event: 2/23/2019 -

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

Amount

1. Event Sponsorship	\$29,000
2. Fundraising	\$156,000
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	

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

1. Marketing	\$2,500
2. Advertising	\$1,500
3. Fundraising Incentives	\$6,500
4. Logistics/site rental	\$9,500
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. Programs & Services	\$135,500
2. Fundraising - General	\$14,250
3. Management & Administration	\$15,750
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	

Prepared by: Taylor Dechen

Date: 3/11/2019

Print Application

Submit Application by Email

CINCINNATI OH 45999-0038

In reply refer to: 0248188028
Aug. 15, 2017 LTR 4168C 0
59-2252352 000000 00
00013895
BODC: TE


SOUTHEASTERN GUIDE DOGS INC
PAWS FOR INDEPENDENCE
4210 77TH ST E
PALMETTO FL 34221

Employer ID Number: 59-2252352
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Aug. 04, 2017, regarding your tax-exempt status.

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

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

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

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

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

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

0248188028
Aug. 15, 2017 LTR 4168C 0
59-2252352 000000 00
00013896

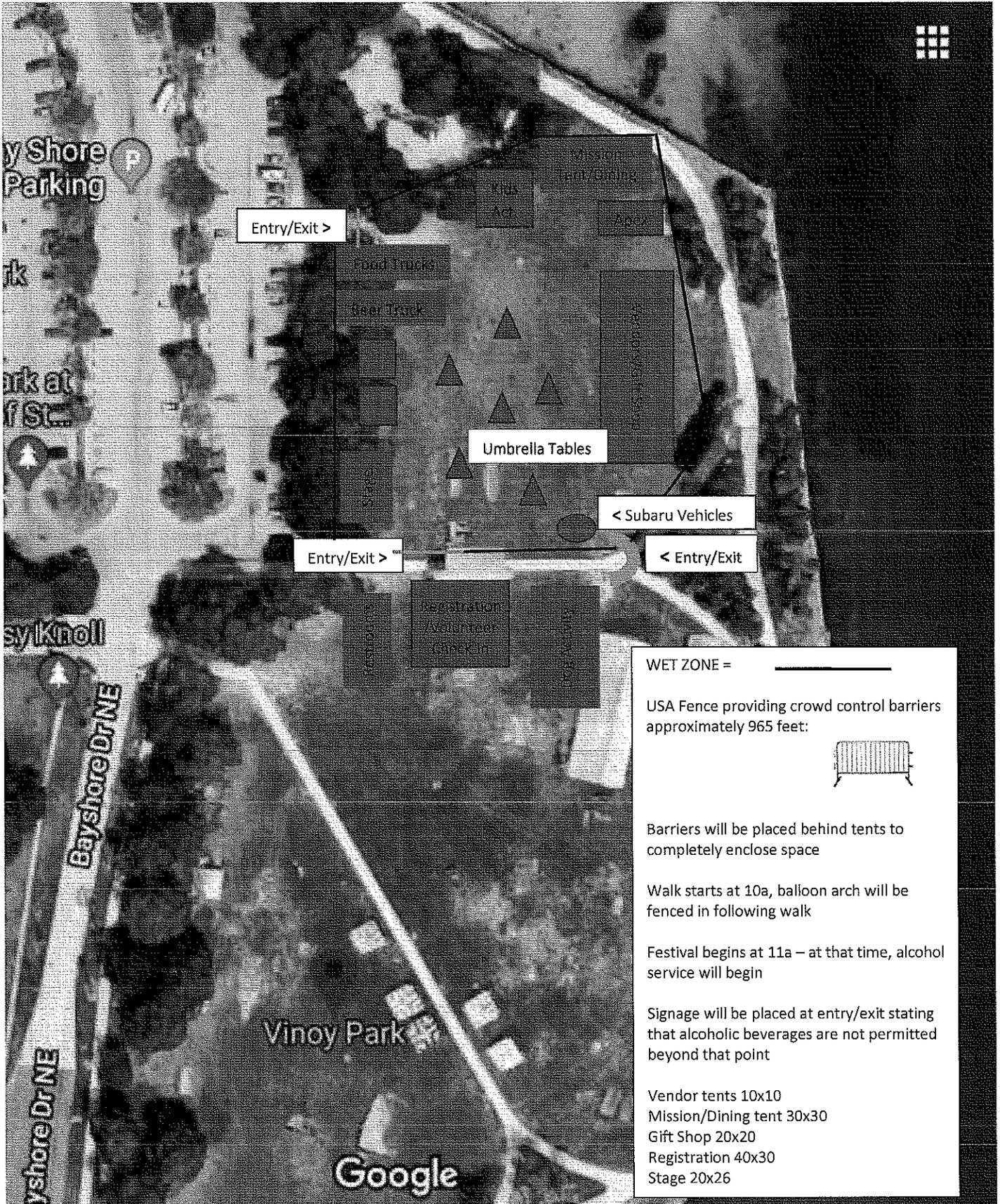
SOUTHEASTERN GUIDE DOGS INC
PAWS FOR INDEPENDENCE
4210 77TH ST E
PALMETTO FL 34221

Sincerely yours,

A handwritten signature in black ink, appearing to read "K. A. Billups". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Kim A. Billups, Operations Manager
Accounts Management Operations 1

Southeastern Guide Dogs St. Pete Walkathon – Vinoy Park 2/23/19



WET ZONE = 

USA Fence providing crowd control barriers approximately 965 feet:



Barriers will be placed behind tents to completely enclose space

Walk starts at 10a, balloon arch will be fenced in following walk

Festival begins at 11a – at that time, alcohol service will begin

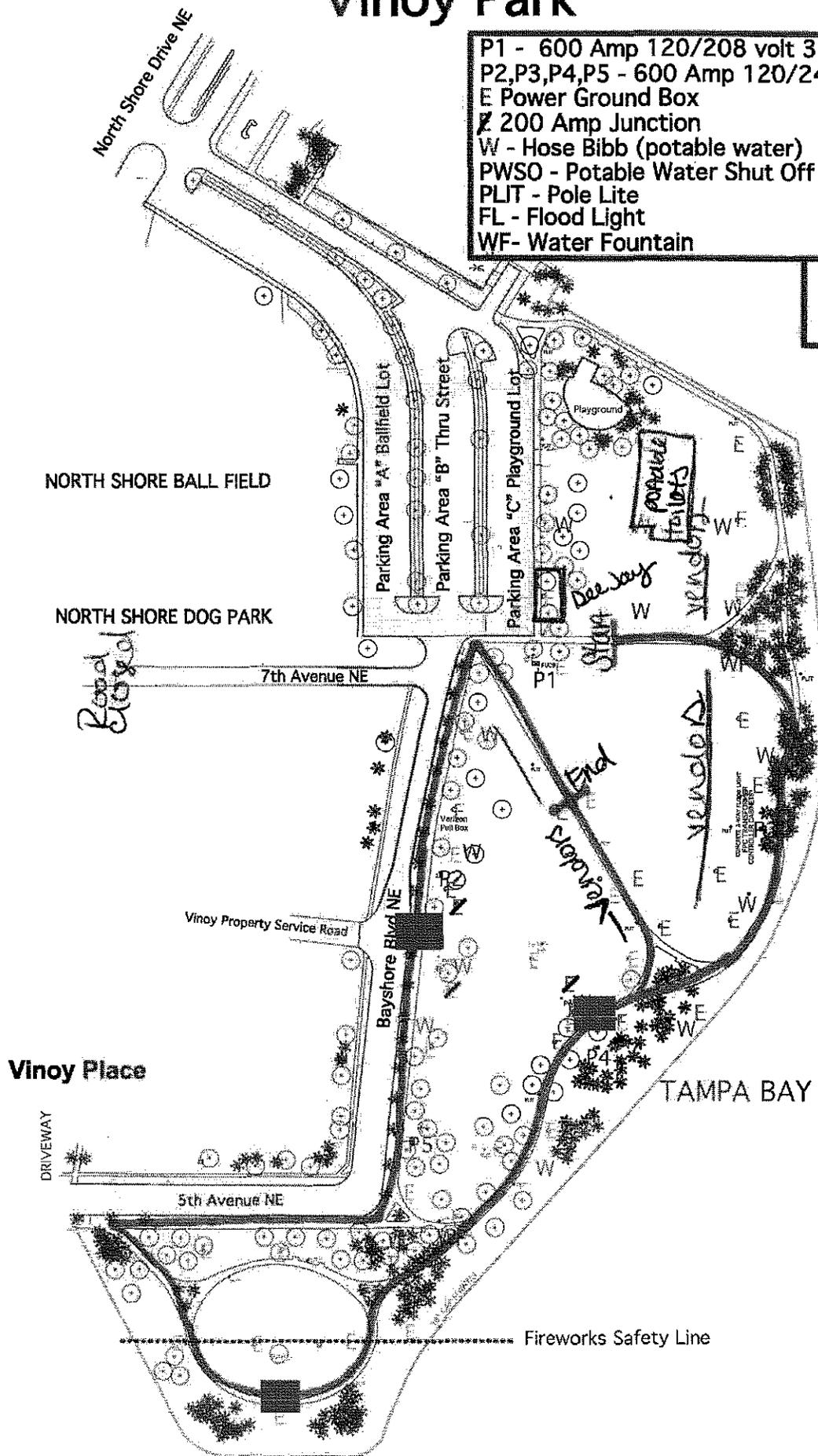
Signage will be placed at entry/exit stating that alcoholic beverages are not permitted beyond that point

Vendor tents 10x10
 Mission/Dining tent 30x30
 Gift Shop 20x20
 Registration 40x30
 Stage 20x26

VINOY PARK

- P1 - 600 Amp 120/208 volt 3 Phase Service
- P2,P3,P4,P5 - 600 Amp 120/240 Volt 1Phase Service
- E Power Ground Box
- Σ 200 Amp Junction
- W - Hose Bibb (potable water)
- PWSO - Potable Water Shut Off
- PLIT - Pole Lite
- FL - Flood Light
- WF- Water Fountain

Parking Area "A" 121 + 6 HC
 Parking Area "B" 70
 Parking Area "C" 67



VINOY PARK UPDATE
 Date: August 17, 2007

STP Walkathon Schedule of Events

SCHEDULE

- **9a:** Registration opens, Charlie DJ
- **9:30a:** Flyball Demo
- **9:40a:** Ann Kelly and Mark Wilson
- **9:45a:** Graduate Speaker Civil Air Patrol Color Guard and National Anthem
- **9:50a:** Civil Air Patrol Color Guard and National Anthem
- **9:55a:** John Auer, John Ross, Andy Kramer
- **10a:** Back to Ann Kelly and Mark Wilson to kick off walk
- **10:05a:** 3K Walk and World Record Attempt
- **10:15a:** Sunshine Steel Band
- **10:30a:** Flyball Demo
- **11a:** Beer Garden opens
- **11:15a:** **Andy announce World Record Count**
- **11:20a:** Alter Eagles
- **11:30a:** Flyball Demo
- **12:30p:** RAFFLE DRAWING FOR \$1,000
- **12:35p:** Hard to Handle
- **1:45p:** RAFFLE DRAWING FOR BASKETS
- **2p:** Close

Charlie Halley: 9:00-9:40am: Welcome Guests

*******REGISTER YOUR DOG FOR THE WORLD RECORD COUNT. GET YOUR STICKER FOR YOUR DOG AT REGISTRATION *******

- Thank you to Progressive for being our Presenting Sponsor
- Thank you to Subaru for being our Signature Sponsor
- Thank you to our Independence Sponsors:
 - GTE – Water Tank Sponsor! Cups available for purchase in the gift shop.
 - Catalina
 - USA Fence
 - Milkey Family Foundation
 - Tampa Bay Times
 - FIS
 - Great Bay Distributers

- Apex
- Transamerica
- WDUV
- Puppy Raiser Relaxation Station Sponsored by APEX for Puppy Raisers and their puppies to enjoy. Stephanie Miller is available to answer any questions you might have about becoming a puppy raiser!
- Thank you to our Loyalty Sponsors:
 - Suncoast Credit Union
 - Jeeves Law Group
 - White House Custom Shirts
- Southeastern Guide Dogs Gift Shop
- Trainer Marisa, available to answer questions – she is in the Mission Moment tent. Videos playing in there as well.
- **Raffle tickets and raffle baskets located next to the Gift Shop**
- Dog Activities:
 - o Dog Training Club of St. Pete Flyball Demos throughout the day: 9:30a, 10:30a, 11:30a
 - o Lucky Dog Lure Course
- Kids Activities:
 - Games by Cheers events
 - Great Explorations Children’s Museum
 - Face painting
- Thank other sponsors/vendors as time permits

Interesting Facts:

- Over 550 Active Guide Dog and Service Dog teams all over the US
- More than 100 new guide and service dog teams created each year
- Founded 30+ years ago just across the “bridge” in Palmetto, FL

9:40-10:00am: Opening Ceremonies

- Charlie to introduce co-emcees:
 - o Mark Wilson, Fox 13
 - o Ann Kelly, WDUV
- **Mark Wilson & Ann Kelly banter:**
 - o Welcome guests to the event
 - o World Record Attempt, record to break is 860

- Remarks about the weather/beautiful event location
 - Thank the City of St. Pete for making space available for the event
- Share why Fox 13 and WDUV felt this was a worthy cause to support
- Remarks about personal experiences with Southeastern Guide Dogs

Mark:

- We hope to raise over \$1.3M from all our walks!!!
- **Dogs in training are FREE to our recipients! It costs TENS of thousands of dollars to breed, raise and train our canines.**
- The funds raised through the Walkathon support all aspects of Southeastern Guide Dogs... from providing guide dogs to the visually impaired to providing service dogs to veterans with PTSD.

Ann:

- Currently we have raised \$170K, we are OVER HALF WAY to our St. Pete \$250K GOAL – There is still time to reach our goal!!
- **You can help us reach our goal by purchasing raffle tickets! We will be doing a drawing at 12:30p where you will have a chance to win \$1,000 here TODAY!**
- All the raffle tickets are rolled over for a FINAL drawing on May 6th- where you have an additional chance to win a grand prize of \$10,000!!
- **Baskets being raffled off near the gift shop**
 - Tickets to Mahaffey Theatre, Tampa Bay Rays, St. Pete Salt Works, Central Cycling, local restaurants and more!

Mark introduce Southeastern Graduate **David Caras** and service dog **Bobb**:

David Caras is a highly decorated, retired Coast Guard radio navigator aircrew and aircrew chief. A few years ago, he wanted to help other vets, so he volunteered as a Southeastern Guide Dogs puppy raiser and area coordinator in St. Petersburg, Florida. While volunteering, he never imagined he would one day need a service dog himself.

Dave and Bobb: As a prize-winning triathlete, extreme sports enthusiast, climber, diver, sailor and avionics instructor, David was always on the go. But in August 2014, David was hit by an SUV while jogging during a business trip. The tragic accident cost him his leg above the knee and caused traumatic brain injury, affecting his short-term memory. Suddenly, David's life and attitude radically changed and he barely left the house. That's when he turned to Southeastern Guide Dogs for help.

David is paired with service dog Bobb, a "genius" black Lab who, he says, understands his needs and is also "relaxed, confident, and sticks to me like Velcro." David continues to inspire and aspire and has taken on mountaineering, scuba at the Army Special Forces Underwater Operations Dive School, glacier trekking and has won triathalons.

Bobb provides both emotional and balance support, and encourages David to rise again to his inspiring motto of life before the accident: "I wish the rock climbing wall was taller!"

- **Dave** introduce and transition over to the Civil Air Patrol Honor Guard
- **Civil Air Patrol Honor Guard:** "Post the colors"
- National Anthem to be sung by **Angelina Jimenez**
- **Dave** "retire colors"
- **John Auer, John Ross, and Andy Kramer:** Progressive (Presenting Sponsor) and John Ross (Subaru) speak about connection and why they support SEG and Andy Kramer (VP Philanthropy) talk about World Record attempt, we will announce the number of dogs at 11:15a!!
- **Mark Wilson (FOX13):** 3K Walk Kick-Off
 - Announce that it is time to start the walkathon and world record count!
 - **Ann Kelly (WDUV):** Make sure to come back at 11:15a to see if we beat the record. The Sunshine Steel Band starting at 10:15a, now back to Charlie!

10:00-10:15am: Walk and Charlie DJ, shout outs to sponsors/vendors

10:15-11:15am: Sunshine Steel Band

11:15am: Andy announce World Record Count

11:20-12:30pm: Alter Eagles

12:30pm: Raffle Drawing (Alter Eagles to pull and will announce the winning raffle ticket).

12:35pm – 1:40: Hard to Handle

1:45pm: Last call for gift shop and basket raffle winners



Contract/Permit

Contract #: 26672
Date: 18 Mar 2019

User: AKLEBRET
Status: Firm

SOUTHEASTERN GUIDE DOGS INC
 TAYLOR DECHEN
 4210 77TH ST E
 PALMETTO FL 34221 USA

Primary #: (941) 729-5665
 Secondary #: (727)
 Other #: ()

Purpose of Use: SOUTHEASTERN GUIDE DOGS **Expected:** 1,000 **Co-Sponsored Event** **Contract Balance** \$330.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Fri 21 Feb 20 09:00 am **Ending:** Sat 22 Feb 20 06:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Fri	21 Feb 2020	09:00 AM	\$0.00	\$300.00	\$0.00	\$300.00
Vinoy Park		22 Feb 2020	06:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00
Extra Fee - Bookings	Hours	Quantity	Charge	Tax
Co-Sponsored Permit Fee (Vinoy)	33:00	1	\$300.00	\$0.00
		1	\$300.00	\$0.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$330.00	\$0.00	\$330.00	\$0.00	\$0.00	\$330.00	\$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) TAYLOR DECHEN
 SOUTHEASTERN GUIDE DOGS INC
 Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) _____
 Parks and Recreation Superintendent

(Print Name) _____
 Parks and Recreation Department

Contract #: 26672
Date: 18 Mar 2019

User: AKLEBRET
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.



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

Detail by Entity Name

Florida Not For Profit Corporation
SOUTHEASTERN GUIDE DOGS, INC.

Filing Information

Document Number	765976
FEI/EIN Number	59-2252352
Date Filed	12/03/1982
State	FL
Status	ACTIVE
Last Event	AMENDED AND RESTATED ARTICLES
Event Date Filed	01/09/2008
Event Effective Date	NONE

Principal Address

4210 77TH STREET EAST
PALMETTO, FL 34221

Changed: 04/03/2015

Mailing Address

4210 77TH STREET, EAST
PALMETTO, FL 34221

Changed: 04/22/1988

Registered Agent Name & Address

WALTERS, CLIFFORD L
BLALOCK, LANDERS, ET AL, P.A.
802 11TH ST. WEST
BRADENTON, FL 34205

Name Changed: 05/13/2002

Address Changed: 05/13/2002

Officer/Director Detail

Name & Address

Title CEO

HERMAN, TITUS

2806 89TH AVE E
PARRISH, FL 34219

Title Board of Directors Member

Whitcomb, John
308 South Fielding Ave
Tampa, FL 33606

Title Board of Directors Member

Johnson, Gary
210 Blanca Ave
Tampa, FL 33606

Title VP, Finance & Risk Management

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

Title Board of Directors Member

Auer, John
1817 Brightwaters Blvd NE
Saint Petersburg, FL 33704

Title Chairman

Bishop, Ray
3267 Boulder Dr SW
Stockbridge, GA 30281

Title Board of Directors Member

LeVines, Lea
4488 Boy Scout Blvd
Ste 350
Tampa, FL 33607

Title VC

Meade, Robert
1739 Floyd St
Sarasota, FL 34239

Title Board of Directors Lifetime Member

Newman, Robert
PO Box 2030
Tampa, FL 33601

Title Board of Directors Member

Riley, Kathleen
175 Avery Dr NE
Atlanta, GA 30309

Title Board of Directors Lifetime Member

Silverman, Harris
4007 Bayside Dr
Bradenton, FL 34210

Title Board of Directors Member

Weisenborn, Dulce
19526 E Lake Dr
Hialeah, FL 33015

Title Secretary

Compton, John
4829 Higel Ave
Siesta Key, FL 34242

Title Board of Directors Member

Folkman, Kenneth
3231 West Fair Oaks Ave
Tampa, FL 33611

Title Board of Directors Member

Saunders, Katharine
4916 62nd Ave S
St. Petersburg, FL 33715

Title Treasurer

Taylor, Andy
6845 Hayter Dr
Lakeland, FL 33813

Title Board of Directors Member

Asher, Drew
58 1/2 Martinique Ave
Tampa, FL 33606

Title Board of Directors Member

McNamee, Chris
6453 Barberry Ct
Lakewood Ranch, FL 34202

Annual Reports

Report Year	Filed Date
2017	02/09/2017
2018	02/15/2018
2019	02/15/2019

Document Images

02/15/2019 -- ANNUAL REPORT	View image in PDF format
02/15/2018 -- ANNUAL REPORT	View image in PDF format
02/09/2017 -- ANNUAL REPORT	View image in PDF format
02/09/2016 -- ANNUAL REPORT	View image in PDF format
04/03/2015 -- ANNUAL REPORT	View image in PDF format
04/04/2014 -- ANNUAL REPORT	View image in PDF format
04/10/2013 -- ANNUAL REPORT	View image in PDF format
04/06/2012 -- ANNUAL REPORT	View image in PDF format
03/14/2011 -- ANNUAL REPORT	View image in PDF format
04/26/2010 -- ANNUAL REPORT	View image in PDF format
03/11/2009 -- ANNUAL REPORT	View image in PDF format
04/14/2008 -- ANNUAL REPORT	View image in PDF format
01/09/2008 -- ANNUAL REPORT	View image in PDF format
01/09/2008 -- Amended and Restated Articles	View image in PDF format
03/09/2007 -- ANNUAL REPORT	View image in PDF format
09/06/2006 -- ANNUAL REPORT	View image in PDF format
07/13/2005 -- ANNUAL REPORT	View image in PDF format
01/10/2005 -- ANNUAL REPORT	View image in PDF format
01/20/2004 -- ANNUAL REPORT	View image in PDF format
05/09/2003 -- ANNUAL REPORT	View image in PDF format
05/13/2002 -- Reg. Agent Change	View image in PDF format
02/05/2002 -- ANNUAL REPORT	View image in PDF format
06/18/2001 -- ANNUAL REPORT	View image in PDF format
05/16/2000 -- ANNUAL REPORT	View image in PDF format
05/06/1999 -- ANNUAL REPORT	View image in PDF format
04/27/1998 -- ANNUAL REPORT	View image in PDF format
05/20/1997 -- ANNUAL REPORT	View image in PDF format
05/01/1996 -- ANNUAL REPORT	View image in PDF format
04/27/1995 -- ANNUAL REPORT	View image in PDF format

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



Date Received: 3-12-19
 Check or Cash: _____
 Application #: 28
 Packet: A
 Permit #: 20074

Event Title: 2019 Walk to End Alzheimer's Phone No.: 727-220-4455 Fax No.: 727-578-2286
 Entity Name: Alzheimer's Association - Florida Gulf Coast Chapter Federal I.D. Number: 13-3039601
 Event Date(s): Set up Oct. 11, 2019/ Event Day October 12, 2019 Location: Poynter Park
 Day 1 of Event: 10/11/2019 Time Gates Open: 1:00pm Ending Time: 5:00pm
 Day 2 of Event: 10/12/2019 Time Gates Open: 6:00am Ending Time: 12:00pm
 Day 3 of Event: _____ Time Gates Open: _____ Ending Time: _____
 Application Prepared by: Rhonda Richardson Phone: 727-220-4455
 Title: Development Logistics Manager Cell Phone: 706-591-9211
 Address: 14010 Roosevelt Blvd., Suite 709 City: Clearwater State: FL Zip: 33762
 Email Address: rrichardson@alz.org
 Additional Contact Person: Kaylie Male - Event Manager - Day of Event Day Phone: 727-389-5542 Cell
 What month/year were you incorporated as nonprofit? 04/10/1980
 List all 501(c)3 entities that will benefit from this event. Alzheimer's Association
 Name of the for-profit entity? None

Describe your event with details.

Walk to End Alzheimer's is the world's largest event to raise awareness and funds for Alzheimer's care, support and research.

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

The Walk to End Alzheimer's event takes place nationally, and is the largest annual fundraiser held by the Alzheimer's Association. Each event is unique, and allows for communities to bond over their shared experience with the disease. Sponsorship opportunities are offered to local businesses as a chance to share their support of the cause, and showcase the diversity of business that Pinellas County has to offer. In addition, participants will have the opportunity to walk along the beautiful Tampa Bay, which is lined with shops and restaurants owned by fellow Pinellas County citizens. The Alzheimer's Association funds research through a grant program that is generated nationally, and then given to research groups and hospitals on a local level. Pinellas County is fortunate to be the home to several nationally recognized institutions paving the way for Alzheimer's research and helping Patients, Caregiver's and Families.

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

Does your group presently have liability insurance? YES NO How much? 1,000,000.00
 Are there plans to sell or distribute beer/wine at your event? YES NO
 Will there be an admission / registration fee? YES NO Advanced Fee: _____ Day of: _____
 Please provide the website address for your event. http://www.act.alz.org/Pinellas
 Please provide a phone number that can be advertised to the public. 1-800-272-3900
 What is the estimated attendance for this event? Spectators _____ Participants 1200 Last Year's Total Attendance 819

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

Name:	Rhonda Richardson	Title:	Development Logistics Mgr.	Date:	11/07/2018
Co-Sign:	Kaylie Male	Title:	Event Manager	Date:	11/07/2018

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

Other:

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

For DJ's sound equipment and registration

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: Alzheimer's Association - Florida Gulf Coast Chapter

Phone: 727-578-2558

Address (including zip): 14010 Roosevelt Blvd., Suite 709, Clearwater, FL 33762

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

DJ

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.

Announcing start time, warm up before walking with music, team that raised most funds, individual that raised the most funds, Thank You to our sponsors, teams, etc.

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

Will contact USF about having restrooms open and their parking garage.

Other Comments: Please describe your fee structure.

None

Other comments:

We would like to set up the 10'x10' tents and stage on October 11, 2019 in the afternoon. Please let us know if this is possible.

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: Rhonda Richardson Title: Development Logistics Mgr. Date: 11/07/2018

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:	Alzheimer's Association - Florida Gulf Coast Chapter
Name of Responsible Party (President or CEO ONLY):	Angela McAuley
Title of Responsible Party:	Regional Director - Florida
Physical Address of Responsible Party:	14010 Roosevelt Blvd, Suite 709, Clearwater, FL 33762
Phone Number of Responsible Party:	727-578-2558
Email Address of Responsible Party:	admcauley@alz.org
Nonprofit (Employee Identification Number):	13-3039601

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:	rrichardson@alz.org
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APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
 (Must be completed)

Name of Event: Walk To End Alzheimer's
 Date(s) of Event: 10/12/19

I. REVENUE SOURCES (attach sheet if more space is needed)	Amount
1. <u>Walk to End Alzheimer's</u>	<u>145,093</u>
2. <u>Shared Fundraising</u>	<u>(60,925)</u>
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	<u>84,168</u>

II. EXPENSES (attach sheet if more space is needed)	
1. <u>Tamp & Contract Services</u>	<u>82</u>
2. <u>Supplies, Telecom & Postage</u>	<u>300</u>
3. <u>Occupancy, Equip & Insurance</u>	<u>23</u>
4. <u>Printing, Promo & Publishing</u>	<u>3,955</u>
5. <u>Conferences and Events</u>	<u>8,510</u>
6. <u>Staff Travel</u>	<u>657</u>
7. <u>Non-staff travel</u>	<u>70</u>
8. <u>Other/Misc.</u>	<u>7</u>
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	<u>13,655</u>
TOTAL NET INCOME	<u>70,513</u>

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)	
1. <u>Personnel and Overhead costs</u>	<u>70,513</u>
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	<u>70,513</u>

Prepared by: _____

Date: _____

Print Application

Submit Application by E



Contract #: 26674
 Date: 18 Mar 2019

User: AKLEBRET
 Status: Firm

ALZHEIMER'S ASSOCIATION
 RHONDA RICHARDSON
 14010 ROOSEVELT BLVD STE 709
 CLEARWATER FL 33762 USA

Primary #: (727) 575-2558
 Secondary #: (727)
 Other #: ()

Purpose of Use: 2019 WALK TO END ALZHEIMER'S **Expected:** 1,200 **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 11 Oct 19 01:00 pm **Ending:** Sat 12 Oct 19 04:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Poynter Park	Fri	11 Oct 2019	01:00 PM	\$0.00	\$200.00	\$0.00	\$200.00
Park		12 Oct 2019	04:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00
Extra Fee - Bookings	Hours	Quantity	Charge	Tax
Co-Sponsored Permit Fee	27:00	1	\$200.00	\$0.00
		1	\$200.00	\$0.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By: (Sign Name) _____
 (Print Name) RHONDA RICHARDSON

 ALZHEIMER'S ASSOCIATION
 Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Contract #: 26674
Date: 18 Mar 2019

User: AKLEBRET
Status: Firm

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

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



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

Detail by FEI/EIN Number

Foreign Not For Profit Corporation

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC.

Filing Information

Document Number	F93000005398
FEI/EIN Number	13-3039601
Date Filed	11/29/1993
State	DE
Status	ACTIVE
Last Event	CORPORATE MERGER
Event Date Filed	06/16/2016
Event Effective Date	07/01/2016

Principal Address

225 NORTH MICHIGAN AVENUE
17TH FLOOR
CHICAGO, IL 60601

Changed: 02/13/2012

Mailing Address

310 W. 20th Street
Suite 300
Kansas City, MO 64108

Changed: 03/06/2013

Registered Agent Name & Address

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARM ROAD
#221E
PALM BEACH GARDENS, FL 33410

Name Changed: 05/01/2007

Address Changed: 05/01/2007

Officer/Director Detail

Name & Address

Title CFO/COO/Asst Treasurer

HOVLAND, RICHARD H.
225 N. MICHIGAN AVE.
17TH FLOOR
CHICAGO, IL 60601

Title Chair

Goltermann, David
225 NORTH MICHIGAN AVENUE
17TH FLOOR
CHICAGO, IL 60601

Title Secretary

CATALANO, ANNA
225 N. MICHIGAN AVE., 17TH FLOOR
CHICAGO, IL 60601

Title Treasurer

OSGOOD, STEVEN
225 N. MICHIGAN AVE., 17TH FLOOR
CHICAGO, IL 60601

Title President & CEO

JOHNS, HARRY M.
225 N. MICHIGAN AVE., 17TH FLOOR
CHICAGO, IL 60601

Title Vice Chair

Richardson, Brian
225 NORTH MICHIGAN AVENUE
17TH FLOOR
CHICAGO, IL 60601

Annual Reports

Report Year	Filed Date
2017	05/01/2017
2018	04/27/2018
2019	02/12/2019

Document Images

02/12/2019 -- ANNUAL REPORT	View image in PDF format
04/27/2018 -- ANNUAL REPORT	View image in PDF format
05/01/2017 -- ANNUAL REPORT	View image in PDF format
06/16/2016 -- Merger	View image in PDF format
06/15/2016 -- Merger	View image in PDF format
06/15/2016 -- Merger	View image in PDF format
03/31/2016 -- ANNUAL REPORT	View image in PDF format

04/14/2015 -- ANNUAL REPORT	View image in PDF format
04/23/2014 -- ANNUAL REPORT	View image in PDF format
03/06/2013 -- ANNUAL REPORT	View image in PDF format
02/13/2012 -- ANNUAL REPORT	View image in PDF format
02/10/2011 -- ANNUAL REPORT	View image in PDF format
01/15/2010 -- ANNUAL REPORT	View image in PDF format
02/16/2009 -- ANNUAL REPORT	View image in PDF format
04/23/2008 -- ANNUAL REPORT	View image in PDF format
05/01/2007 -- REINSTATEMENT	View image in PDF format
02/20/2003 -- REINSTATEMENT	View image in PDF format
11/12/1999 -- REINSTATEMENT	View image in PDF format
02/05/1998 -- ANNUAL REPORT	View image in PDF format
09/08/1997 -- ANNUAL REPORT	View image in PDF format
02/21/1996 -- ANNUAL REPORT	View image in PDF format
04/07/1995 -- ANNUAL REPORT	View image in PDF format

Florida Department of State, Division of Corporations

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



Date Received: 3/8/19
 Check or Cash: _____
 Application #: 29
 Packet: A
 Permit #: 20075

Event Title: Shopapalooza Festival Phone No.: 727-637-5586 Fax No.: _____

Entity Name: LocalShops1 (dba for Local Shopper, LLC) Federal I.D. Number: 26-3082602

Event Date(s): Nov 30 and Dec 1, 2019 (setup Nov 29) Location: Vinoy Park

Day 1 of Event: Saturday Nov 30 Time Gates Open: 10 am Ending Time: 5 pm

Day 2 of Event: Sunday Dec 1 Time Gates Open: 10 am Ending Time: 5 pm

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

Application Prepared by: Ester Venouziou Phone: 727-637-5586

Title: LocalShops1 founder Cell Phone: 727-637-5586

Address: PO Box 530144 City: St. Petersburg State: FL Zip: 33747

Email Address: ester@localshops1.com

Additional Contact Person: Mo Venouziou Day Phone: 727-686-3565

What month/year were you incorporated as nonprofit? LocalShops1 incorporated in 2008; we are not a nonprofit

List all 501(c)3 entities that will benefit from this event. Chart 411 is our main beneficiary

Name of the for-profit entity? LocalShops1

Describe your event with details.

Shopapalooza Festival, in its 10th year, kicks off the holiday shopping season! This year we are expecting 200 vendors (including local artists, crafters, makers, food trucks, small businesses and local non-profits). The event features free live entertainment, kids activities, free give-aways and more! It's a fun, family- and pet-friendly event, with free admission for all.

This is a favorite event for not only many of our participating businesses, but to community-minded shoppers as well!

(Not sure where to add this, but we checked yes on beer/wine because we want to keep option open. We are still discussing it with our event partners to see if we want to go ahead with it. Will let you know for sure when event gets closer.)

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

Shopapalooza brings together 200 small businesses, keeping money recirculating locally. We estimate more than \$250,000 is spent with local businesses during our two-day event. For many of the participating vendors, this is their most profitable weekend of the year.

The event brings thousands of people not only from the St Pete area, but from throughout the state. These people are staying at local hotels, spending money at our local businesses. For many it's their first time in St Pete – but certainly not the last.

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 general liabilit

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.shopapaloozafestival.com

Please provide a phone number that can be advertised to the public. 727-637-5586

What is the estimated attendance for this event? Spectators 15000 Participants 200 Last Year's Total Attendance 15000?

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/>	Public Invited	General Liability Insurance
<input checked="" type="checkbox"/>	Located in Park	Park Permit
<input checked="" type="checkbox"/>	Vending Product / Merchandise Sales	Occupational License
<input checked="" type="checkbox"/>	Vending Food / Beverage	Health Inspection
<input checked="" type="checkbox"/>	Vendors / Exhibitors	Alcohol Permit Additional insurance Required
	How many? <input type="text" value="Over 30 Vendors / Exhibitors"/>	
<input checked="" type="checkbox"/>	Vending Beer / Wine	
<input type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	Temporary Structure Permit
<input type="checkbox"/>	Fence Installation	Temporary Structure Permit
<input type="checkbox"/>	Other Structures	Temporary Structure Permit
<input type="checkbox"/>	Open Flame Food Preparation	Fire Inspection Permit
<input type="checkbox"/>	Pyrotechnics	Fireworks Permit
<input type="checkbox"/>	Require Street Closure	Parade or Street Closure Permit(s)
<input type="checkbox"/>	VIP Area	
<input type="checkbox"/>	Staging	
<input type="checkbox"/>	Amplified Sound	
<input checked="" type="checkbox"/>	Security	
<input checked="" type="checkbox"/>	Sanitary Facilities - Port-O-Lets	
<input type="checkbox"/>	Off-site Parking / Shuttle	
<input type="checkbox"/>	Semitruck / Tractor Trailer	
<input type="checkbox"/>	Professional	
<input type="checkbox"/>	Showmobile	
<input type="checkbox"/>	Other	
<input checked="" type="checkbox"/>	Performers	
<input type="checkbox"/>	Announcement Only	
<input type="checkbox"/>	Daytime - Private	
<input checked="" type="checkbox"/>	Overnight - Private	
<input type="checkbox"/>	Event Time Frame - SPPD	
	Regular Units <input type="text" value="6"/> Disabled Units <input type="text" value="2"/> Hand Washing <input type="text" value="3"/>	

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Power details TBA

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: Ester Venouziou, LocalShops1

Phone: 727-637-5586

Address (including zip): PO Box 530144 St Pete FL 33747

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

Top 40, local original music, and holiday music -- DJ and bands

List Vending Products. Name & Provider.

200 local businesses. We can provide list as it gets closer, if needed.

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

Chart 411

We have not yet decided if we will have beer/wine area.

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

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

Setup will take place Friday all day, and Saturday 7-9 am. All vendors will be in place by 9 am Saturday. Breakdown is 5 pm Sunday.

Other Comments: Please describe your fee structure.

Admission is free and open to everyone! Event is family-friendly!

Vendor spaces are available to all local 501c3 nonprofits (\$150 total both days) and to LocalShops1 members (\$200-\$300 total both days, plus \$100 annual membership, depending on how much space they need). We have some complimentary spaces reserved, on need-basis for businesses that might be going through rough times.

Other comments:

We are looking forward to working with the City on our 10th annual Shopapalooza Festival, and to make this the biggest Small Business Saturday (and Sunday!) celebration in the country.

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: Ester Venouziou

Title: LocalShops1 founder

Date: Feb 11, 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: Chart 411

Name of Responsible Party (President or CEO ONLY): Howard Johnston

Title of Responsible Party: president

Physical Address of Responsible Party: 348 11th Ave NE St. Petersburg, FL 33701

Phone Number of Responsible Party: (813) 505-3061

Email Address of Responsible Party: ljohnston@chart411.com

Nonprofit (Employee Identification Number): 45-5338192

Name of the **For-profit** Corporation: LocalShops1 (dba for Local Shopper LLC)

Name of Responsible Party (President or CEO ONLY): Ester Venouziou

Title of Responsible Party: founder/CEO

Physical Address of Responsible Party: 2908 Beach Blvd S, Gulfport FL 33707

Phone Number of Responsible Party: 727-637-5586

Email Address of Responsible Party: ester@localshops1.com

For-profit (Employee Identification Number) 26-3082602

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

What method of invoicing would your organization prefer?

BY Mail

Contact Name

Ester Venouziou, LocalShops1

Address

PO Box 530144

City, State, Zip

St Petersburg FL 33747

BY EMAIL

Email Address:

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

Name of Event: Shopapalooza Festival
Date(s) of Event: Nov 17 and 24, 2018 -

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

	Amount
1. Vendor and Sponsor Fees	\$35,000.00
2.	
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	\$35,000.00

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

1. Marketing and Advertising -- Fliers, Ads, Social Media, Website	\$15,000.00
2. Park fees and city expenses	\$2,200.00
3. Entertainment	\$2,000.00
4. Portapotties	\$1,000.00
5. Insurance	\$740.00
6. Staffing and Commissions	\$10,000.00
7. Security	\$500.00
8. Fencing	\$2,000.00
9. Banners, signs, miscellaneous expenses	\$1,000.00
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	\$34,440.00
TOTAL NET INCOME	\$560.00

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

1. Chart 411	\$560.00
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	\$560.00

Prepared by: Ester Venouziou Date: 2/11/2019

Print Application

Submit Application by
Email



Contract #: 26675
 Date: 18 Mar 2019

User: AKLEBRET
 Status: Firm

LOCAL SHOPPER LLC
 ESTER VENOZIOU
 4913 28TH AVE S
 GULFPORT FL 33707 USA

Primary #: (727) 637-5586
 Secondary #: ()
 Other #: ()

Purpose of Use: SHOPAPALOOZA FESTIVAL

Expected:
 2,000

Co-Sponsored Event

Contract Balance
\$0.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Fri 29 Nov 19 06:00 am

Ending: Mon 02 Dec 19 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Fri	29 Nov 2019	06:00 AM	\$0.00	\$400.00	\$0.00	\$400.00
Vinoy Park		02 Dec 2019	09:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00
Extra Fee - Bookings	Hours	Quantity	Charge	Tax
Co-Sponsored Permit Fee	87:00	2	\$400.00	\$0.00
		2	\$400.00	\$0.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$430.00	\$0.00	\$430.00	\$0.00	\$430.00	\$0.00	(\$200.00)

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
19 Feb 2019	\$230.00	Check	Rental	3251840
19 Feb 2019	\$200.00	Check	Rental	3251840

Additional Notes:

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

By: (Sign Name)

(Print Name) ESTER VENOZIOU

LOCAL SHOPPER LLC

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name):

Parks and Recreation Superintendent

(Print Name)

Parks and Recreation Department

Contract #: 26675
Date: 18 Mar 2019

User: AKLEBRET
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.



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

Detail by Entity Name

Florida Not For Profit Corporation
CHART 411, INC.

Filing Information

Document Number	N12000004982
FEI/EIN Number	45-5338192
Date Filed	05/17/2012
Effective Date	05/20/2012
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	07/17/2012
Event Effective Date	NONE

Principal Address

1017 9th Ave N.
St. Petersburg, FL 33705

Changed: 03/31/2016

Mailing Address

1017 9th Ave N
St. Petersburg, FL 33705

Changed: 03/31/2016

Registered Agent Name & Address

JOHNSTON, LUCINDA L
348 11th Ave NE
St. Petersburg, FL 33701

Address Changed: 04/30/2015

Officer/Director Detail

Name & Address

Title C/D

JOHNSTON, HOWARD
348 11th Ave NE
St. Petersburg, FL 33701

Title ED

JOHNSTON, LUCINDA L
 111 Second Ave NE
 Suite 325
 St. Petersburg, FL 33701

Title D

Hansford, Geneva
 73 W Main Street
 Lakeland, GA 31635

Title Director

Dixon, Christopher R
 644 4th Ave S.
 #6
 St Petersburg, FL 33701

Annual Reports

Report Year	Filed Date
2016	03/31/2016
2017	04/26/2017
2018	04/27/2018

Document Images

04/27/2018 -- ANNUAL REPORT	View image in PDF format
04/26/2017 -- ANNUAL REPORT	View image in PDF format
03/31/2016 -- ANNUAL REPORT	View image in PDF format
04/30/2015 -- ANNUAL REPORT	View image in PDF format
03/31/2014 -- ANNUAL REPORT	View image in PDF format
04/30/2013 -- ANNUAL REPORT	View image in PDF format
07/17/2012 -- Amendment	View image in PDF format
05/17/2012 -- Domestic Non-Profit	View image in PDF format



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

Detail by FEI/EIN Number

Florida Limited Liability Company
LOCAL SHOPPER, LLC

Filing Information

Document Number L08000073379
FEI/EIN Number 26-3082602
Date Filed 07/30/2008
Effective Date 08/01/2008
State FL
Status ACTIVE

Principal Address

4913 28TH AVE. SOUTH
GULFPORT, FL 33707

Mailing Address

P.O. BOX 530144
ST. PETERSBURG, FL 33747

Registered Agent Name & Address

VENOUZIOU, ESTER
4913 28TH AVE. SOUTH
GULFPORT, FL 33707

Authorized Person(s) Detail

Name & Address

Title MGR

VENOUZIOU, ESTER
4913 28TH AVE. SOUTH
GULFPORT, FL 33707

Annual Reports

Report Year	Filed Date
2017	01/12/2017
2018	01/19/2018
2019	02/12/2019

Document Images

[02/12/2019 -- ANNUAL REPORT](#)

[View image in PDF format](#)

01/19/2018 -- ANNUAL REPORT	View image in PDF format
01/12/2017 -- ANNUAL REPORT	View image in PDF format
01/22/2016 -- ANNUAL REPORT	View image in PDF format
02/03/2015 -- ANNUAL REPORT	View image in PDF format
01/08/2014 -- ANNUAL REPORT	View image in PDF format
06/10/2013 -- ANNUAL REPORT	View image in PDF format
04/12/2012 -- ANNUAL REPORT	View image in PDF format
04/19/2011 -- ANNUAL REPORT	View image in PDF format
04/03/2010 -- ANNUAL REPORT	View image in PDF format
02/16/2009 -- ANNUAL REPORT	View image in PDF format
07/30/2008 -- Florida Limited Liability	View image in PDF format

Florida Department of State, Division of Corporations

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



Date Received: 3-27-19
 Check or Cash: 24637 #30
 Application #: 30
 Packet: 8
 Permit #: 27159

Event Title: PurpleStride Tampa Bay 2020 Phone No.: 310-725-0025 Fax No.: 310-725-0029

Entity Name: Pancreatic Cancer Action Network Federal I.D. Number: 33-0841281

Event Date(s): Feb. 28 (set up) - Feb. 29 (event) 2020 Location: Vinoy Park

Day 1 of Event: 2/28/19 Time Gates Open: 8:00 AM Ending Time: 6:00 PM

Day 2 of Event: 2/29/19 Time Gates Open: 4:30 AM Ending Time: 3:00 PM

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

Application Prepared by: Addie Vroom Phone: 310-706-3366

Title: Community Relationship Manager Cell Phone: 916-798-4286

Address: 1500 Rosecrans Ave. Ste. 200 City: Manhattan Bch State: CA Zip: 90266

Email Address: avroom@pancan.org

Additional Contact Person: Jennifer McMillon Day Phone: 310-725-0025

What month/year were you incorporated as nonprofit? 1999

List all 501(c)3 entities that will benefit from this event. Pancreatic Cancer Action Network

Name of the for-profit entity? N/A

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

Offers members of the community the opportunity to take action in the fight against pancreatic cancer by participating in a 5K awareness run/walk

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

The unique course will highlight the beautiful waterfront in St. Petersburg. Many participants travel from across the state to participate and will require accommodations. Many participants also remain downtown after the event and patronize local businesses.

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

Does your group presently have liability insurance? YES NO How much? \$1M per occurrence/\$2M agg.

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

Will there be an admission / registration fee? YES NO Advanced Fee: \$30 Day of: \$40

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

Please provide a phone number that can be advertised to the public. 310-725-0025

What is the estimated attendance for this event? Spectators 100 Participants 1200 Last Year's Total Attendance 1174

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

Condition

Obligation

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Public Invited | | General Liability Insurance |
| <input checked="" type="checkbox"/> Located in Park | | Park Permit |
| <input type="checkbox"/> Vending Product / Merchandise Sales | | Occupational License |
| <input type="checkbox"/> Vending Food / Beverage | | Health Inspection |
| <input checked="" type="checkbox"/> Vendors / Exhibitors | How many? <input type="text" value="1 - 10 Vendors / Exhibitors"/> | Alcohol Permit |
| <input type="checkbox"/> Vending Beer / Wine | | Additional insurance Required |
| <input checked="" type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft | How many? <input type="text" value="3-4"/> | Temporary Structure Permit |
| <input type="checkbox"/> Fence Installation | What type? <input type="text"/> | Temporary Structure Permit |
| <input checked="" type="checkbox"/> Other Structures | What structure? <input type="text" value="Race course start/finish line"/> | Temporary Structure Permit |
| <input type="checkbox"/> Open Flame Food Preparation | | Fire Inspection Permit |
| <input type="checkbox"/> Pyrotechnics | | Fireworks Permit |
| <input checked="" type="checkbox"/> Require Street Closure | | Parade or Street Closure Permit(s) |
| <input checked="" type="checkbox"/> VIP Area | | |
| <input checked="" type="checkbox"/> Staging | <input checked="" type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other | |
| <input checked="" type="checkbox"/> Amplified Sound | <input type="checkbox"/> Performers <input checked="" type="checkbox"/> Announcement Only | |
| <input checked="" type="checkbox"/> Security | <input checked="" type="checkbox"/> Daytime - Private <input checked="" type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD | |
| <input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets | Regular Units <input type="text" value="10"/> Disabled Units <input type="text" value="2"/> Hand Washing <input type="text" value="2"/> | |
| <input type="checkbox"/> Off-site Parking / Shuttle | | |
| <input type="checkbox"/> Semitruck / Tractor Trailer | | |

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

One RV MAY be parked in the event area to store supplies and provide a secure space for accounting. No additional power other than the 110/20 Amps will be required.

Will you supply your own generators? YES NO

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

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

None that we are aware of at this time.

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

Name: Pancreatic Cancer Action Network

Phone: 310-725-0025

Address (including zip): 1500 Rosecrans Ave. Ste. 200, Manhattan Beach, CA. 90266

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

1 Platform stage (approx. 16'x20')

DJ to make announcements and play music from approximately 6:30 a.m. to 12:00 noon.

List Vending Products. Name & Provider.

Pancreatic Cancer Action Network may be selling branded jewelry, accessories, and apparel. All proceeds benefit the organization.

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

N/A

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

Announcements will be made to address the race and attendees, as well as provide event details and organizational messaging. Opening ceremonies will last approximately 20 minutes, during which an emcee will present awards to top finishers/fundraisers, an inspirational speaker will give a short message, and the race will be started.

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

Set up will take place beginning at 9:00 a.m. (or earlier, if possible) the day prior (Friday) to the event on Saturday. Equipment crews will set up tents, tables, chairs, and portable restrooms on-site and the RV will park to store all event supplies. Staff will need four (4) parking spaces. Overnight security will arrive at 5:00 p.m. and need to park on-site as well. Event day set up will begin on Saturday at approximately 4:30 a.m. All vendors to pick up equipment after 11:00 a.m. Saturday. Portable restrooms to be picked up Monday.

Other Comments: Please describe your fee structure.

Adult Registration - \$30 (Untimed)/\$35(Timed)
Youth Registration - \$15 (Untimed)/\$20 (Timed)
Survivor and volunteer registration is always free.
Prices will increase as we get closer to event date with all prices increased by \$5-\$15 on event day.

Other comments:

This will be our 10th annual PurpleStride Tampa Bay. The event has raised over \$1.3 million for the fight against pancreatic cancer. Community support has grown over the last several years, including corporate sponsorships. We had a great experience hosting the event on Feb 16th, 2019 in Vinoy park and would love to host it there again. Toma and his team are exceptional. Marketing efforts are done on both a national level and a grassroots level through the help of volunteers.

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: Addie Vroom Title: Community Relationship Manager Date: 3/27/2019

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:	Pancreatic Cancer Action Network
Name of Responsible Party (President or CEO ONLY):	Julie Fleshman
Title of Responsible Party:	President & CEO
Physical Address of Responsible Party:	1500 Rosecrans Ave. Ste. 200 Manhattan Beach, CA 90266
Phone Number of Responsible Party:	310-725-0025
Email Address of Responsible Party:	jfleshman@pancan.org
Nonprofit (Employee Identification Number):	33-0841281

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

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



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

Name of Event: PurpleStride Tampa Bay 2018
 Date(s) of Event: Feb 10, 2018 - Feb 10, 2018

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

Amount

1.	Registration	\$28,325.75
2.	Sponsorship	\$15,500.00
3.	Donations	\$123,178.00
4.		
5.		
6.		
7.		
8.		
TOTAL GROSS REVENUE		\$167,003.75

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

1.	Advertising	\$158.83
2.	Decor	\$485.00
3.	Entertainment	\$454.70
4.	Equipment/Rentals	\$5,066.60
5.	Food & Beverage	\$0.00
6.	Giveaways	\$891.34
7.	Postage	\$270.93
8.	Printing & Copying	\$0.00
9.	Professional Services	\$5,848.00
10.	Supplies	\$63.04
11.	T-Shirts	\$8,665.74
12.	Venue	\$360.00
TOTAL OPERATING EXPENSES		\$22,264.18
TOTAL NET INCOME		\$144,739.57

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

1.	Pancreatic Cancer Action Network	\$144,739.57
2.		
3.		
4.		
5.		
6.		
TOTAL ALLOCATION OF NET INCOME		\$144,739.57

Prepared by: Addie Vroom Date: Mar 27, 2019

Print Application

Submit Application by
Email



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

Detail by Entity Name

Foreign Not For Profit Corporation
PANCREATIC CANCER ACTION NETWORK, INC.

Filing Information

Document Number F05000001056
FEI/EIN Number 33-0841281
Date Filed 02/14/2005
State CA
Status ACTIVE

Principal Address

1500 ROSECRANS AVENUE
SUITE 200
MANHATTAN BEACH, CA 90266

Changed: 10/14/2010

Mailing Address

1500 ROSECRANS AVENUE
SUITE 200
MANHATTAN BEACH, CA 90266

Changed: 10/14/2010

Registered Agent Name & Address

LEGALINC CORPORATE SERVICES, INC.
5237 SUMMERLIN COMMONS
SUITE 400
FORT MYERS, FL 33907

Name Changed: 09/07/2016

Address Changed: 12/04/2017

Officer/Director Detail

Name & Address

Title Secretary

RICKERSON, STUART E
P.O. BOX 510
RANCHO SANTA FE, CA 92067

Title P

FLESHMAN, JULIE
1500 ROSECRANS AVENUE, SUITE 200
MANHATTAN BEACH, CA 90266

Title Chairman

Laurie MacCaskill
10727 Wilshire Boulevard
802
Los Angeles, CA 90024

Title Director

Hilarie Koplou-McAdams
83 De Bell Drive
Atherton, CA 94027

Title Director

Terrence Meck
1201 Broadway
Suite 504
New York, NY 10001

Title Director

Jeanne Ruesch
One Primrose Street
Chevy Chase, MD 20815

Title CFO

Croal, Tom
1500 ROSECRANS AVENUE
SUITE 200
MANHATTAN BEACH, CA 90266

Annual Reports

Report Year	Filed Date
2017	02/21/2017
2018	01/09/2018
2019	02/06/2019

Document Images

02/06/2019 -- ANNUAL REPORT	View image in PDF format
01/09/2018 -- ANNUAL REPORT	View image in PDF format
02/21/2017 -- ANNUAL REPORT	View image in PDF format
09/07/2016 -- Reg. Agent Change	View image in PDF format
05/23/2016 -- ANNUAL REPORT	View image in PDF format



Contract #: 27159
Date: 07 May 2019

User: JSBENNIN
Status: Firm

PANCREATIC CANCER ACTION NETWORK
ADDIE VROOM
1500 ROSECRANZ AVE STE 200
MANHATTAN BEACH CA 90266 USA

Primary #: (301) 706-3339
Secondary #: (239) 728-8950
Other #: ()

Purpose of Use: PURPLESTRIDES TAMPA BAY 2020 **Expected:** 1,200 **Co-Sponsored Event** **Contract Balance** \$300.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Fri 28 Feb 20 06:00 am **Ending:** Sat 29 Feb 20 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Fri	28 Feb 2020	06:00 AM	\$0.00	\$300.00	\$0.00	\$300.00
Vinoy Park		29 Feb 2020	09:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00
Extra Fee - Bookings	Hours	Quantity	Charge	Tax
Co-Sponsored Permit Fee (Vinoy)	39:00	1	\$300.00	\$0.00
		1	\$300.00	\$0.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$330.00	\$0.00	\$330.00	\$0.00	\$30.00	\$300.00	\$300.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
07 May 2019	\$30.00	Check	Rental	3322470

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) ADDIE VROOM
PANCREATIC CANCER ACTION NETWORK
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Contract #: 27159
Date: 07 May 2019

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

PANCREATIC CANCER ACTION NETWORK
JENNIFER PEAR
1500 ROSECRANZ AVE STE 200
MANHATTAN BEACH, CA 90266 USA

Receipt #: 3322470
User: JSBENNIN
Issued: Tue 07 May 19 10:22 am

Description	Amount
Previous Balance	\$330.00
Applied To: 27159 - PURPLESTRIDES TAMPA BAY 2020 Vinoy Park - Vinoy Park February 28, 2020 6:00 am to February 29, 2020 9:00 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**



Date Received: 4-2-19
 Check or Cash: _____
 Application #: 31
 Packet: A
 Permit #: 27161

Event Title: 4th Annual Kettle Krush 5K/1Mile Fun Run Phone No.: 7275508080 Fax No.: 7275508077
 Entity Name: The Salvation Army a Georgia Corporation for St. Petersburg Federal I.D. Number: 58-0660607
 Event Date(s): 11/09/19 Location: Albert Whitted Park
 Day 1 of Event: 11/9/19 Time Gates Open: 6:30am Ending Time: 11am
 Day 2 of Event: _____ Time Gates Open: _____ Ending Time: _____
 Day 3 of Event: _____ Time Gates Open: _____ Ending Time: _____

Application Prepared by: Randi-lyn Farrell Phone: 727-550-8080 x330
 Title: Director of Development Cell Phone: 7276394258
 Address: 340 14th Ave S City: St. Petersburg State: FL Zip: 33701
 Email Address: Randi-lyn.Farrell@uss.salvationarmy.org
 Additional Contact Person: Lt. Colonel Gary Haupt Day Phone: 7275508080 ext 323

What month/year were you incorporated as nonprofit? 9/1928
 List all 501(c)3 entities that will benefit from this event. The Salvation Army
 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 intent of this race is to raise awareness of the men, women and children who struggle with hunger and homelessness in our St. Petersburg community. The Salvation Army with the support of the community continues to impact these individuals offering a pathway of hope.

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

Any and all profits made from the race will be directly applied to program that service the needs of those struggling in our community.

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

Does your group presently have liability insurance? YES NO How much? as much as needed
 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: 40
 Please provide the website address for your event. www.SalvationArmyStPetersburg.org
 Please provide a phone number that can be advertised to the public. 727-550-8080
 What is the estimated attendance for this event? Spectators 100 Participants 350 Last Year's Total Attendance 200

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name:	<input type="text" value="Randi-lyn Farrell"/>	Title:	<input type="text" value="Director of Development"/>	Date:	<input type="text" value="4/2/19"/>
Co-Sign:	<input type="text" value="Lt. Colonel Gary Haupt"/>	Title:	<input type="text" value="Area Commander"/>	Date:	<input type="text" value="4/2/19"/>

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

Condition

Obligation

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? YES NO

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

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

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

Name:

Lt. Colonel Gary Haupt/The Salvation Army

 Phone:

727-550-8080

Address (including zip):

340 14th Ave S - St. Petersburg, FL 33701

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

n/a

List Vending Products. Name & Provider.

St. Pete Running Company
Kennedy Law Racing
Naked Fit Foods
Luxe Massage

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.

calling of award winners

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

Load in between 6:30am and 7:30am - load out between 10am and 10:30am

Other Comments: Please describe your fee structure.

Each runner will register online through Active.com -\$30 prior to race week and \$40 race week and day of race
Sponsors will be solicited to cover expenses

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: Gary W. Haupt

Title: Area Commander

Date: 4/2/19

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:	The Salvation Army
Name of Responsible Party (President or CEO ONLY):	Lt. Colonel Gary Haupt
Title of Responsible Party:	Area Commander
Physical Address of Responsible Party:	340 14th Ave S - St. Petersburg, FL 33701
Phone Number of Responsible Party:	727-550-8080
Email Address of Responsible Party:	gary.haupt@uss.salvationarmy.org
Nonprofit (Employee Identification Number):	58-0660607

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

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



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

Name of Event: 4th Annual Kettle Krush 5K/1Mile Fun Run
 Date(s) of Event: Nov 9, 2019 - Nov 9, 2019

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

Amount

1. Sponsorships	\$25,000.00
2. Registration Fees	\$7,000.00
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	\$32,000.00

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

1. City Fees	\$6,500.00
2. Timing	\$1,000.00
3. Awards	\$750.00
4. Advertising	\$2,500.00
5. Photography	\$500.00
6. food and beverages	\$750.00
7. t-shirts	\$2,500.00
8. race consultant	\$3,500.00
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	\$18,000.00
TOTAL NET INCOME	\$14,000.00

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

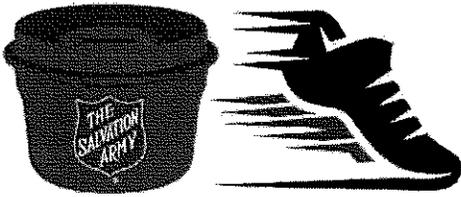
1. Salvation army food and shelter programs	\$14,000.00
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	\$14,000.00

Prepared by: Randi-lyn Farrell Date: Apr 2, 2019

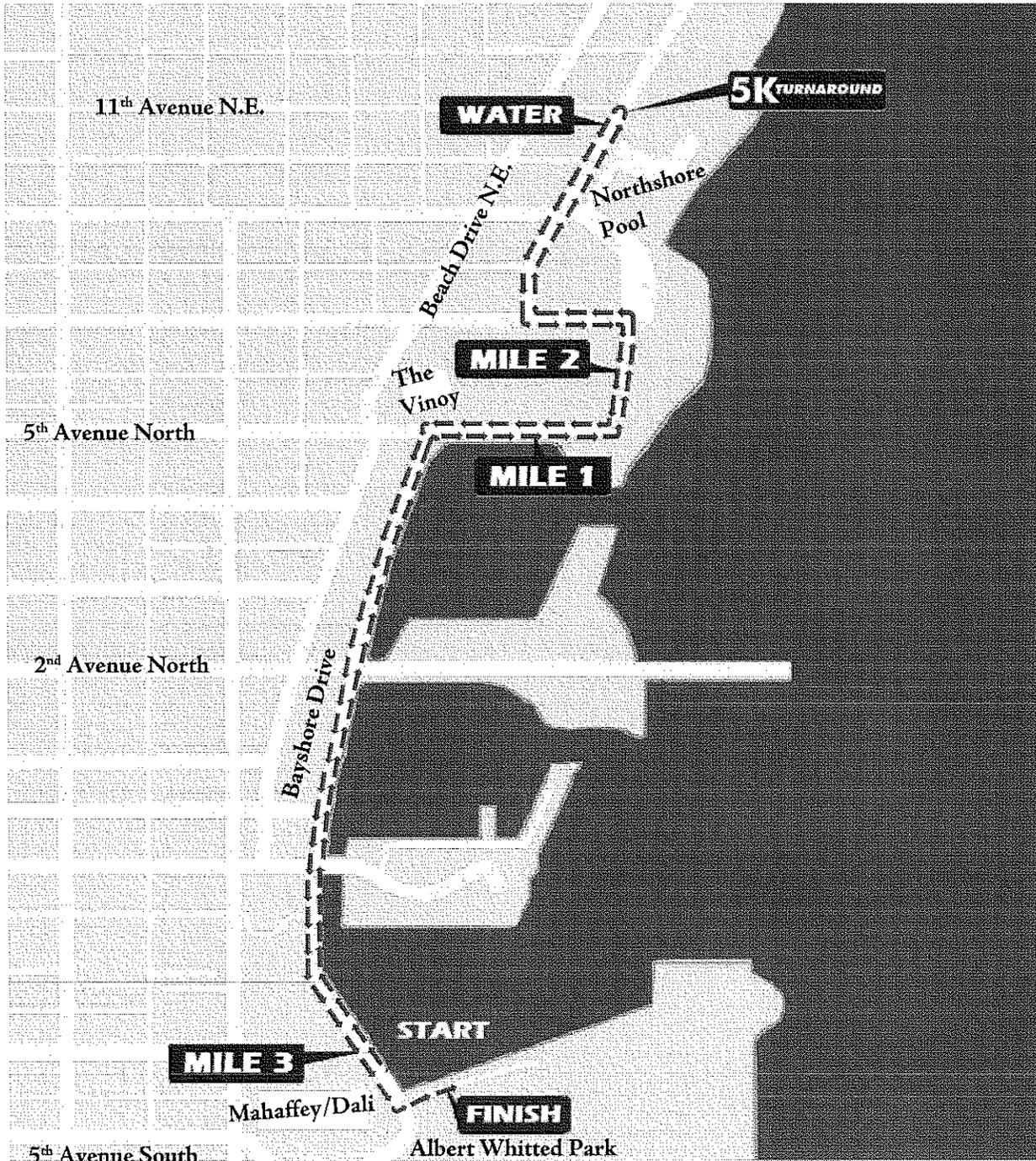
Print Application

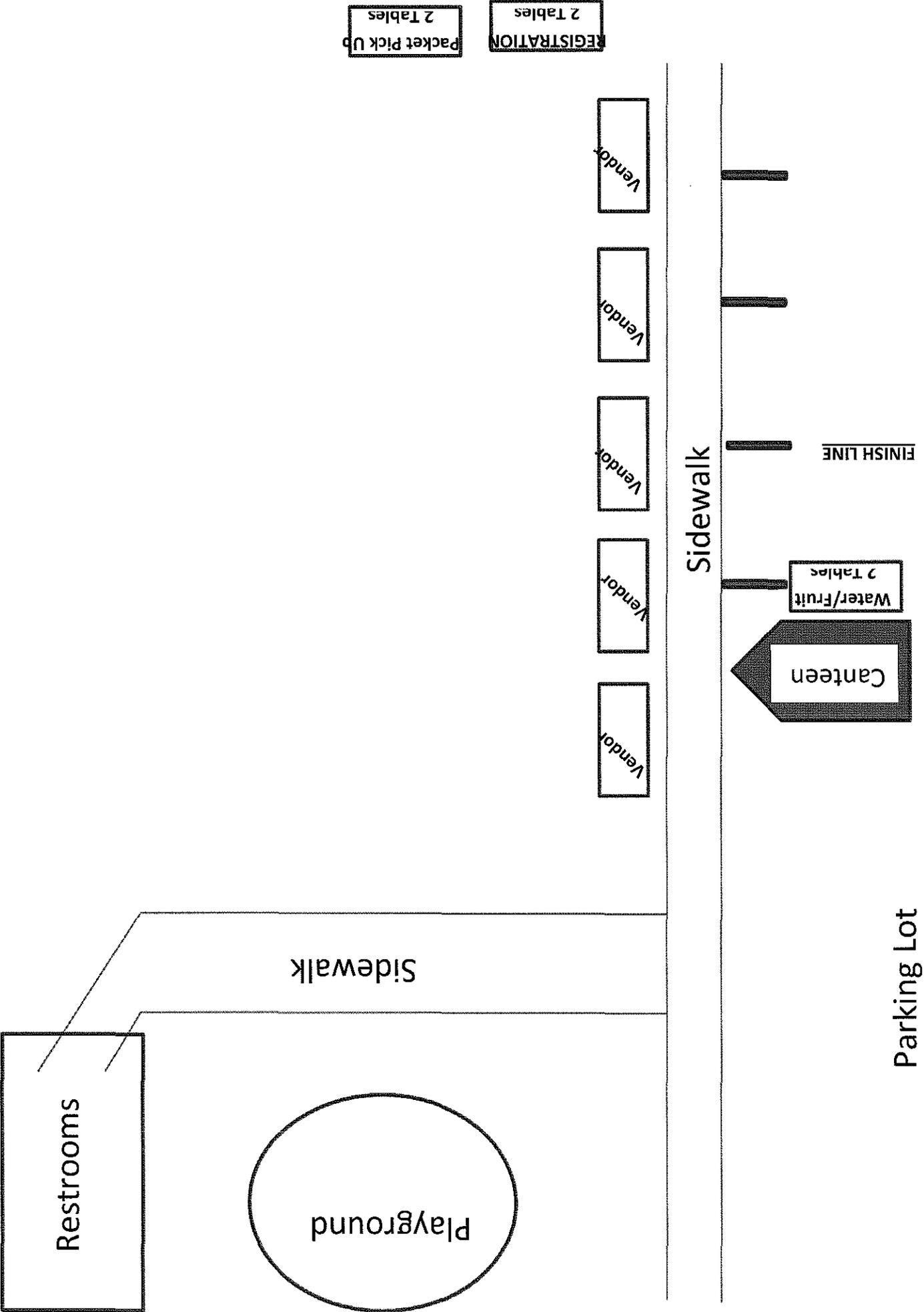
Submit Application by
Email

Kettle Krush 5K



SATURDAY, NOVEMBER 9, 2019 @ 8AM
ALBERT WHITTED PARK
480 BAYSHORE DR. SE
ST. PETERSBURG, FL 33701
PARKING AT MAHAFFEY \$10
VARIOUS STREET PARKING





State of Florida

Department of State

I certify from the records of this office that THE SALVATION ARMY is a Georgia corporation authorized to transact business in the State of Florida, qualified on September 10, 1928.

The document number of this corporation is 803387.

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 15, 2018, and that its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Fifteenth day of February,
2018*

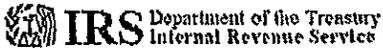


Ken Detjen
Secretary of State

Tracking Number: CC5679572957

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

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



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

In reply refer to: 0248404892
Mar. 31, 2011 LTR 4168C E0
58-0660607 000000.00

00015662
BODC: TE

THE SALVATION ARMY
TERRITORIAL HEADQUARTERS
% KATIE TATE
1424 NE EXPRESS WAY
ATLANTA GA 30329



001556

Employer Identification Number: 58-0660607
Person to Contact: Jeff Seibert
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 23, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 1955.

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)(i).

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.

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

Sincerely yours,

S. A. Martin, Operations Manager
Accounts Management Operations



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

Detail by FEI/EIN Number

Foreign Not For Profit Corporation
THE SALVATION ARMY

Filing Information

Document Number 803387
FEI/EIN Number 58-0660607
Date Filed 09/10/1928
State GA
Status ACTIVE

Principal Address

1424 N.E. EXPRESSWAY, N.E.
ATLANTA, GA 30329

Changed: 02/23/2011

Mailing Address

1424 N.E. EXPRESSWAY, N.E.
ATLANTA, GA 30329

Changed: 02/23/2011

Registered Agent Name & Address

LUYK, KENNETH O
5631 VAN DYKE RD.
LUTZ, FL 33558

Name Changed: 08/26/2016

Address Changed: 09/29/2004

Officer/Director Detail

Name & Address

Title C

HUDSON, DAVID
615 SLATERS LANE
ALEXANDRIA, VA

Title P

Howell, Willis

1424 N.E. EXPWY.
ATLANTA, GA

Title VP

BUKIEWICZ, RALPH
1424 N.E. EXPRESSWAY, N.E.
ATLANTA, GA 30329

Title AT

FLORES III, AUSTRUBERTO
1424 NE EXPRESSWAY
ATLANTA, GA

Title T

SEILER, JAMES K.
1424 N.E. EXPRESSWAY, N.E.
ATLANTA, GA 30329

Title S

POWELL, CHARLES
1424 N.E. EXPRESSWAY
ATLANTA, GA 30329

Annual Reports

Report Year	Filed Date
2017	01/09/2017
2018	02/15/2018
2019	02/12/2019

Document Images

02/12/2019 -- ANNUAL REPORT	View image in PDF format
02/15/2018 -- ANNUAL REPORT	View image in PDF format
11/08/2017 -- AMENDED ANNUAL REPORT	View image in PDF format
01/09/2017 -- ANNUAL REPORT	View image in PDF format
08/26/2016 -- Reg. Agent Change	View image in PDF format
03/08/2016 -- ANNUAL REPORT	View image in PDF format
02/10/2015 -- ANNUAL REPORT	View image in PDF format
08/25/2014 -- Reg. Agent Change	View image in PDF format
01/24/2014 -- ANNUAL REPORT	View image in PDF format
01/03/2013 -- ANNUAL REPORT	View image in PDF format
03/28/2012 -- ANNUAL REPORT	View image in PDF format
12/01/2011 -- ANNUAL REPORT	View image in PDF format
02/23/2011 -- ANNUAL REPORT	View image in PDF format
05/25/2010 -- ANNUAL REPORT	View image in PDF format
01/26/2010 -- ANNUAL REPORT	View image in PDF format
01/15/2009 -- ANNUAL REPORT	View image in PDF format



Contract #: 27161
 Date: 07 May 2019

User: JSBENNIN
 Status: Firm

THE SALVATION ARMY
 RANDI-LYN FARRELL
 340 14TH AVE S
 ST PETERSBURG FL 33701 USA

Primary #: (727) 550-8080
 Secondary #: ()
 Other #: ()

Purpose of Use: 4TH ANNUAL KETTLE KRUSH 5K/1 MILE FUN RUN **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 08 Nov 19 06:00 am **Ending:** Sat 09 Nov 19 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Fri	08 Nov 2019	06:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
Park		09 Nov 2019	09:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total	
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00	
Extra Fee - Bookings	Hours	Quantity	Charge	Tax	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) RANDI-LYN FARRELL

 THE SALVATION ARMY
 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 #: 27161
Date: 07 May 2019

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**



Date Received: 4-16-19
 Check or Cash: \$30
 Application #: 32
 Packet: B
 Permit #: 27162

Event Title: Dr. MLK Arts and Music Festival Phone No.: 727-235-4340 Fax No.:

Entity Name: Advantage Village Academy INC. Federal I.D. Number: 270500839

Event Date(s): 1-18-2020 Location: Albert Whitted Park

Day 1 of Event: 1-18-2020 Time Gates Open: 11:00 a.m Ending Time: 7:00 p.m

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

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

Application Prepared by: Toriano Parker Phone: 727-235-4340

Title: CEO Cell Phone: 727-235-4340

Address: 833 22nd Street South City: St. Petersburg State: FL Zip: 33712

Email Address: tparker512@aol.com

Additional Contact Person: Anthony Hart Day Phone: 941-536-6770

What month/year were you incorporated as nonprofit? May 2009

List all 501(c)3 entities that will benefit from this event. Advantage Village Academy inc.

Name of the for-profit entity?

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

Education, Arts, Music Celebration for Dr. Martin Luther King and his contributions.

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

Bringing in a diverse group of people that normally wouldn't visit the downtown St. Pete 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? one 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. Advantage Village Academy

Please provide a phone number that can be advertised to the public. 727-321-7919

What is the estimated attendance for this event? Spectators 1000 Participants 10 Last Year's Total Attendance n/a

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

Name:	<input type="text" value="Toriano Parker"/>	Title:	<input type="text" value="CEO"/>	Date:	<input type="text" value="4-15-2019"/>
Co-Sign:	<input type="text" value="Anthony Hart"/>	Title:	<input type="text" value="Manager"/>	Date:	<input type="text" value="4-15-2019"/>

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

Condition

Obligation

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? YES NO

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

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

NO

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

Name:

Advantage Village Academy inc

 Phone:

727-321-7919

Address (including zip):

833 22nd Street South

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.

Advanatage Village Academy inc
833 22nd Street South St. Petersburg Fl
727-321-7919

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

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

Other Comments: Please describe your fee structure.

Other comments:

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

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

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

Name: Title: Date:

Appendix A

Co-Sponsored Event Park Fee Structure

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



Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation:	Advantage Village Academy inc.
Name of Responsible Party (President or CEO ONLY):	Toriano Parker
Title of Responsible Party:	CEO
Physical Address of Responsible Party:	833 22nd Street South St.Petersburg Fl 33712
Phone Number of Responsible Party:	727-321-7919
Email Address of Responsible Party:	tparker512@aol.com
Nonprofit (Employee Identification Number):	270500839

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

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



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

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

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

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

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		\$2,000.00

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

1. 2000	\$2,000.00
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	\$2,000.00

Prepared by: Date:

Print Application

Submit Application by Email

Google Maps Albert Whitted Park



Imagery ©2019 Google, Map data ©2019 Google 20 ft



Albert Whitted Park

4.6 ★ ★ ★ ★ ★ (308)

Park



Directions



Save



Nearby



Send to your phone



Share



480 Bayshore Dr SE, St. Petersburg, FL 33701

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

DEPARTMENT OF THE TREASURY

Date: **MAY 28 2010**

ADVANTAGE VILLAGE ACADEMY INC
1221 22ND ST S
ST PETERSBURG, FL 33712-2268

Employer Identification Number:
27-0500839
DLN:
200120007
Contact Person:
JOHN C RICE ID# 31615
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
February 28
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
June 8, 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.

Letter 947 (DO/CG)

ADVANTAGE VILLAGE ACADEMY INC

Sincerely,

A handwritten signature in black ink that reads "Robert Choi". The signature is written in a cursive, flowing style with a large initial "R".

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)



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

Detail by Entity Name

Florida Not For Profit Corporation
ADVANTAGE VILLAGE ACADEMY, INC

Filing Information

Document Number	N09000003325
FEI/EIN Number	27-0500839
Date Filed	04/02/2009
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	05/07/2013
Event Effective Date	NONE

Principal Address

833A 22ND STREET SOUTH
ST PETERSBURG, FL 33712

Changed: 04/22/2015

Mailing Address

833A 22ND STREET SOUTH
ST PETERSBURG, FL 33712

Changed: 04/22/2015

Registered Agent Name & Address

.ADVANTAGE
833A 22ND STREET SOUTH
ST PETERSBURG, FL 33712

Name Changed: 01/31/2012

Address Changed: 04/22/2015

Officer/Director Detail

Name & Address

Title President

Bryant, Jason
833 22ND STREET SOUTH
ST. PETERSBURG, FL 33712

Title Treasurer

Parker, Grant
833 22ND STREET
ST. PETERSBURG, FL 33712

Title CEO

PARKER, TORIANO H
833 22ND STREET SOUTH
ST. PETERSBURG, FL 33712

Title BM

LAWSON, PAT
833 22ND STREET SOUTH
ST PETERSBURG, FL 33712

Title BM

JOHNSON, LUCINDA
833 22ND STREET SOUTH
ST PETERSBURG, FL 33712

Title BM

HART, ANTHONY
833 22ND STREET SOUTH
ST PETERSBURG, FL 33712

Title Executive Secretary

Scantling, Tahishia
833 22ND STREET SOUTH
ST PETERSBURG, FL 33712

Title VP

Wright, Kewa
833 22nd St. South
Saint Petersburg, FL 33712

Annual Reports

Report Year	Filed Date
2017	03/01/2017
2018	02/21/2018
2019	02/12/2019

Document Images

[02/12/2019 -- ANNUAL REPORT](#)

[View image in PDF format](#)

[10/15/2018 -- Off/Dir. Resignation](#)

[View image in PDF format](#)



Contract #: 27162
Date: 07 May 2019

User: JSBENNIN
Status: Firm

ADVANTAGE VILLAGE ACADEMY INC
TORIANO PARKER
833 22ND ST S STE A
ST PETERSBURG FL 33712 2250 USA

Primary #: (727) 321-7919
Secondary #: ()
Other #: ()

Purpose of Use: DR. MLK ARTS AND MUSIC FESTIVAL Expected: 1,000 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 No

Date(s) and Time(s) of Use: Starting: Tue 14 Jan 20 06:00 am Ending: Sun 19 Jan 20 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Tue	14 Jan 2020	06:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
Park		19 Jan 2020	09:00 PM				

Additional Fees:

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

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
07 May 2019	\$30.00	Check	Rental	3322519

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) TORIANO PARKER
ADVANTAGE VILLAGE ACADEMY 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 #: 27162
Date: 07 May 2019

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

ADVANTAGE VILLAGE ACADEMY INC
JEFF COPELAND
833 22ND ST S STE A
ST PETERSBURG, FL 33712 2250 USA

Receipt #: 3322519
User: JSBENNIN
Issued: Tue 07 May 19 10:51 am

Description	Amount
Previous Balance	\$230.00
Applied To: 27162 - DR. MLK ARTS AND MUSIC FESTIVAL Albert Whitted Park - Park January 14, 2020 6:00 am to January 19, 2020 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**



Date Received: 3-19-19
 Check or Cash: \$230
 Application #: 33
 Packet: A
 Permit #: 27163

Event Title: Boley Centers' Jingle Bell Run Phone No.: 727-821-4819 Fax No.: 727-822-6240

Entity Name: Boley Centers, Inc. Federal I.D. Number: 59-1290089

Event Date(s): 12/13/2019 Location: Albert Whitted Park

Day 1 of Event: 12/13/2019 Time Gates Open: 6:30 Ending Time: 10:30

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

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

Application Prepared by: Jenine Thornley Phone: 821-4819 ext 5706

Title: Exec. Assistant Cell Phone:

Address: 445 31st Street N. City: St. Petersburg State: FL Zip: 33713

Email Address: jenine.thornley@boleycenters.org

Additional Contact Person: Kathryn Juarez Day Phone: 821-4819 ext 5724

What month/year were you incorporated as nonprofit? 1970

List all 501(c)3 entities that will benefit from this event. Boley Centers, Inc.

Name of the for-profit entity? NA

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

This night time holiday fun run provides wholesome family fun, providing a waterfront holiday activity. This is our 37th year of operating this event which has become a holiday tradition for many St. Petersburgers.

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

Brings big crowds to 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?

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

Will there be an admission / registration fee? YES NO Advanced Fee: \$30 Day of: \$35

Please provide the website address for your event. boleycenters.org

Please provide a phone number that can be advertised to the public. 727-821-4819 ext

What is the estimated attendance for this event? Spectators NA Participants 2800 Last Year's Total Attendance rainout

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

Recreation Equipment

Showmobile (Yes/No)

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

Tables (6 ft) # needed Chairs # needed

Public Address System

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

Special Events Facilities

Mahaffey Theater

Coliseum

Sunken Gardens

Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

Name:	<input type="text" value="Kevin Marrone"/>	Title:	<input type="text" value="COO"/>	Date:	<input type="text" value="3/18/2019"/>
Co-Sign:	<input type="text" value="Gary MacMath"/>	Title:	<input type="text" value="President/CEO"/>	Date:	<input type="text" value="3/18/2019"/>

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Need access to electricity along race course for small bands. We will use city hook ups that are available and provide generators where needed

Will you supply your own generators? YES NO

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

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

NA

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

Name: Boley Centers, Inc.

Phone: 727-821-4819 ext 5704

Address (including zip): 445 31st Street N., St. Petersburg, FL 33713

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

15 bands no stages Christmas music and pop

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.

Boley Centers is a 501 (c) 3

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

NA

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

Set up will begin the morning of. Break down the next morning

Other Comments: Please describe your fee structure.

Other comments:

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

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

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

Name: Title: Date:

Appendix A

Co-Sponsored Event Park Fee Structure

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



Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Boley Centers, Inc.

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

Title of Responsible Party: President/CEO

Physical Address of Responsible Party: 445 31st Street N, St. Petersburg, FL 33713

Phone Number of Responsible Party: 727-821-4819 ext 5707

Email Address of Responsible Party: gary.macmath@boleycenters.org

Nonprofit (Employee Identification Number): 59-1290089

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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



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

Name of Event: Jingle Bell Run
 Date(s) of Event: 12/13/2019 -

I. REVENUE SOURCES (attach sheet if more space is needed)	Amount
1. Donations	\$3,032.00
2. Sponsorships	\$45,550.00
3. Registrations	\$33,945.00
4. 	
5. 	
6. 	
7. 	
8. 	
TOTAL GROSS REVENUE	\$82,527.00

II. EXPENSES (attach sheet if more space is needed)	
1. Advertising	\$2,345.00
2. Entertainment	\$5,000.00
3. City of St Petersburg (estimate)	\$9,575.00
4. Food	\$2,175.00
5. Shirts	\$13,101.00
6. Event equipment	\$1,215.00
7. Glow necklaces	\$750.00
8. Printing	\$1,675.00
9. Bells/elastic	\$1,073.00
10. Licenses/Permits	\$630.00
11. 	
12. 	
TOTAL OPERATING EXPENSES	\$37,539.00
TOTAL NET INCOME	\$44,988.00

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: Jeri Flanagan Date: 3/18/2019

Print Application

Submit Application by
Email

Boley CENTERS

BOARD OF DIRECTORS

Chairman

Maggi McQueen

First Vice Chairman

Gail Phares

Second Vice Chairman

Rutland Bussey

Immediate Past President

Loretta Ross

Directors

Leonard Coley

Jack Hebert

Lt. Markus Hughes

Sandy Incorvia

Martin T. Lott

Paul Misiewicz

Sally Poynter

Joseph L. Smith

Joseph Stringer

Robert Wallace, MD

PRESIDENT/CEO

Gary MacMath

CHIEF OPERATING OFFICER

Kevin Marrone

March 21, 2019

Jade Benningfield
Parks & Recreation Supervisor I, Special Events
City of St. Petersburg
1400 19th St. N
St. Petersburg, FL 33713

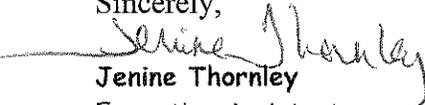
Dear Ms. Benninfrield:

Per your e-mail request of 3-19-19, please find attached Boley Centers, Inc. application for our 2019/2020 Co-Sponsored Event, Jingle Bell Run.

We are also including a check in the amount of 230.00; \$200 to cover the one-day charge for use of Albert Whitted Park plus the \$30.00 co-sponsored application fee. All other requirements will be completed per your timeframe guidelines.

Thank you for your assistance with our annual event!

Sincerely,



Jenine Thornley

Executive Assistant

P: 727-821-4819, ext. 5706

F: 727-822-6240

Jenine.Thornley@boleycenters.org



Boley Centers, Inc.
is accredited
by CARF.



Juvenile Welfare Board



445 31st St. N. St. Petersburg, Florida 33713
Telephone (727) 821-4819 • Fax (727) 822-6240
www.boleycenters.org



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

Detail by Entity Name

Florida Not For Profit Corporation
BOLEY CENTERS, INC.

Filing Information

Document Number	718784
FEI/EIN Number	59-1290089
Date Filed	07/01/1970
State	FL
Status	ACTIVE
Last Event	AMENDED AND RESTATED ARTICLES
Event Date Filed	06/30/2015
Event Effective Date	NONE

Principal Address

445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Changed: 01/19/2009

Mailing Address

445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Changed: 01/19/2009

Registered Agent Name & Address

MACMATH, GARY
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Name Changed: 01/19/2009

Address Changed: 01/19/2009

Officer/Director Detail

Name & Address

Title President/CEO

MACMATH, GARY
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title COO, Corporate Secretary

MARRONE, KEVIN
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

INCORVIA, SANDRA
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

MISIEWICZ, PAUL
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Chairman

ROSS, LORETTA
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

LOTT, MARTIN
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

POYNTER, SALLY
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

HEBERT, JOHN T
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

BUSSEY, RUTLAND
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Director

STRINGER, JOSEPH

445 31ST STREET NORTH
 SAINT PETERSBURG, FL 33713

Title DIRECTOR

SMITH, JOSEPH L
 445 31ST STREET NORTH
 SAINT PETERSBURG, FL 33713

Title Director

COLEY, LEONARD
 445 31ST STREET NORTH
 SAINT PETERSBURG, FL 33713

Title Director

DR. WALLACE, ROBERT
 445 31ST STREET NORTH
 SAINT PETERSBURG, FL 33713

Title Director

HUGHES, MARKUS, LIEUTENANT
 445 31ST STREET NORTH
 SAINT PETERSBURG, FL 33713

Title FIRST VICE CHAIRMAN

McQueen, Maggi
 445 31ST STREET NORTH
 SAINT PETERSBURG, FL 33713

Title SECOND VICE CHAIRMAN

PHARES, GAIL
 445 31ST STREET NORTH
 SAINT PETERSBURG, FL 33713

Annual Reports

Report Year	Filed Date
2018	01/26/2018
2018	02/07/2018
2019	01/29/2019

Document Images

01/29/2019 -- ANNUAL REPORT	View image in PDF format
02/07/2018 -- AMENDED ANNUAL REPORT	View image in PDF format
01/26/2018 -- ANNUAL REPORT	View image in PDF format
06/02/2017 -- AMENDED ANNUAL REPORT	View image in PDF format
01/12/2017 -- ANNUAL REPORT	View image in PDF format
12/02/2016 -- AMENDED ANNUAL REPORT	



Contract #: 27163
 Date: 07 May 2019

User: JSBENNIN
 Status: Firm

BOLEY CENTERS FOR BEHAVIORAL HEALTH CARE
 JENINE THORNLEY
 445 31ST ST N
 ST PETERSBURG FL 33713 7605 USA

Primary #: (727) 821-4819
 Secondary #: ()
 Other #: ()

Purpose of Use: BOLEY CENTERS' JINGLE BELL RUN Expected: 2,800 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 13 Dec 19 06:00 am Ending: Fri 13 Dec 19 11:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Fri	13 Dec 2019	06:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
Park			11:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total	
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00	
				\$30.00	
Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Permit Fee	17:00	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
21 Mar 2019	\$230.00	Check	Rental	3282241

Additional Notes:

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

By: (Sign Name) _____
 (Print Name) JENINE THORNLEY
 BOLEY CENTERS FOR BEHAVIORAL HEALTH CARE
 Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Contract #: 27163
Date: 07 May 2019

User: JSBENNIN
Status: Firm

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

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



City of St. Petersburg

BOLEY CENTERS FOR BEHAVIORAL HEALTH CARE
MICHELE KNIGGE
445 31ST ST N
ST PETERSBURG, FL 33713 7605 USA

Receipt #: 3282241
User: TCStubbs
Issued: Thu 21 Mar 19 02:24 pm

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

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



Date Received: 4-20-19
 Check or Cash: \$30
 Application #: 34
 Packet: B
 Permit #: 27164

Event Title: James Weldon Johnson Literacy Festival Phone No.: 727-342-2235 Fax No.: —
 Entity Name: Friends of Johnson Branch Library, Inc Federal I.D. Number: 59-3035195
 Event Date(s): March 21, 2020 Location: Enoch Davis
 Day 1 of Event: March 21, 2020 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: Kevin W. Johnson Phone: 727-342-2235
 Title: Vice President of Friends of Johnson Library Cell Phone: 727-342-2235
 Address: P.O. Box 1061 City: St. Petersburg State: FL Zip: 33733
 Email Address: Kevin.johnson5370@yahoo.com
 Additional Contact Person: Ernie L. Conley Day Phone: 727-459-9560
 What month/year were you incorporated as nonprofit? September 1, 1990
 List all 501(c)3 entities that will benefit from this event. James Weldon Johnson Community Library
 Name of the for-profit entity? —

Describe your event with details.

The James Weldon Johnson Literacy Festival will promote literacy; encourage people to use the James Weldon Johnson Community Library; and stress the importance of reading to residents of the community.

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

Expose the community to Business and Non-profit organizations. The festival will also help promote the businesses and organizations.

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

Does your group presently have liability insurance? YES NO How much? —
 Are there plans to sell or distribute beer/wine at your event? YES NO
 Will there be an admission / registration fee? YES NO Advanced Fee: — Day of: —

Please provide the website address for your event. www.fojbl.com
 Please provide a phone number that can be advertised to the public. 727-342-2235
 What is the estimated attendance for this event? Spectators 400 Participants 60 Last Year's Total Attendance 380

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

Recreation Equipment

Showmobile (Yes/No) Yes
Bleacher(s) needed. Each bleacher approx. 180 people) 116
Tables (6 ft) # needed 20 Chairs # needed 50
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

Non-City Locations

Which Location?

2 inflatables 5 Garbage cans

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

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

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

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

Name: [Signature] Title: President Date: 4-20-19
Co-Sign: [Signature] Title: Vice-President Date: 4-20-19

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input type="checkbox"/> Located in Park		Park Permit
<input checked="" type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input checked="" type="checkbox"/> Vending Food / Beverage		Health Inspection
<input checked="" type="checkbox"/> Vendors / Exhibitors	How many? <input style="width: 150px;" type="text"/>	Alcohol Permit Additional Insurance Required
<input type="checkbox"/> Vending Beer / Wine		
<input checked="" type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <input style="width: 80px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Fence Installation	What type? <input style="width: 200px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Other Structures	What structure? <input style="width: 200px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input type="checkbox"/> VIP Area		
<input checked="" type="checkbox"/> Staging	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Amplified Sound	<input type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input checked="" type="checkbox"/> Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD	
<input type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <input style="width: 40px;" type="text"/> Disabled Units <input style="width: 40px;" type="text"/> Hand Washing <input style="width: 40px;" type="text"/>	
<input type="checkbox"/> Off-site Parking / Shuttle		
<input type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? YES NO

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

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

No

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

Name: Phone:

Address (including zip):

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

List Vending Products. Name & Provider.

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

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

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

Other Comments: Please describe your fee structure.

Other comments:

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

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

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

 Name:  Title: President Date: 4-20-19

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 Johnson Branch Library, Inc.
Name of Responsible Party (President or CEO ONLY): Ernie W. Coney
Title of Responsible Party: President
Physical Address of Responsible Party: 2526 - 67th Ave. So, St. Petersburg, FL 33712
Phone Number of Responsible Party: 727-459-9500
Email Address of Responsible Party: allrise7777@hotmail.com
Nonprofit (Employee Identification Number): 59-3035195

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

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

What method of invoicing would your organization prefer?

BY Mail

Contact Name: Friends of Johnson Branch Library, Inc
Address: P.O. Box 1061
City, State, Zip: St. Petersburg, FL 33733

BY EMAIL

Email Address: _____

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

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

*See attached
page*

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

II. EXPENSES (attach sheet if more space is needed)	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	
TOTAL NET INCOME	

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

Prepared by: Date:

Print Application

Submit Application by
Email

James Weldon Johnson Literacy Festival
Proposed Budget for 2020
April 12, 2019

Proposed Expenses

City of St. Petersburg

Co-sponsorship application	\$30.00
Parade Permit	\$30.00
Park Permit	\$30.00
Enoch Davis Center Rental	\$100.00
Equipment Rental	\$2,800.00

Equipment Rental

Bounce House	\$950.00
Tent	\$200.00

T-shirts	\$900.00
Bracelets and arm bands	\$130.00
Insurance	\$500.00
Balloons	\$210.00
Character (Elmo)	\$150.00
Food Supplies	\$400.00
Gift Cards	\$400.00
For Profit Vendor Gift Certificates	\$100.00
General Supplies	\$150.00
Printing	\$200.00
Face Painter	\$ 100.00
Book Bags	\$ 450.00
Entertainment	\$ 1000.00
Publicity	\$500.00
Children's Section	\$ 100.00

TOTAL \$8,330.00



Consumer's Certificate of Exemption

DR-14
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8016593224C-5	12/06/2014	12/31/2019	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

FRIENDS OF JOHNSON BRANCH LIBRARY INC
1059 18TH ST S
ST PETERSBURG FL 33712-2326

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



Important Information for Exempt Organizations

DR-14
R. 04/11

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



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

Detail by Entity Name

Florida Not For Profit Corporation

FRIENDS OF JOHNSON BRANCH LIBRARY, INC.

Filing Information

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

Principal Address

1059 18 AVE SOUTH
SAINT PETERSBURG, FL 33701

Changed: 05/05/2003

Mailing Address

PO BOX 1061
ST. PETERSBURG, FL 33731

Changed: 04/24/2012

Registered Agent Name & Address

CONEY, ERNIE
2526 67TH AVE SOUTH
SAINT PETERSBURG, FL 33712

Name Changed: 05/01/2002

Address Changed: 05/01/2002

Officer/Director Detail

Name & Address

Title P

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

Title S

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

Title T

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

Title VP

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

Annual Reports

Report Year	Filed Date
2017	04/25/2017
2018	04/29/2018
2019	02/25/2019

Document Images

02/25/2019 -- ANNUAL REPORT	View image in PDF format
04/29/2018 -- ANNUAL REPORT	View image in PDF format
04/25/2017 -- ANNUAL REPORT	View image in PDF format
03/08/2016 -- ANNUAL REPORT	View image in PDF format
03/17/2015 -- ANNUAL REPORT	View image in PDF format
01/09/2014 -- ANNUAL REPORT	View image in PDF format
05/20/2013 -- ANNUAL REPORT	View image in PDF format
04/24/2012 -- ANNUAL REPORT	View image in PDF format
04/23/2011 -- ANNUAL REPORT	View image in PDF format
05/05/2010 -- ANNUAL REPORT	View image in PDF format
04/30/2009 -- ANNUAL REPORT	View image in PDF format
04/28/2008 -- ANNUAL REPORT	View image in PDF format
04/30/2007 -- ANNUAL REPORT	View image in PDF format
05/02/2006 -- ANNUAL REPORT	View image in PDF format
03/28/2005 -- REINSTATEMENT	View image in PDF format
05/05/2003 -- ANNUAL REPORT	View image in PDF format
05/01/2002 -- ANNUAL REPORT	View image in PDF format
07/05/2001 -- ANNUAL REPORT	View image in PDF format
05/30/2000 -- ANNUAL REPORT	View image in PDF format
06/01/1999 -- ANNUAL REPORT	View image in PDF format
05/19/1996 -- ANNUAL REPORT	View image in PDF format
05/16/1997 -- ANNUAL REPORT	View image in PDF format
07/31/1996 -- ANNUAL REPORT	View image in PDF format
02/06/1995 -- ANNUAL REPORT	View image in PDF format



Contract #: 27164
Date: 07 May 2019

User: JSBENNIN
Status: Firm

FRIENDS OF JOHNSON BRANCH LIBRARY INC
KEVIN JOHNSON
P.O. BOX 1061
ST PETERSBURG FL 33733 USA

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

Purpose of Use: JAMES WELDON JOHNSON LITERACY FESTIVAL Expected: 500 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 21 Mar 20 06:00 am Ending: Sat 21 Mar 20 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Enoch Davis Park	Sat	21 Mar 2020	06:00 AM	\$0.00	\$30.00	\$0.00	\$30.00
Park			09:00 PM				

Additional Fees:

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

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
07 May 2019	\$30.00	Check	Rental	3322553

Additional Notes:

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

By: (Sign Name) _____
(Print Name) KEVIN JOHNSON
FRIENDS OF JOHNSON BRANCH LIBRARY INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Contract #: 27164
Date: 07 May 2019

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

FRIENDS OF JOHNSON BRANCH LIBRARY INC
KEVIN JOHNSON
2801 4th ave S
ST PETERSBURG, FL 33712 USA

Receipt #: 3322553
User: JSBENNIN
Issued: Tue 07 May 19 11:14 am

Description	Amount
Previous Balance	\$60.00
Applied To: 27164 - JAMES WELDON JOHNSON LITERACY FESTIVAL Enoch Davis Park - Park March 21, 2020 6:00 am to March 21, 2020 9:00 pm	\$30.00
Payment: Check	(\$30.00)
Balance	\$30.00

APPROVED REFUNDS ARE BY CHECK ONLY

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



Date Received: 4-25-19
 Check or Cash: \$230
 Application #: 35
 Packet: B
 Permit #: 27165

Event Title: LOCALTOPIA ("A Community Celebration of All Things Local") Phone No.: 813-500-7708 Fax No.:

Entity Name: Keep Saint Petersburg Local Federal I.D. Number: 453585302

Event Date(s): 02/22/2020 (Rain Date: 02/29/2020) Location: Williams Park

Day 1 of Event: 02/22/2020 Time Gates Open: 10:00 AM Ending Time: 5:00 PM

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

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

Application Prepared by: Olga Bof Phone: 813-500-7708

Title: Founder/Executive Director Cell Phone: 813-500-7708

Address: P. O. Box 7704 City: St. Petersburg State: FL Zip: 33734

Email Address: keepsaintpetersburglocal@gmail.com

Additional Contact Person: James Ryan Day Phone: 269-601-2117

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

List all 501(c)3 entities that will benefit from this event. Keep Saint Petersburg Local is a Florida registered non-profit

Name of the for-profit entity?

Describe your event with details.

LOCALTOPIA is our city's largest "Community Celebration of All Things Local" showcasing *over* 200 of St. Pete's favorite independent businesses and community organizations.

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

IMPACT: LOCALTOPIA has become one of St. Pete's most beloved and eagerly-anticipated annual events. It showcases the best of our city (shopping, eating & drinking, arts & culture, and more) all in one place. The attendees' fierce city pride displayed on the day of the festival is what distinguishes the event from any other that takes place in St. Pete. ECONOMIC BENEFIT: Participating vendors experience their highest sales days ever/record-breaking sales and engagement, and continue to have residual sales and engagement even months after the event. Many businesses that have debuted at the festival have gone on to experience incredible growth, including opening their own brick-and-mortar locations. As the most visual manifestation of our mission to "Keep Saint Petersburg Local," it helps keep more money circulating in our local economy.

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 obtain event insurance

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. KeepSaintPetersburgLocal.org/Localtopia

Please provide a phone number that can be advertised to the public. 813-500-7708

What is the estimated attendance for this event? Spectators 20,000+ Participants 200+ Last Year's Total Attendance 20,000+

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

Recreation Equipment

Showmobile (Yes/No)

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

Tables (6 ft) # needed Chairs # needed

Public Address System

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

Special Events Facilities

Mahaffey Theater

Coliseum

Sunken Gardens

Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

Name: <input type="text" value="Olga Bof"/>	Title: <input type="text" value="Founder/Executive Director"/>	Date: <input type="text" value="4/25/2019"/>
Co-Sign: <input type="text"/>	Title: <input type="text"/>	Date: <input type="text"/>

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

Condition

Obligation

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Public Invited | | General Liability Insurance |
| <input checked="" type="checkbox"/> Located in Park | | Park Permit |
| <input checked="" type="checkbox"/> Vending Product / Merchandise Sales | | Occupational License |
| <input checked="" type="checkbox"/> Vending Food / Beverage | | Health Inspection |
| <input checked="" type="checkbox"/> Vendors / Exhibitors | How many? <input type="text" value="Over 30 Vendors / Exhibitors"/> | Alcohol Permit |
| <input checked="" type="checkbox"/> Vending Beer / Wine | | Additional insurance Required |
| <input checked="" type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft | How many? <input type="text" value="3"/> | Temporary Structure Permit |
| <input type="checkbox"/> Fence Installation | What type? <input type="text"/> | Temporary Structure Permit |
| <input type="checkbox"/> Other Structures | What structure? <input type="text"/> | Temporary Structure Permit |
| <input checked="" type="checkbox"/> Open Flame Food Preparation | | Fire Inspection Permit |
| <input type="checkbox"/> Pyrotechnics | | Fireworks Permit |
| <input checked="" type="checkbox"/> Require Street Closure | | Parade or Street Closure Permit(s) |
| <input type="checkbox"/> VIP Area | | |
| <input checked="" type="checkbox"/> Staging | <input checked="" type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other | |
| <input checked="" type="checkbox"/> Amplified Sound | <input type="checkbox"/> Performers <input type="checkbox"/> Announcement Only | |
| <input checked="" type="checkbox"/> Security | <input type="checkbox"/> Daytime - Private <input checked="" type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD | |
| <input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets | Regular Units <input type="text" value="20"/> Disabled Units <input type="text" value="2"/> Hand Washing <input type="text" value="8"/> | |
| <input type="checkbox"/> Off-site Parking / Shuttle | | |
| <input type="checkbox"/> Semitruck / Tractor Trailer | | |

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Should any additional power be required, we rent our own generators and/or vendors bring/rent their own.

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: Keep Saint Petersburg Local

Phone: 813-500-7708

Address (including zip): P.O. Box 7704, St. Petersburg, FL 33734

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

Varied music
Bandstand + additional stage on 3rd Street
12-15 bands

List Vending Products. Name & Provider.

Over 200 vendors

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

Keep Saint Petersburg Local is a Florida registered non-profit

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

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

Same as for 2019 festival

Other Comments: Please describe your fee structure.

FREE Community Event

Other comments:

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

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

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

Name: Olga Bof

Title: Founder/Executive Director

Date: 4/25/2019

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:



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

Detail by Entity Name

Florida Not For Profit Corporation
KEEP SAINT PETERSBURG LOCAL CORPORATION

Filing Information

Document Number	N11000011440
FEI/EIN Number	45-3585302
Date Filed	12/13/2011
Effective Date	01/01/2012
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	01/14/2014

Principal Address

C/O Registered Agent, James Ryan
449 Central Ave
Suite 100
SAINT PETERSBURG, FL 33701

Changed: 02/09/2017

Mailing Address

PO BOX 7704
SAINT PETERSBURG, FL 33734

Changed: 02/09/2017

Registered Agent Name & Address

RYAN, JAMES C
449 Central Ave
Suite 100
SAINT PETERSBURG, FL 33701

Name Changed: 02/09/2017

Address Changed: 02/09/2017

Officer/Director Detail

Name & Address

Title CEO

BOF, OLGA M

PO BOX 7704
SAINT PETERSBURG, FL 33734

Title SECY

VIDAL, JORGE
PO BOX 7704
SAINT PETERBURG, FL 33734

Title Treasurer

RYAN, JAMES C
PO BOX 7704
St. Petersburg, FL 33734

Title Director

Grinaker, Jim
PO BOX 7704
St. Petersburg, FL 33734

Annual Reports

Report Year	Filed Date
2017	02/09/2017
2018	04/10/2018
2019	02/27/2019

Document Images

02/27/2019 -- ANNUAL REPORT	View image in PDF format
04/10/2018 -- ANNUAL REPORT	View image in PDF format
02/09/2017 -- ANNUAL REPORT	View image in PDF format
04/27/2016 -- ANNUAL REPORT	View image in PDF format
03/10/2015 -- ANNUAL REPORT	View image in PDF format
12/13/2011 -- Domestic Non-Profit	View image in PDF format



Contract #: 27165
Date: 07 May 2019

User: JSBENNIN
Status: Firm

KEEP SAINT PETERSBURG LOCAL CORPORATION
OLGA BOF
449 CENTRAL AVE STE 100
ST PETERSBURG FL 33701 3876 USA

Primary #: (813) 500-7708
Secondary #: ()
Other #: ()

Purpose of Use: LOCALTOPIA

Expected: 0

Co-Sponsored Event

Contract Balance
\$0.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Fri 21 Feb 20 06:00 am

Ending: Sat 29 Feb 20 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Williams Park	Fri	21 Feb 2020	06:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
Bandshell & Park		22 Feb 2020	09:00 PM				
Williams Park	Sat	29 Feb 2020	06:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Bandshell & Park			09:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00
Extra Fee - Bookings	Hours	Quantity	Charge	Tax
Co-Sponsored Permit Fee	39:00	1	\$200.00	\$0.00
		1	\$200.00	\$0.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
\$ 0.00	\$230.00	\$0.00	\$230.00	\$0.00	\$230.00	\$0.00	(\$370.00)

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
30 Mar 2017	\$140.00	Check	Rental	2762891
09 Apr 2018	\$90.00	Check	Rental	3027558

Additional Notes:

2/29 IS A RAIN DATE

Contract #: 27165
Date: 07 May 2019

User: JSBENNIN
Status: Firm

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

By: (Sign Name) _____
(Print Name) OLGA BOF
KEEP SAINT PETERSBURG LOCAL CORPORATION
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

Supervisor II / Foreman

Approved or Rejected Date: _____

Manager

Approved or Rejected Date: _____

Manager

Approved or Rejected Date: _____

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

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



Date Received: 4-25-19
 Check or Cash: _____
 Application #: 36
 Packet: B
 Permit #: 27166

Event Title: Greater Tampa Bay Area Walk to Defeat ALS Phone No.: 813-637-9000 Fax No.: 813=637-9010

Entity Name: The ALS Association Florida Chapter Federal I.D. Number: 943124732

Event Date(s): First Choice 3/7/20 Location: Elva Rouse Park

Day 1 of Event: 3/6 Time Gates Open: 12 noon Ending Time: 5:00pm

Day 2 of Event: 3/7 Time Gates Open: 7:00am Ending Time: 1:00pm

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

Application Prepared by: Patti Palmer Phone: 813-205-5566

Title: Manager Chapter Awareness Cell Phone: 813-205-5566

Address: 3242 Parkside Center Circle City: Tampa State: FL Zip: 33619

Email Address: ppalmer@alsaf1.org

Additional Contact Person: Kate Sanstrom Day Phone: 813-597-6233

What month/year were you incorporated as nonprofit? August 1987

List all 501(c)3 entities that will benefit from this event. The ALS Association Florida Chapter

Name of the for-profit entity? _____

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

The ALS Association Florida Chapter is primarily funded by funds raised from it's statewide walk program. We host nine walks around the the State of Florida. 90% of every dollar raised goes directly to patients living with ALS or their family member who is caring for them. All services are free of charge and provide support for a better quality of life to those are living with this fatal disease, commonly known as Lou Gehrig's Disease. There is no cure for ALS. Most people diagnosed live between 2 and 5 years, becoming paralyzed, unable to speak or move and eventually unable to breath. While the mind stays in tact.

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

Positive feelings for the sitting as a supporter of this not for profit organization, the ALS Association; Introduces new people to the City of St. Pete and it's beautiful parks and neighborhoods. Hotels, restaurants and other businesses benefit as people attend the walk from all of the surrounding counties. Provides an opportunity for community involvement and volunteerism.

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? over 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: None Day of: _____

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

Please provide a phone number that can be advertised to the public. 813-637-9000 Ext 125

What is the estimated attendance for this event? Spectators 50 Participants 900 Last Year's Total Attendance 900

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

Condition

Obligation

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> Public Invited | | | General Liability Insurance |
| <input checked="" type="checkbox"/> Located in Park | | | Park Permit |
| <input type="checkbox"/> Vending Product / Merchandise Sales | | | Occupational License |
| <input type="checkbox"/> Vending Food / Beverage | | | Health Inspection |
| <input checked="" type="checkbox"/> Vendors / Exhibitors | How many? | 11 - 20 Vendors / Exhibitors | |
| <input type="checkbox"/> Vending Beer / Wine | | | Alcohol Permit Additional insurance Required |
| <input checked="" type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft | How many? | 2 (20X20) | Temporary Structure Permit |
| <input type="checkbox"/> Fence Installation | What type? | Weighted poles | Temporary Structure Permit |
| <input type="checkbox"/> Other Structures | What structure? | Canopy | Temporary Structure Permit |
| <input type="checkbox"/> Open Flame Food Preparation | | | Fire Inspection Permit |
| <input type="checkbox"/> Pyrotechnics | | | Fireworks Permit |
| <input type="checkbox"/> Require Street Closure | | | Parade or Street Closure Permit(s) |
| <input type="checkbox"/> VIP Area | | | |
| <input checked="" type="checkbox"/> Staging | <input checked="" type="checkbox"/> Professional | <input type="checkbox"/> Showmobile | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Amplified Sound | <input type="checkbox"/> Performers | <input type="checkbox"/> Announcement Only | |
| <input checked="" type="checkbox"/> Security | <input checked="" type="checkbox"/> Daytime - Private | <input checked="" type="checkbox"/> Overnight - Private | <input type="checkbox"/> Event Time Frame - SPPD |
| <input type="checkbox"/> Sanitary Facilities - Port-O-Lets | Regular Units | Disabled Units | Hand Washing |
| <input type="checkbox"/> Off-site Parking / Shuttle | | | |
| <input type="checkbox"/> Semitruck / Tractor Trailer | | | |

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? YES NO

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

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

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

Name:

The ALS Association

 Phone:

Address (including zip):

same as above

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

List Vending Products. Name & Provider.

Sponsors like Mobility Works, Ability, and other patient related services

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.

Get people pumped up about walking and raising funds for ALS

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

Friday (3/6) 12noon - set up to 5pm - we will have security overnight on Friday night
Need the parking lot just north of Elva Rouse Park for walkers and handicap parking (about 20 spaces for handicap marked off) - also street parking in front of park for Saturday event.
Saturday (3/7) 7am finish set up = registration opens at 8:30 am, Walk is at 10 am and everything is over by 12noon.

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: Patti Palmer Title: Mgr Chapter Awareness Date: 4/24/19

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:	The ALS Association Florida Chapter
Name of Responsible Party (President or CEO ONLY):	Ray Carson
Title of Responsible Party:	President
Physical Address of Responsible Party:	3242 Parkside Center Circle Tampa Fl 33619
Phone Number of Responsible Party:	813-637-9000 Ext. 105
Email Address of Responsible Party:	rcarson@alsaf1.org
Nonprofit (Employee Identification Number):	tax id # 94-3124732

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

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



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

Name of Event: Greater Tampa Bay Area Walk to Defeat AL
 Date(s) of Event: Mar 8, 2019 - Mar 9, 2019

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

Amount

1.	Greater Tampa Bay Area Walk Funds Raised	\$165,648.00
2.		
3.		
4.		
5.		
6.		
7.		
8.		
TOTAL GROSS REVENUE		\$165,648.00

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

1.	Tents/ Sound/Staging/Tables/Chairs	\$11,928.00
2.	City Fees	
3.	Private Security	
4.	T Shirts	
5.	Kick Off Event	
6.	Walk Prizes	
7.	Printing & Postage	
8.	Signage	
9.	Supplies	
10.	Food & Beverages	
11.		
12.		
TOTAL OPERATING EXPENSES		\$11,928.00
TOTAL NET INCOME		\$153,720.00

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

1.	All funds used to provide services to patients with Lou Gehrig's Disease.	\$153,720.00
2.	Respite Care Grants for caregivers	
3.	Durable Medical Equipment for patients	
4.	Clinic Support	
5.	Electronic Speech Devices, Power Wheel Chairs and Hoya Lifts	
6.	Home Modifications	
TOTAL ALLOCATION OF NET INCOME		\$153,720.00

Prepared by: Patti Palmer Date: Apr 24, 2019

Print Application

Submit Application by
Email



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

Detail by Entity Name

Florida Not For Profit Corporation
THE ALS ASSOCIATION FLORIDA CHAPTER, INC.

Filing Information

Document Number	N22299
FEI/EIN Number	94-3124732
Date Filed	08/31/1987
State	FL
Status	ACTIVE
Last Event	AMENDMENT AND NAME CHANGE
Event Date Filed	04/06/2001
Event Effective Date	NONE

Principal Address

3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Changed: 02/26/2007

Mailing Address

3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Changed: 02/26/2007

Registered Agent Name & Address

Carson, II, Raymond J.
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Name Changed: 04/08/2019

Address Changed: 09/24/2012

Officer/Director Detail

Name & Address

Title President and CEO

Carson, II, Raymond J.
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Title Treasurer

STAMBAUGH, GLENN
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Title Chairman

Cannistra, John
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Title Secretary

Maybrook, Sharon
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Title Vice Chair

Graham, Hampton
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Title Board of Directors

Bitner Rodin, Wendy
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Title Board of Directors

Clynch, Jo-Ann
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Title Board of Directors

Bailey, Alecia
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Title Board of Directors

Collins, John
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Title Board of Directors

Conn, Kevin

3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Title Board of Directors

Cummings, Tim
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Title Board of Directors

Fields, Troy
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Title Board of Directors

Spring, Melissa
3242 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

Annual Reports

Report Year	Filed Date
2017	02/23/2017
2018	02/05/2018
2019	04/08/2019

Document Images

04/08/2019 -- ANNUAL REPORT	View image in PDF format
02/05/2018 -- ANNUAL REPORT	View image in PDF format
01/19/2018 -- Reg. Agent Change	View image in PDF format
02/23/2017 -- ANNUAL REPORT	View image in PDF format
02/01/2016 -- ANNUAL REPORT	View image in PDF format
03/31/2015 -- ANNUAL REPORT	View image in PDF format
01/28/2014 -- ANNUAL REPORT	View image in PDF format
01/29/2013 -- ANNUAL REPORT	View image in PDF format
09/24/2012 -- Reg. Agent Change	View image in PDF format
01/05/2012 -- ANNUAL REPORT	View image in PDF format
03/18/2011 -- ANNUAL REPORT	View image in PDF format
03/03/2011 -- ANNUAL REPORT	View image in PDF format
06/18/2010 -- ANNUAL REPORT	View image in PDF format
04/30/2009 -- ANNUAL REPORT	View image in PDF format
06/20/2008 -- ANNUAL REPORT	View image in PDF format
02/26/2007 -- ANNUAL REPORT	View image in PDF format
02/14/2006 -- ANNUAL REPORT	View image in PDF format
04/18/2005 -- ANNUAL REPORT	View image in PDF format
07/07/2004 -- ANNUAL REPORT	View image in PDF format
04/21/2003 -- ANNUAL REPORT	View image in PDF format
04/22/2002 -- ANNUAL REPORT	View image in PDF format
04/19/2001 -- ANNUAL REPORT	View image in PDF format



Contract #: 27166
Date: 07 May 2019

User: JSBENNIN
Status: Firm

THE ALS ASSOCIATION FLORIDA CHAPTER, INC
PATTIE PALMER
3242 PARKSIDE CENTER CIR
TAMPA FL 33619 USA

Primary #: (810) 360-5930
Secondary #: (813) 205-5566
Other #: ()

Purpose of Use: GREATER TAMPA BAY AREA WALK TO DEFEAT ALS

Expected:
1,000

Co-Sponsored Event

Contract Balance
\$230.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Fri 06 Mar 20 06:00 am

Ending: Sat 07 Mar 20 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Elva Rouse Park	Fri	06 Mar 2020	06:00 AM	\$0.00	\$200.00	\$0.00	\$200.00
Park		07 Mar 2020	09:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00
Extra Fee - Bookings	Hours	Quantity	Charge	Tax
Co-Sponsored Permit Fee	39:00	1	\$200.00	\$0.00
		1	\$200.00	\$0.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By: (Sign Name) _____
(Print Name) PATTIE PALMER
THE ALS ASSOCIATION FLORIDA CHAPTER, 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 #: 27166
Date: 07 May 2019

User: JSBENNIN
Status: Firm

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

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

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



Date Received: 4-3-19
 Check or Cash: _____
 Application #: 37
 Packet: B
 Permit #: 27167

Event Title: St. Petersburg Fine Art Festival Phone No.: 941-320-9192 Fax No.: _____

Entity Name: Paragon Fine Art Festivals Federal I.D. Number: 45-2779488

Event Date(s): February 22-23, 2020 Location: South Straub Park

Day 1 of Event: Feb 21 setup Time Gates Open: 7:00 am Ending Time: 7:00 pm

Day 2 of Event: Feb 22 event Time Gates Open: 10:00 am Ending Time: 5:00 pm

Day 3 of Event: Feb 23 event Time Gates Open: 10:00 am Ending Time: 5:00 pm

Application Prepared by: Adrian Johannes Phone: 941-320-9192

Title: Event Director Cell Phone: 941-320-9192

Address: 12326 Thornhill Court City: Sarasota State: FL Zip: 34202

Email Address: christinebaer@voicedowntown.com

Additional Contact Person: Christine Baer Day Phone: 727-542-3000

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

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

Name of the for-profit entity? Paragon Fine Art Festivals

Describe your event with details.

There is immense aesthetic and cultural contribution to the community through the encounter of residents and art patrons with original, handmade fine art brought to the event by artisans from across Florida and around the country. Art enriches our lives and our responses to art are priceless. This experience introduces the residents of and visitors to St. Petersburg a tapestry of extraordinary work they would otherwise not experience. It is in the heart of St. Petersburg, thus bringing event attendees to downtown St. Petersburg, Straub Park and the businesses (e.g., restaurants, galleries and shops) of the local downtown area. For many, as the event is held in the "high season", this will be their experience in downtown St. Petersburg. Thus, the event affords the opportunity for more people to experience St. Petersburg and concurrently growing the patron base of local businesses, experience and ambiance.

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

In 2014 we conducted a post-show survey of downtown businesses near the event site of Straub Park to assess how the event impacted local businesses. From our event in February 2014, businesses in the vicinity of Straub Park reported a 15-300% increase in revenue, stemming from the art festival. In addition, we project the artists in attendance at the event alone will contribute about 380 room nights in hotels and 1700 meals in local restaurants. We also do not compete with local food merchants in that we do not have food vendors on site. We encourage local art galleries to have a presence at the event if they choose. They may find artisans from outside of St. Petersburg and wish to carry their work in their galleries.

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

Does your group presently have liability insurance? YES NO How much? \$1M / \$2M

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. paragonartevents.com

Please provide a phone number that can be advertised to the public. 941-487-8061

What is the estimated attendance for this event? Spectators 3000 Participants 120 Last Year's Total Attendance 3000

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

Name:	<input type="text" value="Adrian Johannes"/>	Title:	<input type="text" value="Event Director"/>	Date:	<input type="text" value="4.3.19"/>
Co-Sign:	<input type="text" value="John Collins (St. Petersburg Arts Alliance)"/>	Title:	<input type="text" value="Executive Director"/>	Date:	<input type="text" value="4.3.19"/>

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input checked="" type="checkbox"/> Located in Park		Park Permit
<input type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input type="checkbox"/> Vending Food / Beverage		Health Inspection
<input type="checkbox"/> Vendors / Exhibitors	How many? <input type="text" value="Over 30 Vendors / Exhibitors"/>	Alcohol Permit Additional insurance Required
<input type="checkbox"/> Vending Beer / Wine		
<input type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <input type="text" value="none"/>	Temporary Structure Permit
<input type="checkbox"/> Fence Installation	What type? <input type="text" value="n/a - none"/>	Temporary Structure Permit
<input type="checkbox"/> Other Structures	What structure? <input type="text" value="n/a - none"/>	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input type="checkbox"/> VIP Area		
<input type="checkbox"/> Staging	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input type="checkbox"/> Amplified Sound	<input type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input checked="" type="checkbox"/> Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD	
<input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <input type="text" value="4"/> Disabled Units <input type="text" value="1"/> Hand Washing <input type="text" value="1"/>	
<input checked="" type="checkbox"/> Off-site Parking / Shuttle		
<input type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

n/a

Will you supply your own generators? YES NO

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

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

no

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

Name: Phone:

Address (including zip):

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

n/a No musical performances

List Vending Products. Name & Provider.

n/a None provided / sold -- only original artwork by the artists in attendance at the event.

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

n/a

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

n/a

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

Load in beginning at 7am on Friday, February 22, 2020. Artists will park at curb and dolly booths, displays and artwork into South Straub Park for setup. Will consider a Looper Trolley to shuttle artists from site to parking (e.g., Vinoy Park)

Other Comments: Please describe your fee structure.

n/a No admission charged -- the show is about artists selling their original handmade artwork to the public; pricing is determined solely by the artists.

Other comments:

None

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

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

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

Name: John Collins

Title: Executive Director

Date: 4.3.19

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.
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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:	St. Petersburg Alliance
Name of Responsible Party (President or CEO ONLY):	John Collins
Title of Responsible Party:	Executive Director
Physical Address of Responsible Party:	100 Second Avenue N., Suite 150, St. Petersburg, FL 33701
Phone Number of Responsible Party:	727-518-5142
Email Address of Responsible Party:	john@stpeteartsalliance.org
Nonprofit (Employee Identification Number):	46-1335413

Name of the For-profit Corporation:	Paragon Fine Art Festivals Inc.
Name of Responsible Party (President or CEO ONLY):	Adrian Johannes
Title of Responsible Party:	Event Director
Physical Address of Responsible Party:	12326 Thornhill Court, Lakewood Ranch, FL 34202
Phone Number of Responsible Party:	941-320-9192
Email Address of Responsible Party:	christinebaer@voicedowntown.com
For-profit (Employee Identification Number)	45-2779488

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:	christinebaer@voicedowntown.com
----------------	---------------------------------

**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.		
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5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
TOTAL OPERATING EXPENSES		
TOTAL NET INCOME		

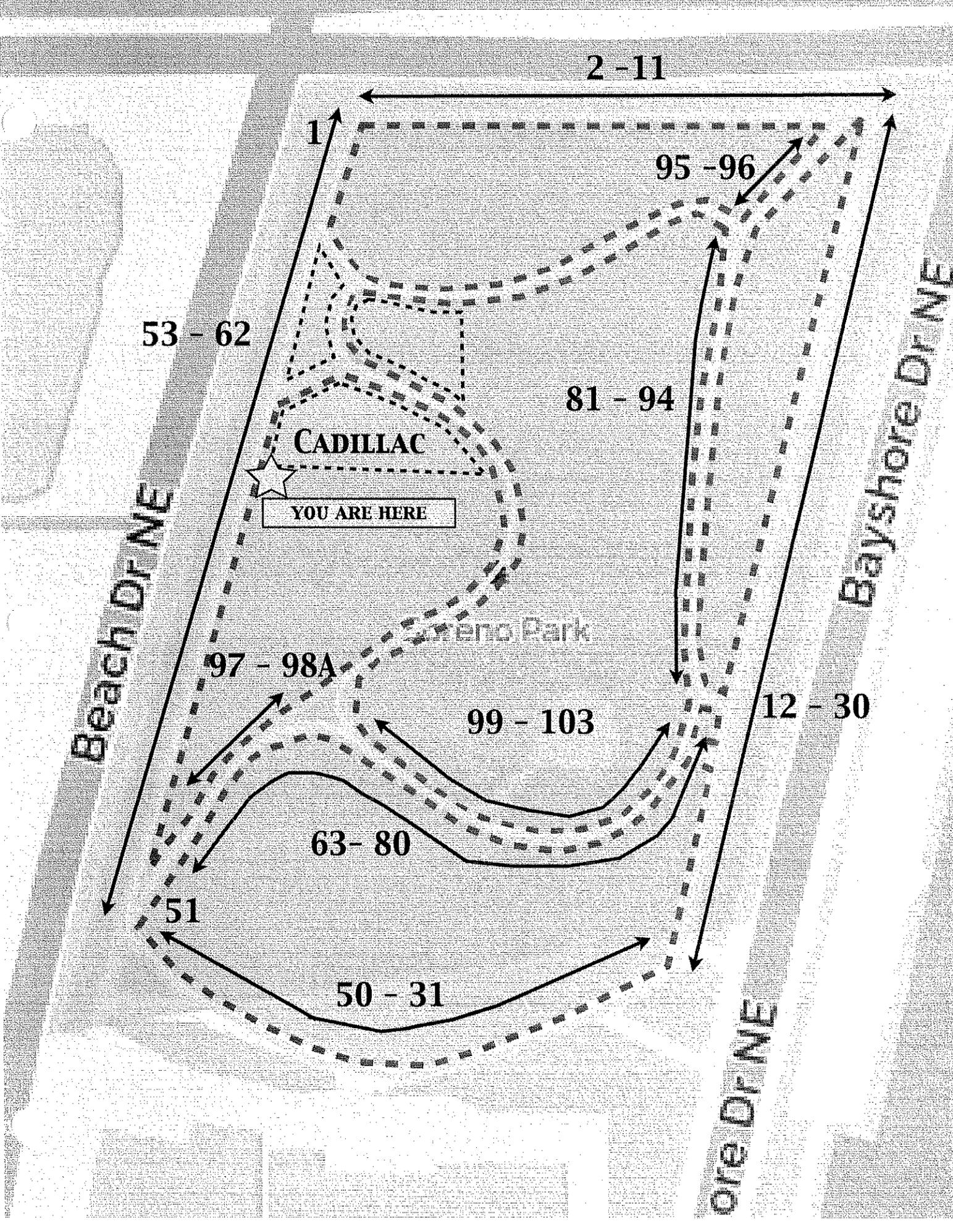
III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

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

Prepared by: Date:

Print Application

Submit Application by E



2-11

1

95-96

53-62

81-94

CADILLAC

YOU ARE HERE

Xeno Park

97-98A

99-103

12-30

63-80

51

50-31

Beach Dr NE

Bayshore Dr NE

Ore Dr NE

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

DEPARTMENT OF THE TREASURY

Date: FEB 28 2013

ST PETERSBURG ARTS ALLIANCE INC
100 SECOND AVE NORTH STE 150
ST PETERSBURG, FL 33701

Employer Identification Number:
46-1335413
DLN:
17053003318013
Contact Person:
ZENIA LUK ID# 31522
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
October 18, 2012
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

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

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

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

Letter 947 (DO/CG)

ST PETERSBURG ARTS ALLIANCE INC

Sincerely,



Holly G. Paz
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

Detail by Entity Name

Foreign Profit Corporation
PARAGON FINE ARTS FESTIVALS, INC.

Filing Information

Document Number F14000002914
FEI/EIN Number 45-2779488
Date Filed 07/08/2014
State NY
Status ACTIVE

Principal Address

1625 keely lane
SARASOTA, FL 34242

Changed: 04/28/2017

Mailing Address

1625 Keely lane
SARASOTA, FL 34242

Changed: 04/28/2017

Registered Agent Name & Address

MAGUIRE, DENISE
8258 MIDNIGHT PASS RD
SARASOTA, FL 34242

Officer/Director Detail**Name & Address**

Title P

MAGUIRE, DENISE
1625 Keely lane
SARASOTA, FL 34242

Annual Reports

Report Year	Filed Date
2017	04/28/2017
2018	04/30/2018
2019	02/09/2019

Document Images

02/09/2019 -- ANNUAL REPORT	View image in PDF format
04/30/2018 -- ANNUAL REPORT	View image in PDF format
04/28/2017 -- ANNUAL REPORT	View image in PDF format
04/10/2016 -- ANNUAL REPORT	View image in PDF format
04/23/2015 -- ANNUAL REPORT	View image in PDF format
07/08/2014 -- Foreign Profit	View image in PDF format



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

Detail by FEI/EIN Number

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

Filing Information

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

Principal Address

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

Mailing Address

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

Changed: 08/12/2014

Registered Agent Name & Address

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

Address Changed: 08/12/2014

Officer/Director Detail

Name & Address

Title Officer

Murphy, Mary Anna
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title Officer

Baker, Jeff
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title 0

Bond Markus, Angela
100 SECOND AVE. NORTH, #150
ST. PETERSBURG, FL 33701

Title Director

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

Title Director

Baker, Jeff
100 2nd Ave N, #150
St. Petersburg, FL 33601

Title Director

Bond Markus, Angela
100 2nd Ave NE, #150
Sr. Petersburg, FL 33701

Title Director

Messa, Zachary
100 2nd Ave N, #150
St. Petersburg, FL 33701

Title Director

Behar, Kara
100 2nd Ave N, #150
St. Petersburg, FL 33701

Title Director

Canfield, Brooke
100 2nd Ave N. #150
St. Petersburg, FL 33701

Title Officer

French, Helen
100 2nd Ave N. #150
St. Petersburg, FL 33701

Title Director

McFrederick, Kelly Lee
100 2nd Ave N, #150
St. Petersburg, FL 33701

Title Director

Biddle, Larry
100 2nd Ave N, #150
St. Peteersburg, FL 33701

Title Director

Ramsey, David
100 2nd Ave N., #150
St. Petersburg, FL 33701

Title Director

Carder, Paul
100 2nd Ave. N, #150
St. Petersburg, FL 33701

Title Director

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

Title Director

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

Title Director

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

Title Director

Melissa, Finley-Williams
100 SECOND AVE. NORTH
SUITE 150
ST. PETERSBURG, FL 33704

Title Director

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

Annual Reports

Report Year	Filed Date
2017	02/09/2017
2018	02/27/2018
2019	02/18/2019

Document Images

02/18/2019 -- ANNUAL REPORT	View image in PDF format
02/27/2018 -- ANNUAL REPORT	View image in PDF format
02/09/2017 -- ANNUAL REPORT	View image in PDF format
02/10/2016 -- ANNUAL REPORT	View image in PDF format
01/10/2015 -- ANNUAL REPORT	View image in PDF format
08/12/2014 -- REINSTATEMENT	View image in PDF format
10/18/2012 -- Domestic Non-Profit	View image in PDF format

Florida Department of State, Division of Corporations



Contract #: 27167
Date: 07 May 2019

User: JSBENNIN
Status: Firm

PARAGON FINE ARTS FESTIVALS INC
ADRIAN JOHANNES
12326 THORNHILL COURT
SARASOTA FL 34202 USA

Primary #: (941) 487-8061
Secondary #: ()
Other #: ()

Purpose of Use: ST. PETERSBURG FINE ARTS FESTIVAL **Expected:** 3,000 **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 21 Feb 20 06:00 am **Ending:** Sun 23 Feb 20 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
South Straub Park	Fri	21 Feb 2020	06:00 AM	\$0.00	\$400.00	\$0.00	\$400.00
Park		23 Feb 2020	09:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00
Extra Fee - Bookings	Hours	Quantity	Charge	Tax
Co-Sponsored Permit Fee	63:00	2	\$400.00	\$0.00
		2	\$400.00	\$0.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
03 Apr 2018	\$400.00	Check	Rental	3022929
11 Feb 2019	\$30.00	Check	Rental	3245390

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) ADRIAN JOHANNES

PARAGON FINE ARTS FESTIVALS INC

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name):

Parks and Recreation Superintendent

(Print Name)

Parks and Recreation Department

Contract #: 27167
Date: 07 May 2019

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**



Date Received: 4-26-19
 Check or Cash: _____
 Application #: 38
 Packet: B
 Permit #: 27169

Event Title: 2020 St Pete Beer & Bacon Phone No.: 941-812-7400 Fax No.: _____
 Entity Name: Sideline Apparel, Inc. DBA Brewed Life Federal I.D. Number: 20-3018546
 Event Date(s): 1/18/20 Location: Vinoy Park
 Day 1 of Event: 1/18/20 Time Gates Open: 12pm Ending Time: 7:30pm
 Day 2 of Event: _____ Time Gates Open: _____ Ending Time: _____
 Day 3 of Event: _____ Time Gates Open: _____ Ending Time: _____

Application Prepared by: Patrick Green Phone: 941-812-7400
 Title: President Cell Phone: 941-812-7400
 Address: 6314 98th St E City: Bradenton State: FL Zip: 34202
 Email Address: brewedlife44@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. Pet Pal Animal Shelter
 Name of the for-profit entity? Sideline Apparel, Inc. DBA Brewed Life

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

The St Pete Beer and Bacon Festival will feature beer and food from local brewers and restaurant/catering vendors. The event allows attendees to sample new beers and to try new foods from local vendors.

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

Local restaurants, breweries, and other vendors will benefit from new revenue streams as well as advertising & networking.

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: 15 Day of: 20
 Please provide the website address for your event. www.stpetebeerandbacon.com
 Please provide a phone number that can be advertised to the public. 941-812-7400
 What is the estimated attendance for this event? Spectators 3200 Participants _____ Last Year's Total Attendance 3000

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

Condition

Obligation

- | | | | |
|--|---|---|---|
| <input checked="" type="checkbox"/> Public Invited | | | General Liability Insurance |
| <input checked="" type="checkbox"/> Located in Park | | | Park Permit |
| <input checked="" type="checkbox"/> Vending Product / Merchandise Sales | | | Occupational License |
| <input checked="" type="checkbox"/> Vending Food / Beverage | | | Health Inspection |
| <input checked="" type="checkbox"/> Vendors / Exhibitors | How many? | <input type="text" value=""/> | |
| <input checked="" type="checkbox"/> Vending Beer / Wine | | | Alcohol Permit Additional insurance Required |
| <input checked="" type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft | How many? | <input type="text" value="4-6"/> | Temporary Structure Permit |
| <input checked="" type="checkbox"/> Fence Installation | What type? | <input type="text" value="Metal Boundary Fence"/> | Temporary Structure Permit |
| <input type="checkbox"/> Other Structures | What structure? | <input type="text" value=""/> | Temporary Structure Permit |
| <input checked="" type="checkbox"/> Open Flame Food Preparation | | | Fire Inspection Permit |
| <input type="checkbox"/> Pyrotechnics | | | Fireworks Permit |
| <input checked="" type="checkbox"/> Require Street Closure | | | Parade or Street Closure Permit(s) |
| <input checked="" type="checkbox"/> VIP Area | | | |
| <input checked="" type="checkbox"/> Staging | <input checked="" type="checkbox"/> Professional | <input type="checkbox"/> Showmobile | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Amplified Sound | <input checked="" type="checkbox"/> Performers | <input type="checkbox"/> Announcement Only | |
| <input checked="" type="checkbox"/> Security | <input checked="" type="checkbox"/> Daytime - Private | <input checked="" type="checkbox"/> Overnight - Private | <input checked="" type="checkbox"/> Event Time Frame - SPPD |
| <input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets | Regular Units | <input type="text" value="30"/> | Disabled Units <input type="text" value="3"/> Hand Washing <input type="text" value="4-6"/> |
| <input type="checkbox"/> Off-site Parking / Shuttle | | | |
| <input type="checkbox"/> Semitruck / Tractor Trailer | | | |

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Additional power will be needed for Bands. Available power at Vinoy is sufficient

Will you supply your own generators? YES NO

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

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

No

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

Name: Phone:

Address (including zip):

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

Rock/Pop Music. One Stage. 3-4 bands

List Vending Products. Name & Provider.

Various food, beer, wine and other items from a large amount of vendors.

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

Pet Pal Animal Shelter -
405 22nd St S
St. Petersburg, FL 33712

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

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

Other Comments: Please describe your fee structure.

Other comments:

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

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

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

Name: Title: Date:

Appendix A

Co-Sponsored Event Park Fee Structure

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



Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation:	Pet Pal Animal Shelter
Name of Responsible Party (President or CEO ONLY):	June Liggins
Title of Responsible Party:	President
Physical Address of Responsible Party:	405 22nd Street South St. Pete FL 33712
Phone Number of Responsible Party:	727-328-7738 or 813-505-6148
Email Address of Responsible Party:	Gracie@petpalanimalshelter.com
Nonprofit (Employee Identification Number):	59-2967819

Name of the For-profit Corporation:	Sideline Apparel Inc. DBA Brewed Life
Name of Responsible Party (President or CEO ONLY):	Patrick Green
Title of Responsible Party:	President
Physical Address of Responsible Party:	6314 98th St E, Bradenton, FL 34202
Phone Number of Responsible Party:	941-812-7400
Email Address of Responsible Party:	brewedlife44@gmail.com
For-profit (Employee Identification Number)	20-3018546

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



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

Name of Event:

Date(s) of Event: -

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

Amount

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

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

1.		
2.		
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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

Revenue	
Ticket Sales	
Presale - Online	53,520.00
Day of - Cash	7,000.00
Beer/Cocktail Sales	12,000.00
Food Vendors	2,500.00
Sponsors & Vendors	5,000.00
Groupon	1,800.00
Total	81,820.00
Expenses	
Park Rental Costs	14,000.00
US Tent Rentals	9,065.44
Fence	\$2,569
Security	1,000.00
Restrooms	\$1,755
Entry Staff	
Support Staff - Once Upon	900.00
Event & Beer Pouring Staff	2,100.00
Internal Staff	2,200.00
Sample Cups - 500 - Totally Promotional	230.00
Shirts	921.62
Insurance	484.02
Band 1 - Guerilla Panic	500.00
Band 2 - Cloud 9 Vibes	800.00
Band 3 - Oceanstone	600.00
Band 4 - SOWFLO	2,000.00
Hotel - Cloud 9	84.97
Hotel - SOWFLO	84.97
Hotel - VIP	145.76
Stage/Cover	1,500.00

Sound	2,250.00
Golf Cart	189.75
Golf Cart Trailer	137.87
Generator	179.38
Wristbands	204.92
Games	121.56
Beer	16,000.00
Ice	\$1,213
Liquor	639.00
Map Print - AllStateBanners.com	77.89
VIP Bar	1,300.00
VIP Bags	510.00
Photographer (352 Foto)	312.00
Radios	180.45
Voting Cards	37.97
Supplies - Ink/Paper/Etc	150.00
Accessories	131.33
Water - 25 cases	80.47
Volunteer Food	500.00
myareanetwork	350.00
Facebook Advertising	1,400.00
Radio	2,000.00
Instagram Adver	71.00
RKC.me Ticket Promo Tradeout	1,560.00
MailChimp	50.00
Total Expenses	70,536.88
Net Profit	11,233.00
Total Donation to PetPal	3,000.00

G3
G3
G3
G3
B21
B22
B23
B24
B25

Beer Sampling

G3 G3
G3 G3
B10 B1
B9 B2
B8 B3
B7 B4
B6 B5
G4

V1
V15
V2
V14
V3
V13
V4
V12
V5
V11

FT2 FT4
AF1 AF2

il
ng

G3
G3 G3
G3 G3
C10 C1
C9 C2
C8 C3
C7 C4
C6 C5
G3 G3

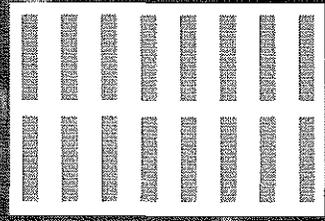
G3
G3 G3
G3 G3
B20 B11
B19 B12
B18 B13
B17 B14
B16 B15

Beer Sampling

F5
V10
F4
V9
F3
V8
F2
V7
F1
V6

FT 10
FT 9

ICE CREAM
FT 11
FT 13
FT 12





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

Detail by Entity Name

Florida Not For Profit Corporation
PET PAL RESCUE, INC.

Filing Information

Document Number	N28933
FEI/EIN Number	59-2967819
Date Filed	10/19/1988
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	07/13/2017
Event Effective Date	NONE

Principal Address

405 22ND STREET SOUTH
ST. PETERSBURG, FL 33712

Changed: 04/27/2006

Mailing Address

405 22ND STREET SOUTH
ST. PETERSBURG, FL 33712

Changed: 04/27/2006

Registered Agent Name & Address

DALY, SCOTT A
405 22ND ST S.
ST. PETE, FL 33712

Name Changed: 10/25/2013

Address Changed: 10/25/2013

Officer/Director Detail

Name & Address

Title President

LIGGINS, JUNE
405 22ND STREET SOUTH
ST. PETERSBURG, FL 33712

Title Director, Treasurer

DALY, SCOTT
 405 22ND STREET SOUTH
 ST. PETERSBURG, FL 33712

Title Director

MEAD, JOHN, DVM
 405 22nd St S
 ST PETERSBURG, FL 33712

Title Secretary

GERSON, SHARON
 405 22ND STREET SOUTH
 ST. PETERSBURG, FL 33712

Annual Reports

Report Year	Filed Date
2017	02/01/2017
2018	02/08/2018
2019	02/13/2019

Document Images

02/13/2019 -- ANNUAL REPORT	View image in PDF format
02/08/2018 -- ANNUAL REPORT	View image in PDF format
07/13/2017 -- Amendment	View image in PDF format
02/01/2017 -- ANNUAL REPORT	View image in PDF format
09/12/2016 -- Off/Dir Resignation	View image in PDF format
03/08/2016 -- ANNUAL REPORT	View image in PDF format
04/28/2015 -- ANNUAL REPORT	View image in PDF format
07/11/2014 -- AMENDED ANNUAL REPORT	View image in PDF format
06/24/2014 -- Off/Dir Resignation	View image in PDF format
03/20/2014 -- ANNUAL REPORT	View image in PDF format
10/25/2013 -- Amendment	View image in PDF format
02/04/2013 -- ANNUAL REPORT	View image in PDF format
09/20/2012 -- ANNUAL REPORT	View image in PDF format
06/15/2012 -- ANNUAL REPORT	View image in PDF format
10/06/2011 -- ANNUAL REPORT	View image in PDF format
03/03/2011 -- ANNUAL REPORT	View image in PDF format
09/21/2010 -- ANNUAL REPORT	View image in PDF format
01/06/2010 -- ANNUAL REPORT	View image in PDF format
02/24/2009 -- ANNUAL REPORT	View image in PDF format
01/15/2008 -- ANNUAL REPORT	View image in PDF format
01/03/2007 -- ANNUAL REPORT	View image in PDF format
04/27/2006 -- ANNUAL REPORT	View image in PDF format
10/07/2005 -- REINSTATEMENT	View image in PDF format



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

Detail by Entity Name

Florida Profit Corporation
SIDELINE APPAREL, INC.

Filing Information

Document Number P05000086188
FEI/EIN Number 20-3018546
Date Filed 06/15/2005
Effective Date 06/15/2005
State FL
Status ACTIVE
Last Event REINSTATEMENT
Event Date Filed 12/01/2017

Principal Address

6314 98TH STREET EAST
BRADENTON, FL 34202

Mailing Address

6314 98TH STREET EAST
BRADENTON, FL 34202

Registered Agent Name & Address

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

Name Changed: 12/01/2017

Officer/Director Detail

Name & Address

Title PRES

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

Annual Reports

Report Year	Filed Date
2017	12/01/2017
2018	02/10/2018
2019	02/08/2019



Contract #: 27169
Date: 07 May 2019

User: JSBENNIN
Status: Firm

BREWED LIFE
PATRICK GREEN
6314 98TH ST E
BRADENTON FL 34202 USA

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

Purpose of Use: 2020 ST. PETE BEER & BACON

Expected: 3,500

Co-Sponsored Event

Contract Balance
\$100.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Wed 15 Jan 20 06:00 am

Ending: Sun 19 Jan 20 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Wed	15 Jan 2020	06:00 AM	\$0.00	\$300.00	\$0.00	\$300.00
Vinoy Park		19 Jan 2020	09:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total	
Co-Sponsored Application Fee	1	\$300.00	\$0.00	\$300.00	
				\$300.00	
Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Permit Fee (Vinoy)	111:00	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	\$230.00	\$100.00	\$100.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
04 Jan 2019	\$230.00	Check	Rental	3219892

Additional Notes:

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

By: (Sign Name)

(Print Name) PATRICK GREEN

BREWED LIFE

Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name):

Parks and Recreation Superintendent

(Print Name)

Parks and Recreation Department

Contract #: 27169
Date: 07 May 2019

User: JSBENNIN
Status: Firm

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

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

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



Date Received: 5-3-19
 Check or Cash: \$30
 Application #: 39
 Packet: B
 Permit #: 27170

Event Title: Awakening Into the Sun, health, arts spring festival Phone No.: 565-2214 Fax No.:

Entity Name: Awakening Into The Sun, Inc. Federal I.D. Number:

Event Date(s): Saturday, May 7 & Sunday, May 8 2020 Location: North Straub Park

Day 1 of Event: May 7 Time Gates Open: 9am Ending Time: 6pm

Day 2 of Event: May 8 Time Gates Open: 10am Ending Time: 6pm

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

Application Prepared by: Maria T. Carranza Phone: 727-688-1921

Title: President Cell Phone:

Address: 2126 1st Ave. South City: St. Petersburg State: FL Zip:

Email Address: carranzamaite@hotmail.com

Additional Contact Person: John A. DeRuggeris Day Phone: 508-801-6394

What month/year were you incorporated as nonprofit? Oct. 2013

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

Name of the for-profit entity? Awakening Wellness Center

Describe your event with details.

There is an increasing recognition of the benefits that everyone gets when they are exposed to active life styles. During this event our foundation invites the community to experiment different types of exercises; Learn how to use their vocal chords (to sing), play instruments, meditate... Awakening Into the Sun, INC. brings this and much and much more. It brings small business groups that talk about natural ways to better take care of their health. This activity is also FREE and more and more people look for it every year.

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

This event aim to help innovators and the small business community. Vendors interact with each other, It also bring curious people who spend a bid of money (helping the economy as well). Best of all... Its Spring Break (it brings out of state visitors) and lastly, this event is usually the week prior to the Grand Prix where most of the guys who come look for healthy activities to go to.

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.awakeningintothsun.org

Please provide a phone number that can be advertised to the public. 727-565-2214

What is the estimated attendance for this event? Spectators 7,500 Participants Over 100 Last Year's Total Attendance 8,000

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 20 Chairs # needed 100
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?

Possibly the Museum of Arts

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:	<u>Maria T. Carranza</u>	Title:	<u>President</u>	Date:	<u>5.3.2019</u>
Co-Sign:	<u>John A. DeRugieris</u>	Title:	<u>Associate Pressident</u>	Date:	<u>5.3.2019</u>

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input checked="" type="checkbox"/> Located in Park		Park Permit
<input checked="" type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input checked="" type="checkbox"/> Vending Food / Beverage		Health Inspection
<input checked="" type="checkbox"/> Vendors / Exhibitors	How many? <u>Over 30 Vendors / Exhibitors</u>	Alcohol Permit Additional insurance Required
<input type="checkbox"/> Vending Beer / Wine		
<input checked="" type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <u>1</u>	Temporary Structure Permit
<input type="checkbox"/> Fence Installation	What type? <u></u>	Temporary Structure Permit
<input type="checkbox"/> Other Structures	What structure? <u></u>	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input type="checkbox"/> VIP Area		
<input checked="" type="checkbox"/> Staging	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Amplified Sound	<input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input checked="" type="checkbox"/> Security	<input type="checkbox"/> Daytime - Private <input checked="" type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD	
<input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <u>4</u> Disabled Units <u>1</u> Hand Washing <u>4</u>	
<input type="checkbox"/> Off-site Parking / Shuttle		
<input type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? YES NO

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

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

No

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

Name: Maria T. Carranza Phone: 727-688-1921

Address (including zip): 2126 1St Ave. North Saint Petersburg, FL

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

List Vending Products. Name & Provider.

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

N/A

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

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: Maria T. Carranza

Title: President

Date: 5/3/2019

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

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Awakening Into The Sun, Inc.
Name of Responsible Party (President or CEO ONLY): Maria T. Carranza
Title of Responsible Party: President
Physical Address of Responsible Party: 720 White Sand Dr. Saint Petersburg, FL 33703
Phone Number of Responsible Party: 727-688-1921
Email Address of Responsible Party: carranzamaite@hotmail.com
Nonprofit (Employee Identification Number): 45-4064670

Name of the **For-profit** Corporation: 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: Awakening Into The Sun, Inc
Address: 2126 1st Ave. South
City, State, Zip: Saint Petersburg, FL

BY EMAIL

Email Address: carranzamaite@hotmail.com

**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. Stage	\$0.00 2,000.
2. Music equipment	\$0.00 700.
3. Park and staff	\$0.00 2,300.
4. Advertising	\$0.00 4,000.
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	\$0.00 9,000.00
TOTAL NET INCOME	\$0.00 # -1,000.00

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: Maria T. Carranza Date: 5.3.2019

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 (15) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.**
- * **All first time entities requesting events will be required to complete a credit application.**



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

Detail by Entity Name

Florida Not For Profit Corporation
AWAKENING INTO THE SUN, INC.

Filing Information

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

Principal Address

6161 9th St N
Suite 100
SAINT PETERSBURG, FL 33703

Changed: 02/16/2018

Mailing Address

7853 Gunn Hwy #135
Tampa, FL 33626

Changed: 01/28/2019

Registered Agent Name & Address

Carranza, Maria
5918 Jefferson Park Dr
Tampa, FL 33625

Name Changed: 01/24/2017

Address Changed: 01/28/2019

Officer/Director Detail

Name & Address

Title PSD

CARRANZA, MARIA T
5918 Jefferson Park Dr
Tampa, FL 33625

Title Director

DERUGERIS, JOHN
 5918 Jefferson Park Dr
 Tampa, FL 33625

Annual Reports

Report Year	Filed Date
2018	02/16/2018
2018	04/19/2018
2019	01/28/2019

Document images

01/28/2019 -- ANNUAL REPORT	View image in PDF format
07/27/2018 -- AMENDED ANNUAL REPORT	View image in PDF format
04/19/2018 -- AMENDED ANNUAL REPORT	View image in PDF format
02/16/2018 -- ANNUAL REPORT	View image in PDF format
01/24/2017 -- ANNUAL REPORT	View image in PDF format
04/14/2016 -- ANNUAL REPORT	View image in PDF format
07/31/2015 -- ANNUAL REPORT	View image in PDF format
04/30/2014 -- ANNUAL REPORT	View image in PDF format
10/31/2013 -- Domestic Non-Profit	View image in PDF format

Florida Department of State, Division of Corporations



Contract/Permit

Contract #: 27170
Date: 07 May 2019

User: JSBENNIN
Status: Firm

AWAKENING INTO THE SUN INC
 MARIA CARRANZA
 2126 1ST AVE S
 ST PETERSBURG FL 33712 USA

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

Purpose of Use: AWAKENING INTO THE SUN HEALTH & ARTS FESTIVAL **Expected:** 8,000 **Co-Sponsored Event** **Contract Balance** \$400.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Fri 06 Mar 20 06:00 am **Ending:** Sun 08 Mar 20 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
North Straub Park Park	Fri	06 Mar 2020	06:00 AM	\$0.00	\$400.00	\$0.00	\$400.00
		08 Mar 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	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	\$30.00	\$400.00	\$400.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
07 May 2019	\$30.00	Check	Rental	3322632

Additional Notes:

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

By: (Sign Name) _____
 (Print Name) **MARIA CARRANZA**

 AWAKENING INTO THE SUN INC
 Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Contract #: 27170
Date: 07 May 2019

User: JSBENNIN
Status: Firm

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

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

Receipt #: 3322632
User: JSBENNIN
Issued: Tue 07 May 19 12:11 pm

Description	Amount
Previous Balance	\$430.00
Applied To: 27170 - AWAKENING INTO THE SUN HEALTH & ARTS FESTIVAL North Straub Park - Park March 6, 2020 6:00 am to March 8, 2020 9:00 pm	\$30.00
Payment: Check	(\$30.00)
Balance	\$400.00

APPROVED REFUNDS ARE BY CHECK ONLY

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



Date Received: 5-3-19
 Check or Cash: _____
 Application #: 40
 Packet: B
 Permit #: 27171

Event Title: Reggae Rise Up Music Festival Phone No.: 801-419-085 Fax No.: _____

Entity Name: Live Nite Events Federal I.D. Number: 45-5502551

Event Date(s): March 20, 21, 22 Location: _____

Day 1 of Event: Friday Time Gates Open: Noon Ending Time: 10:00 PM

Day 2 of Event: Saturday Time Gates Open: Noon Ending Time: 10:00 PM

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

Application Prepared by: Vaughn Carrick Phone: 801.419.0858

Title: Owner Cell Phone: 801.652.7955

Address: 331 S. Rio Grand St. City: SLC State: Utah Zip: 84101

Email Address: vaughn@liveniteevents.com

Additional Contact Person: Joey Traum Day Phone: 385-319-9946

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

List all 501(c)3 entities that will benefit from this event. The Teal Recovery Project

Name of the for-profit entity? Live Nite Events, LLC

Describe your event with details.

The sixth series of Reggae Rise Up Florida will be a continue to be an impact to one of the largest reggae markets in the country. More than just a reggae festival, Reggae Rise Up is also a celebration of the diverse and dynamic culture of each community we visit. Featuring cuisiness from local eateries, local, brews, and local showcasing artists to round out the experience.

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

The event will be attended by thousands of people, many of whom will visit local businesses ranging from gas stations to restaurants. We also plan to work out a "festival rate" with local hotels to encourage people to spend the night in St. Petersburg. The event itself will employ 200+ people who live in the St. Petersburg area.

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

Does your group presently have liability insurance? YES NO How much? 3,000,000

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

Will there be an admission / registration fee? YES NO Advanced Fee: 40.00 Day of: 75.00

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

Please provide a phone number that can be advertised to the public. 801.419.0858

What is the estimated attendance for this event? Spectators 40000 Participants 300 Last Year's Total Attendance 40000

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 Departments

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

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

Name: Vaughn Carrick

Title: Owner

Date: May 3rd, 2019

Co-Sign: Joey Traum

Title: Partner

Date: May 3rd, 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 is paid.**
- c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

Condition

Obligation

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Public Invited | | General Liability Insurance |
| <input checked="" type="checkbox"/> Located in Park | | Park Permit |
| <input checked="" type="checkbox"/> Vending Product / Merchandise Sales | | Occupational License |
| <input checked="" type="checkbox"/> Vending Food / Beverage | | Health Inspection |
| <input checked="" type="checkbox"/> Vendors / Exhibitors | How many? <input type="text" value="Over 30 Vendors / Exhibitors"/> | Alcohol Permit Additional insurance Required |
| <input checked="" type="checkbox"/> Vending Beer / Wine | | Temporary Structure Permit |
| <input checked="" type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft | How many? <input type="text" value="20"/> | Temporary Structure Permit |
| <input checked="" type="checkbox"/> Fence Installation | What type? <input type="text" value="Chain Link fence with scrim"/> | Temporary Structure Permit |
| <input checked="" type="checkbox"/> Other Structures | What structure? <input type="text" value="RV's / VIP viewing deck"/> | Temporary Structure Permit |
| <input checked="" type="checkbox"/> Open Flame Food Preparation | | Fire Inspection Permit |
| <input checked="" type="checkbox"/> Pyrotechnics | | Fireworks Permit |
| <input checked="" type="checkbox"/> Require Street Closure | | Parade or Street Closure Permit(s) |
| <input checked="" type="checkbox"/> VIP Area | | |
| <input checked="" type="checkbox"/> Staging | <input checked="" type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other | |
| <input checked="" type="checkbox"/> Amplified Sound | <input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only | |
| <input checked="" type="checkbox"/> Security | <input checked="" type="checkbox"/> Daytime - Private <input checked="" type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD | |
| <input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets | Regular Units <input type="text" value="110"/> Disabled Units <input type="text" value="15"/> Hand Washing <input type="text" value="15"/> | |
| <input checked="" type="checkbox"/> Off-site Parking / Shuttle | | |
| <input checked="" type="checkbox"/> Semitruck / Tractor Trailer | | |

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

Other:

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

Stage and lights, Box Office, Back stage production offices and artist green room areas.

Will you supply your own generators? YES NO

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

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

N/A

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

Name: Phone:

Address (including zip):

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

30 Reggae music artists will be performing on two stages

List Vending Products. Name & Provider.

TBD

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

The Teal Recovery Project

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

N/A

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

We would like to begin load in 5 days before event and load out will take place up to 3 days after the event. Parking needs are undetermined at this time.

Other Comments: Please describe your fee structure.

The tickets will vary pending artist confirmations. \$40 - \$200 depending on GA or VIP and time purchased prior to event. They will go up in price as the event gets closer.

Other comments:

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

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

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

Name: Title: Date:

Appendix A

Co-Sponsored Event Park Fee Structure

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

Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the Nonprofit Corporation:	The Teal Recovery Project
Name of Responsible Party (President or CEO ONLY):	Rena Cardaio
Title of Responsible Party:	President
Physical Address of Responsible Party:	13235 State RD 52 110 Hudson, FL34669
Phone Number of Responsible Party:	954-850-0443
Email Address of Responsible Party:	rena@thetealrecoveryproject.org
Nonprofit (Employee Identification Number):	80-0891587

Name of the For-profit Corporation:	Live Nite Events, LLC
Name of Responsible Party (President or CEO ONLY):	Vaughn Carrick
Title of Responsible Party:	Owner
Physical Address of Responsible Party:	331 S Rio Grande Street #108 / SLC, Utah 84101
Phone Number of Responsible Party:	801-419-0858
Email Address of Responsible Party:	vaughn@liveniteevents.com
For-profit (Employee Identification Number)	45-5502551

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	Vaughn Carrick
Address	331 S Rio Grande Street #108
City, State, Zip	SLC, Utah 84101

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 E

9

12

2

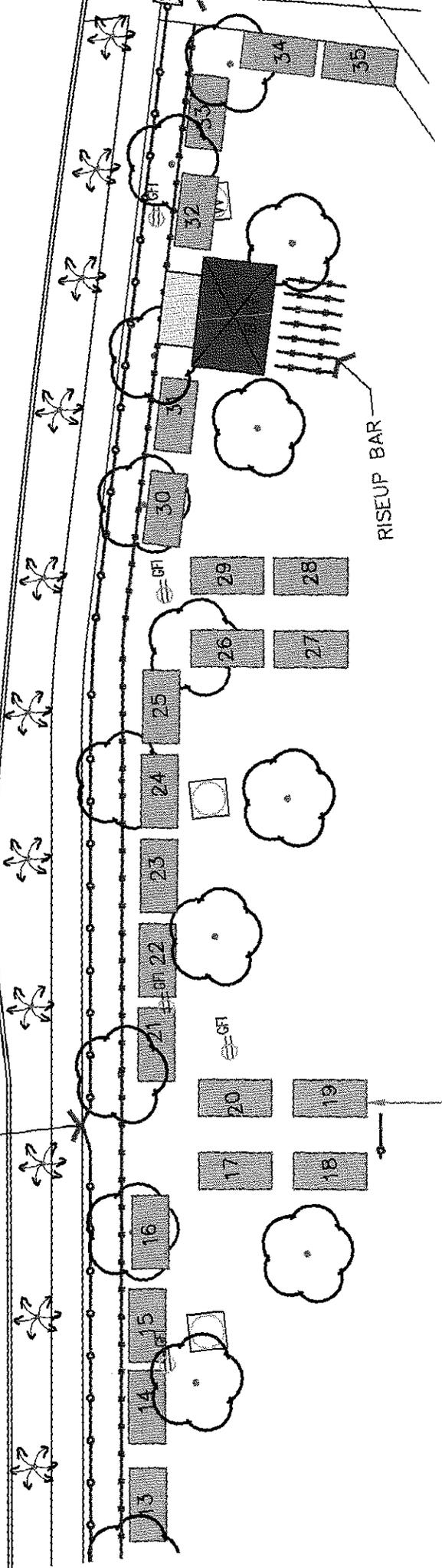
TY TRAILER

DRIVE

EMERGENCY EXIT

RISEUP BAR

.09



LEGEND

SYMBOL DESCRIPTION

- PERIMETER FENCE
- CROWD CONTROL BARRIER

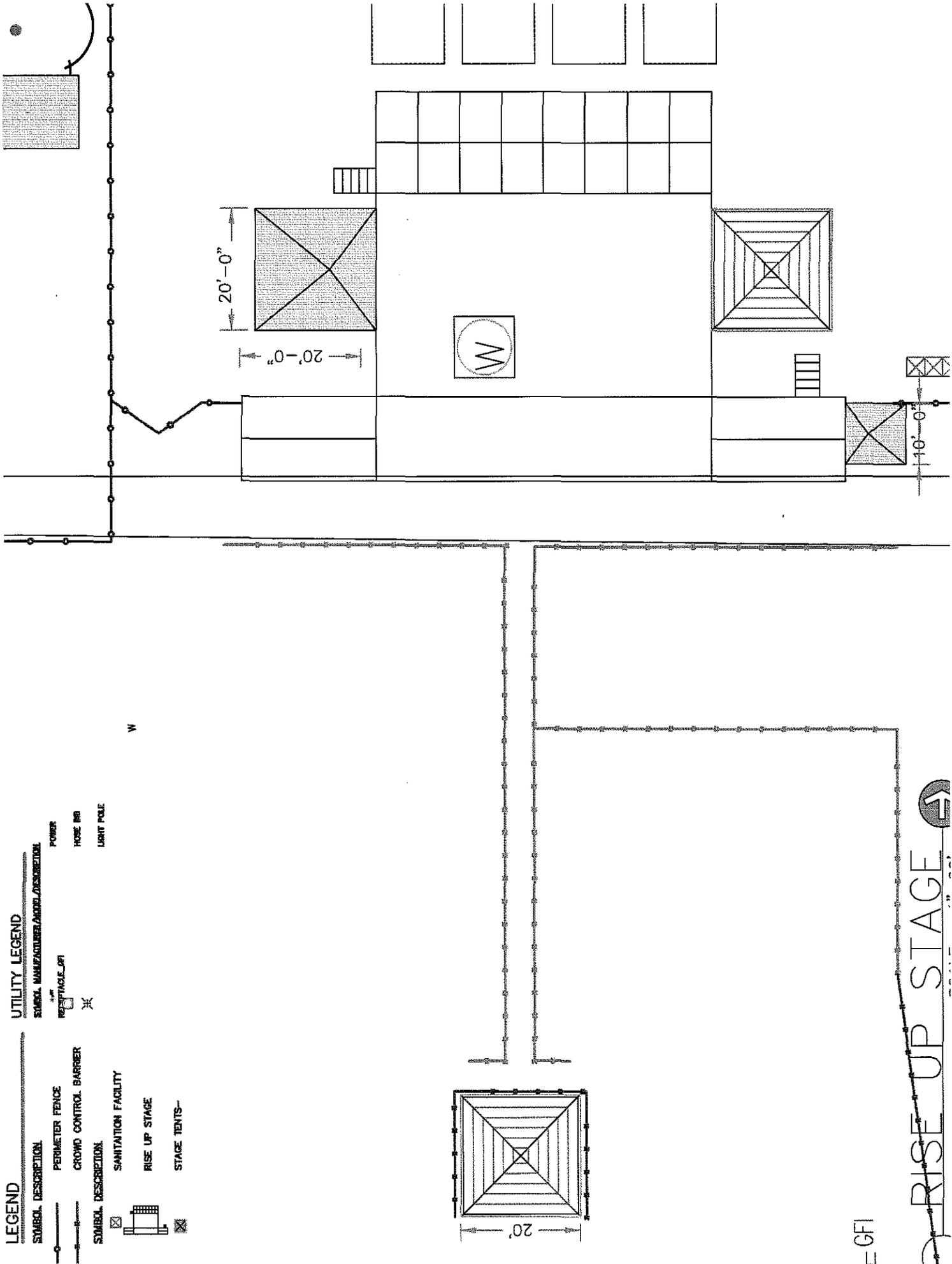
SYMBOL DESCRIPTION

- ☒ SANITATION FACILITY
- ☒ RISE UP STAGE
- ☒ STAGE TENTS

UTILITY LEGEND

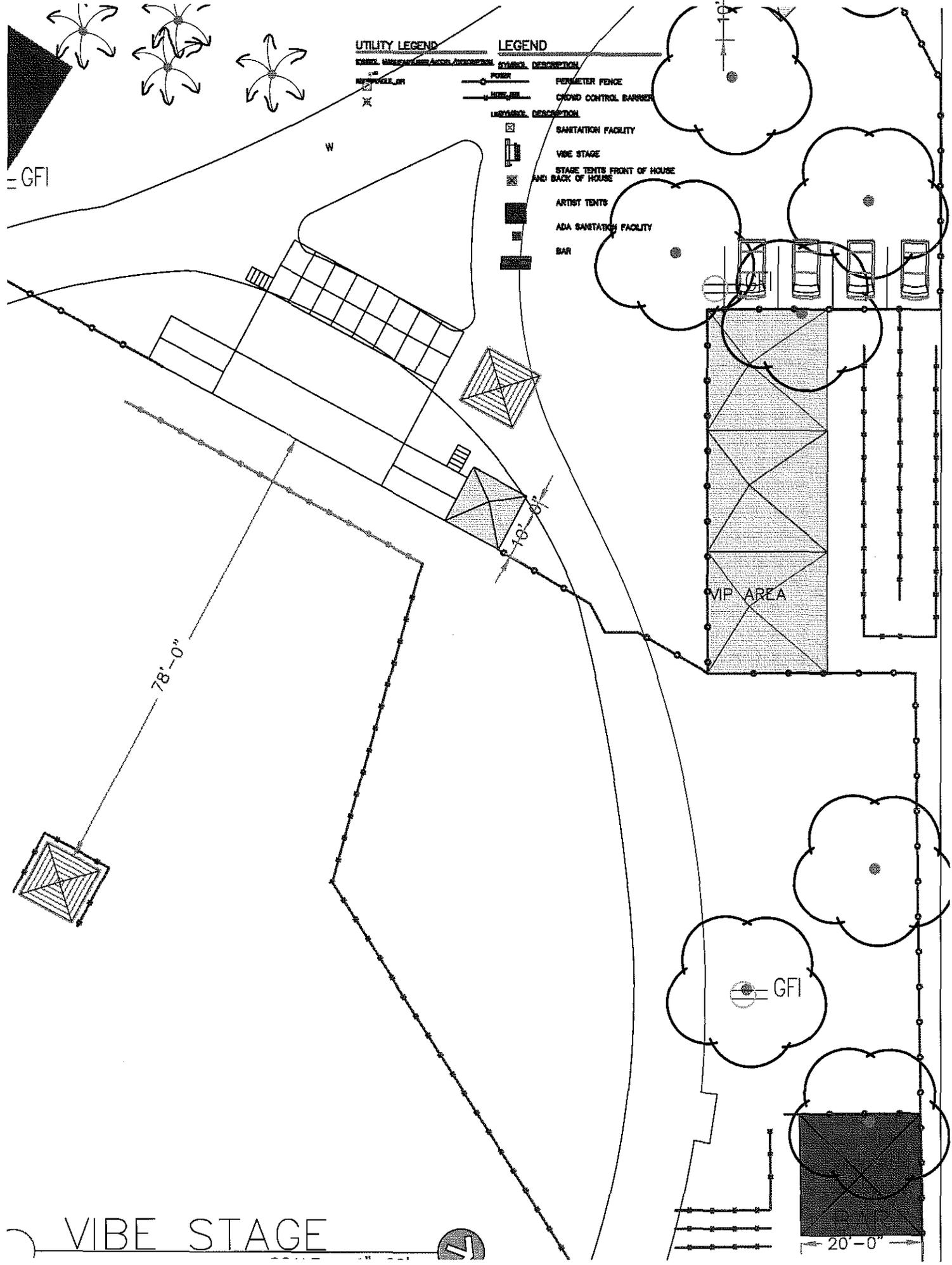
SYMBOL MANUFACTURER/MODEL/DESCRIPTION

- POWER
- HOSE BR
- LIGHT POLE



RISE UP STAGE

E-GFI



UTILITY LEGEND

SYMBOL	DESCRIPTION
[Symbol]	PERIMETER FENCE
[Symbol]	CROWD CONTROL BARRIER

LEGEND

SYMBOL	DESCRIPTION
[Symbol]	SANITATION FACILITY
[Symbol]	VIBE STAGE
[Symbol]	STAGE TENTS FRONT OF HOUSE AND BACK OF HOUSE
[Symbol]	ARTIST TENTS
[Symbol]	ADA SANITATION FACILITY
[Symbol]	BAR

GFI

78'-0"

18'-0"

GFI

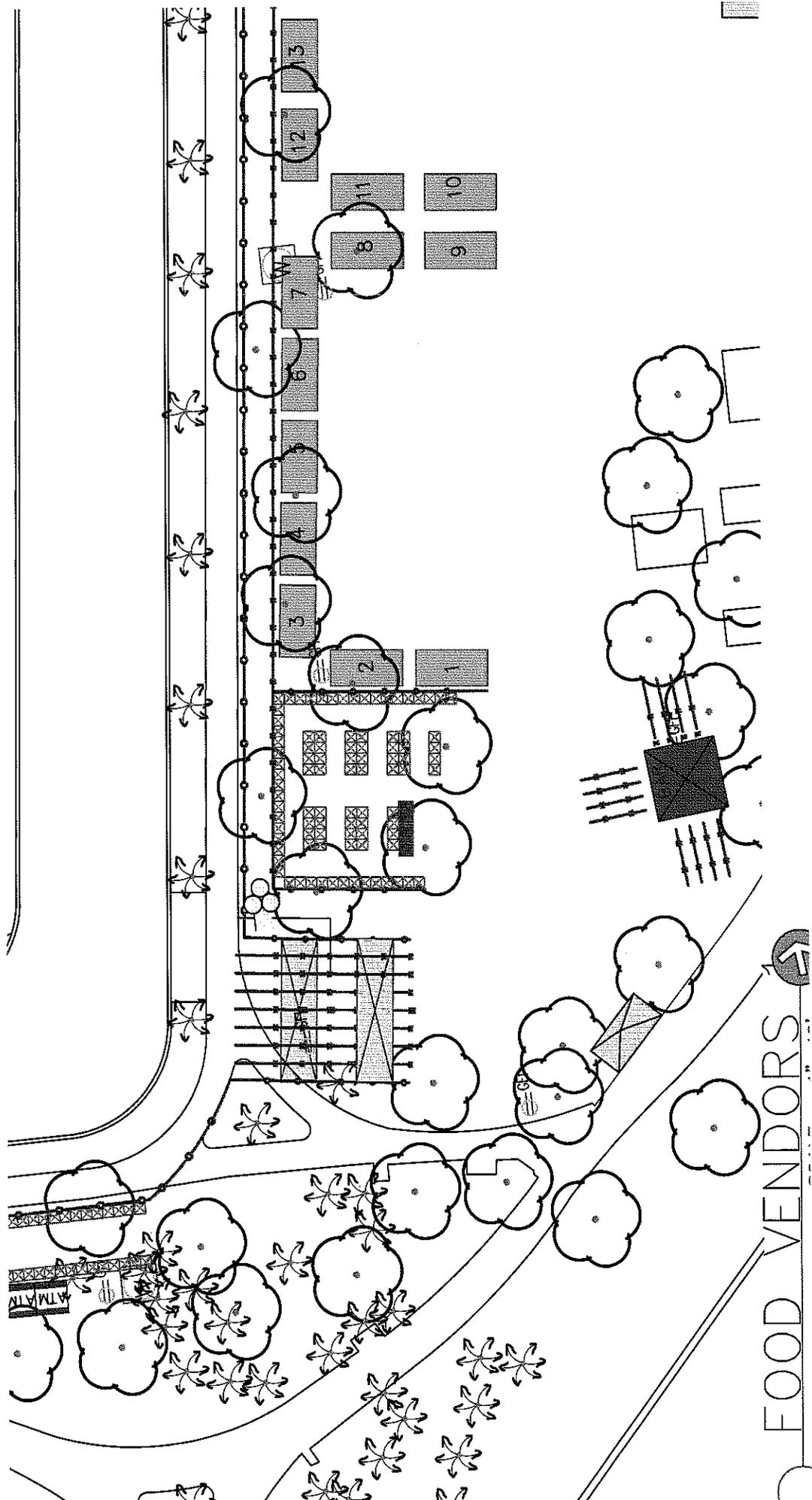
20'-0"

VIBE STAGE

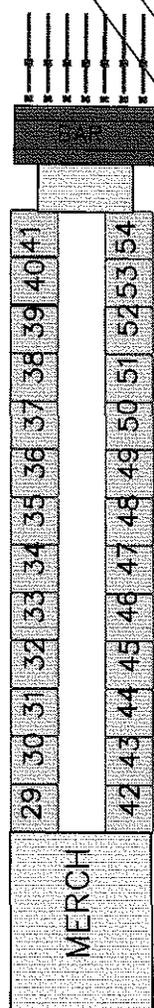
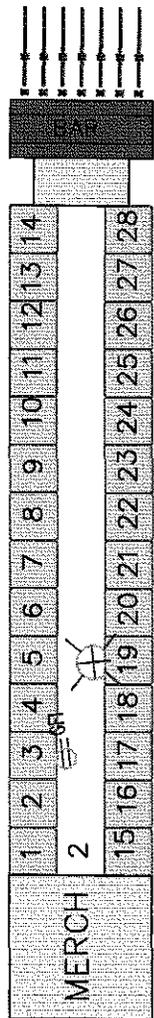
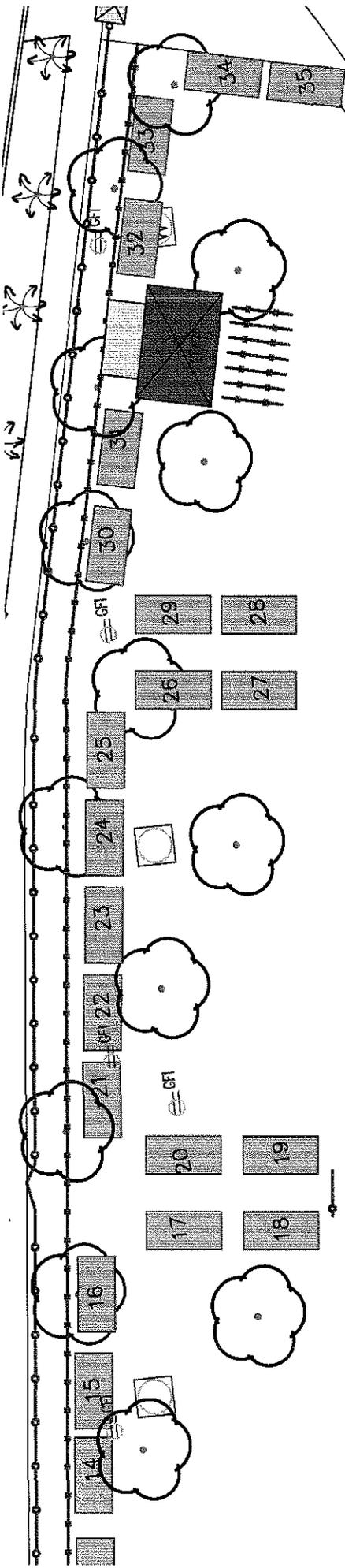


LEGEND

- STREET LIGHT
- CROWD CONTROL BARRIER
- STREET LIGHT
- 10'x10' VENDOR BOOTH
- 10'x20' FOOD VENDOR BOOTH
- SAUNTER FACILITY
- TRUCK-UP STATION
- ADMIN INSTALLATION
- ATM
- UTILITY LEGEND
- STREET LIGHT
- REST TABLE
- POWER
- HOSE BOX
- LIGHT POLE



FOOD VENDORS →

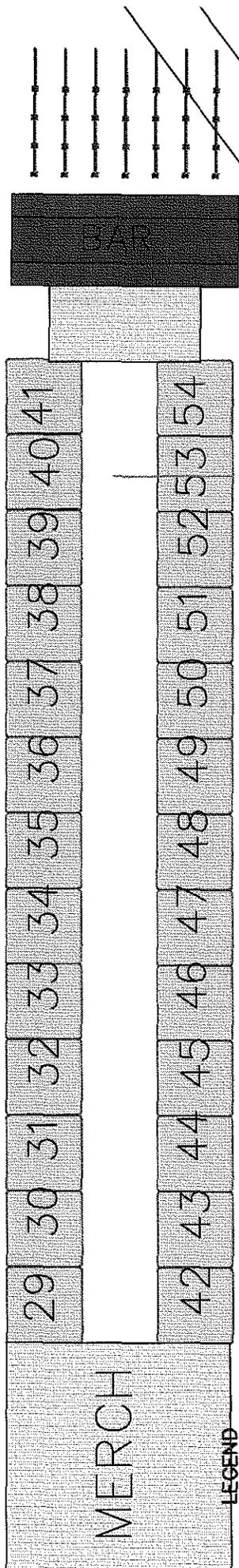
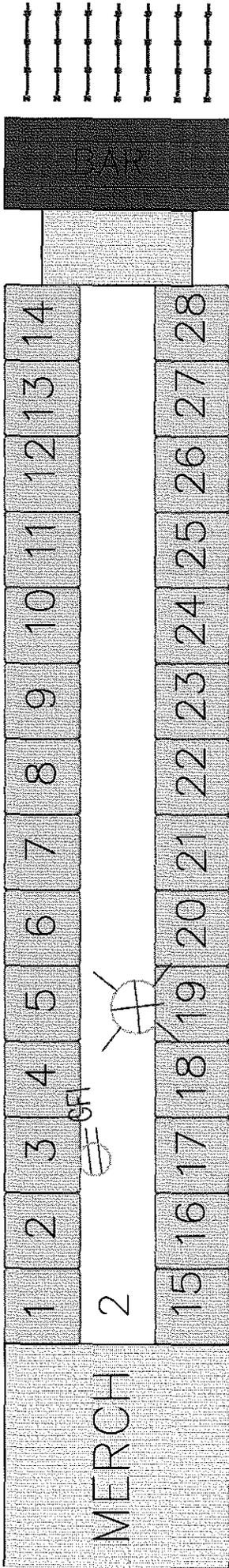


UTILITY LEGEND

- SYMBOL DESCRIPTION
- POWER
- HOSE DR
- RESTROOM
- WATER
- W

LEGEND

- SYMBOL DESCRIPTION
- TOP-UP STATION
- ADMIN INSTALLATION
- MEDICAL/ATTORATION
- ADA SANITATION
- BAR
- PERMETER FENCE
- 10'x10' VENDOR BOOTH
- 10'x20' FOOD VENDOR BOOTH
- SANITATION FACILITY
- STATION
- ADA SANITATION
- BAR



LEGEND

SYMBOL DESCRIPTION

CROWD CONTROL BARRIER

UTILITY

10'x10' VENDOR BOOTH

10'x20' FOOD VENDOR BOOTH

SANITATION FACILITY

TOP-UP STATION

ADMIN INSTALLATION

UTILITY LEGEND

SYMBOL MANUFACTURER MODEL DESCRIPTION

POWER

HOSE REEL

LIGHT POLE

VENDOR BOOTH

GFI

GFI



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

Detail by Entity Name

Florida Not For Profit Corporation
TEAL RECOVERY PROJECT INC

Filing Information

Document Number N13000001185
FEI/EIN Number 80-0891587
Date Filed 02/06/2013
Effective Date 02/01/2013
State FL
Status ACTIVE

Principal Address

13235 STATE RD 52
110
HUDSON, FL 34669

Mailing Address

13235 STATE RD 52
110
HUDSON, FL 34669

Registered Agent Name & Address

JACKSON, ANDREW BILL
13235 STATE RD 52
110
HUDSON, FL 34669

Officer/Director Detail

Name & Address

Title President

JACKSON, ANDREW BILL
13235 STATE RD 52
HUDSON, FL 34669

Title Secretary

REUSTLE, JESSICA
1755 BELLEMEADE DR.
CLEARWATER, FL 33755

Title VP

Carideo, Rena S
5508 S. MACDILL AVE
TAMPA, FL 33611

Annual Reports

Report Year	Filed Date
2018	01/15/2018
2018	09/14/2018
2019	04/18/2019

Document Images

04/18/2019 -- ANNUAL REPORT	View image in PDF format
09/14/2018 -- AMENDED ANNUAL REPORT	View image in PDF format
01/15/2018 -- ANNUAL REPORT	View image in PDF format
01/03/2017 -- ANNUAL REPORT	View image in PDF format
04/18/2016 -- ANNUAL REPORT	View image in PDF format
01/05/2015 -- ANNUAL REPORT	View image in PDF format
08/15/2014 -- ANNUAL REPORT	View image in PDF format
02/06/2013 -- Domestic Non-Profit	View image in PDF format

Florida Department of State, Division of Corporations

LIVE NITE EVENTS , LLC

[Update this Business](#)

Entity Number: 8357503-0160
Company Type: LLC - Domestic
Address: 331 S RIO GRANDE ST STE 108 SLC, UT 84101
State of Origin:

Registered Agent: VAUGHN CARRICK

Registered Agent Address:
331 SOUTH RIO GRANDE STE 108
SALT LAKE CITY, UT 84101

[View Management Team](#)

Status: Active

[Purchase Certificate of Existence](#)

Status: Active  as of 09/09/2015

Renew By: 06/30/2019

Status Description: Current

The "Current" status represents that a renewal has been filed, within the most recent renewal period, with the Division of Corporations and Commercial Code.

Employment Verification: Not Registered with Verify Utah

History

[View Filed Documents](#)

Registration Date: 06/25/2012

Last Renewed: 07/05/2018

Additional Information

NAICS Code: 7113 NAICS Title: 7113-Promoters of Performing Arts, Sport

<< Back to Search Results

Search by:

Business Name:



Contract #: 27171
 Date: 07 May 2019

User: JSBENNIN
 Status: Firm

LIVE NITE EVENTS LLC
 VAUGHN CARRICK
 324 SOUTH 400 W STE 275
 SALT LAKE CITY FL 84101 USA

Primary #: (801) 652-7955
 Secondary #: ()
 Other #: ()

Purpose of Use: REGGAE RISE UP MUSIC FESTIVAL

Expected: 40,000

Co-Sponsored Event

Contract Balance
\$930.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Tue 17 Mar 20 06:00 am

Ending: Mon 23 Mar 20 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Tue	17 Mar 2020	06:00 AM	\$0.00	\$900.00	\$0.00	\$900.00
Vinoy Park		23 Mar 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)	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	\$0.00	\$930.00	\$930.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By: (Sign Name) _____
 (Print Name) VAUGHN CARRICK
 LIVE NITE EVENTS LLC
 Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name) _____
 Parks and Recreation Superintendent

(Print Name) _____
 Parks and Recreation Department

Contract #: 27171
Date: 07 May 2019

User: JSBENNIN
Status: Firm

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

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

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



Date Received: 4-8-19
Check or Cash: \$30
Application #: 41
Packet: A
Permit #: 27175

Event Title: North American ACAT Championship Phone No.: 727-251-6085 Fax No.:

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

Event Date(s): October 27 - November 1, 2019 Location: Northshore

Day 1 of Event: 10/27/2019 Time Gates Open: 8:00 am Ending Time:

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

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

Application Prepared by: Emmanuel Cerf Phone: 727-251-6085

Title: Chair Cell Phone:

Address: 7987 Causeway Blvd N City: St. Petersburg State: Florida Zip: 33707

Email Address: ecerf@acat2020.com

Additional Contact Person: Corey Hall Day Phone: 727-822-3113

What month/year were you incorporated as nonprofit?

List all 501(c)3 entities that will benefit from this event. St. Petersburg Sailing Center

Name of the for-profit entity?

Describe your event with details.

North American Sailing Championships. Bringing 60 boats and 100 participants to St. Petersburg.

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

400 Hotel Room Nights

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

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

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

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

Please provide the website address for your event.

Please provide a phone number that can be advertised to the public. 727-251-6085

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

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

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

POLICE: Public Safety Personnel, Marine Services
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FIRE: Paramedics, Inspectors
PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

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

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

Condition

Obligation

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? YES NO

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

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

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

Name: Phone:

Address (including zip):

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

List Vending Products. Name & Provider.

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

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

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

Other Comments: Please describe your fee structure.

Other comments:

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

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

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

Name: Title: Date:

Appendix A

Co-Sponsored Event Park Fee Structure

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

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

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation:

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

Nonprofit (Employee Identification Number):

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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

What method of invoicing would your organization prefer?

BY Mail

Contact Name

Address

City, State, Zip

BY EMAIL

Email Address:

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

Name of Event:

Date(s) of Event: -

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

Amount

1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>

TOTAL GROSS REVENUE

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

1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>
11.	<input type="text"/>	<input type="text"/>
12.	<input type="text"/>	<input type="text"/>

TOTAL OPERATING EXPENSES

TOTAL NET INCOME

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

1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>

TOTAL ALLOCATION OF NET INCOME

Prepared by:

Date:

Print Application

Submit Application by
Email

GREEN PLANET RESOURCE LLC
7987 CAUSEWAY BLVD N
ST PETERSBURG, FL 33707-1007

1069

63-8419/2670
664

April 8 2019
Date

Pay to the
Order of

city of st. petersburg

\$ 30 ⁰⁰/₁₀₀

~~THIRTY~~

Dollars



Security
Features
Detailed on
Back.

PNC BANK

PNC Bank, N.A. 001

For

⑆ 267084199⑆ 1216397515⑆ 1069



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

Detail by Entity Name

Florida Not For Profit Corporation
ST. PETERSBURG YACHT CLUB

Filing Information

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

Principal Address

11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Changed: 01/19/2011

Mailing Address

11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Changed: 01/19/2011

Registered Agent Name & Address

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

Name Changed: 02/04/2016

Address Changed: 02/04/2016

Officer/Director Detail

Name & Address

Title Secretary

Reuss, Wendy
11 Central Avenue
ST. PETERSBURG, FL 33701

Title General Manager

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

Title Director

Mendelblatt, David
 11 CENTRAL AVE
 ST. PETERSBURG, FL 33701

Title Director

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

Title Director

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

Title Treasurer

Waters, Bill
 11 Central Avenue
 St. Petersburg, FL 33701

Annual Reports

Report Year	Filed Date
2017	01/10/2017
2018	01/15/2018
2019	01/15/2019

Document Images

01/15/2019 -- ANNUAL REPORT	View image in PDF format
01/15/2018 -- ANNUAL REPORT	View image in PDF format
10/26/2017 -- AMENDED ANNUAL REPORT	View image in PDF format
01/10/2017 -- ANNUAL REPORT	View image in PDF format
10/13/2016 -- AMENDED ANNUAL REPORT	View image in PDF format
02/04/2016 -- Reg. Agent Change	View image in PDF format
01/21/2016 -- ANNUAL REPORT	View image in PDF format
01/12/2015 -- ANNUAL REPORT	View image in PDF format
12/04/2014 -- Amendment	View image in PDF format
03/31/2014 -- ANNUAL REPORT	View image in PDF format
01/29/2013 -- ANNUAL REPORT	View image in PDF format
01/16/2012 -- ANNUAL REPORT	View image in PDF format
01/19/2011 -- ANNUAL REPORT	View image in PDF format



Contract/Permit

Contract #: 27175
Date: 07 May 2019

User: JSBENNIN
Status: Firm

ST PETERSBURG DOWNTOWN PARTNERSHIP INC
 EMMANUEL CERF
 7987 CAUSEWAY BLVD N
 ST PETERSBURG FL 33707 USA

Primary #: (727) 821-5166
 Secondary #: ()
 Other #: ()

Purpose of Use: NORTH AMERICAN ACAT CHAMPIONSHIP **Expected:** 100 **Co-Sponsored Event** **Contract Balance**
 \$600.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting:** Sat 26 Oct 19 06:00 am **Ending:** Fri 01 Nov 19 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Elva Rouse Park	Sat	26 Oct 2019	06:00 AM	\$0.00	\$600.00	\$0.00	\$600.00
Park		01 Nov 2019	09:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	\$30.00	\$0.00	\$30.00
Extra Fee - Bookings	Hours	Quantity	Charge	Tax
Co-Sponsored Permit Fee	159:00	3	\$600.00	\$0.00
		3	\$600.00	\$0.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
07 May 2019	\$30.00	Check	Rental	3322773

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) **EMMANUEL CERF**
 ST PETERSBURG DOWNTOWN PARTNERSHIP 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 #: 27175
Date: 07 May 2019

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

ST PETERSBURG DOWNTOWN PARTNERSHIP INC
EMMANUEL CERF
7987 CAUSEWAY BLVD N
ST PETERSBURG, FL 33707 USA

Receipt #: 3322773
User: JSBENNIN
Issued: Tue 07 May 19 01:46 pm

Description	Amount
Previous Balance	\$630.00
Applied To: 27175 - NORTH AMERICAN ACAT CHAMPIONSHIP Elva Rouse Park - Park October 26, 2019 6:00 am to November 1, 2019 9:00 pm	\$30.00
Payment: Check	(\$30.00)
Balance	\$600.00

APPROVED REFUNDS ARE BY CHECK ONLY

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



Date Received: 4/2/19
Check or Cash: _____
Application #: 42
Packet: A
Permit #: 27183

Event Title: Come Out St. Pete Phone No.: 727-656-1563 Fax No.: _____
Entity Name: Come Out St. Pete, Inc. Federal I.D. Number: 82-4884921
Event Date(s): October 5th, 2019 Location: Grand Central District
Day 1 of Event: Festival Time Gates Open: 11:00 Ending Time: 5:00
Day 2 of Event: _____ Time Gates Open: _____ Ending Time: _____
Day 3 of Event: _____ Time Gates Open: _____ Ending Time: _____

Application Prepared by: Chris Jones Phone: 727-656-1563

Title: Co-Chair Cell Phone: 727-656-1563

Address: 101 69th Ave, North City: St. Pete State: FL Zip: 33702

Email Address: cjones@comeoutstpete.org Cjones@comeoutstpete.org

Additional Contact Person: Brian Longstreth Day Phone: 727-365-0544

What month/year were you incorporated as nonprofit? March 21, 2018

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

Name of the for-profit entity? _____

Describe your event with details.

Inspire the LGBTQ+ community to live genuinely, raise awareness of LGBTQ+ issues and encourage public to be openly supportive as LGBTQ+ allies.

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

Bring LGBTQ+ travelers from surrounding areas Support LGBTQ+ businesses located in the Grand Central District.

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. comeoutstpete.org

Please provide a phone number that can be advertised to the public. 727-656-1563

What is the estimated attendance for this event? Spectators 10,000 Participants 500 Last Year's Total Attendance 8,000

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater
 Coliseum
 Sunken Gardens
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

Name: Chris Jones Title: Co-Chair Date: 05/07/2019
Co-Sign: Brian Longstretch Title: Board member Date: 05/07/2019

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

PLEASE ATTACH THE FOLLOWING

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

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



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input type="checkbox"/> Located in Park		Park Permit
<input checked="" type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input checked="" type="checkbox"/> Vending Food / Beverage		Health Inspection
<input checked="" type="checkbox"/> Vendors / Exhibitors	How many? Over 30 Vendors / Exhibitors <input type="text"/>	Alcohol Permit Additional insurance Required
<input type="checkbox"/> Vending Beer / Wine		
<input type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <input type="text"/>	Temporary Structure Permit
<input checked="" type="checkbox"/> Fence Installation	What type? Bicycle baracades	Temporary Structure Permit
<input type="checkbox"/> Other Structures	What structure? <input type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input checked="" type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input type="checkbox"/> VIP Area		
<input type="checkbox"/> Staging	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input type="checkbox"/> Amplified Sound	<input type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input checked="" type="checkbox"/> Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD	
<input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <input type="text" value="6"/> Disabled Units <input type="text" value="2"/> Hand Washing <input type="text" value="2"/>	
<input type="checkbox"/> Off-site Parking / Shuttle		
<input type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

If YES, check all that apply. RVS 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: Come Out St. Pete, Inc.

Phone: 727-656-1563

Address (including zip): _____

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

N/A

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.

N/A

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

Side streets

Other Comments: Please describe your fee structure.

\$100 Food vendors
\$75 For profit vendors
\$50 non profit vendors/artists

Other comments:

Looking for suggestions on cutting cost of city services. Over 50% of our budget

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 Jones

Title: Co-Chair

Date: 05/07/2019

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 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: Come Out St. Pete, Inc.
Name of Responsible Party (President or CEO ONLY): Chris Jones
Title of Responsible Party: Co-chair
Physical Address of Responsible Party: 101 69th Ave. N. St. Petersburg, FL 33702
Phone Number of Responsible Party: 727-656-1563
Email Address of Responsible Party: cjones@comeoutstpete.org
Nonprofit (Employee Identification Number): 82-488-4921

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: Come Out St. Pete
Date(s) of Event: October 5th -

I. REVENUE SOURCES (attach sheet if more space is needed)	Amount
1. Vendor fees	\$2,675
2. Merchandise	\$500
3. Personal donations	\$1,500
4. Sponsorships	\$30,000
5.	
6.	
7.	
8.	Total gross revenue \$34,675
TOTAL GROSS REVENUE	

II. EXPENSES (attach sheet if more space is needed)	
1. Marketing/Guide	\$13,916
2. Rentals	\$525
3. Insurance	\$897
4. T-Shirts	\$1,185
5. City Fees	\$25,015
6. Pay RAC	\$558
7. Legal incorporation/Non-profit App	\$1,600
8. Taxes	\$37
9.	
10.	
11.	Total expenses \$43,733
12.	Total net income (-\$9,058)
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: Brian Longstreth

Date: 03/31/2019

Print Application

Submit Application by E

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

DEPARTMENT OF THE TREASURY

Date: DEC 10 2018

COME OUT ST PETE INC
PO BOX 12553
ST PETERSBURG, FL 33733

Employer Identification Number:
82-4884921
DLN:
17053204304018
Contact Person:
JULIE CHEN ID# 31261
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
March 26, 2018
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

COME OUT ST PETE INC

We sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Stephen a. martin

Director, Exempt Organizations
Rulings and Agreements



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

Detail by Entity Name

Florida Not For Profit Corporation
COME OUT ST. PETE, INC.

Filing Information

Document Number	N18000003398
FEI/EIN Number	82-4884921
Date Filed	03/26/2018
Effective Date	03/20/2018
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	05/11/2018
Event Effective Date	NONE

Principal Address

2529 CENTRAL AVE
SAINT PETERSBURG, FL 33713

Mailing Address

P.O. BOX 12553
ST PETERSBURG, FL 33733

Changed: 05/11/2018

Registered Agent Name & Address

WALLACE, JOSHUA
2529 CENTRAL AVE
SAINT PETERSBURG, FL 33713

Officer/Director Detail

Name & Address

Title CC

Jones, CHRIS
101 69th Ave. N.
SAINT PETERSBURG, FL 33702

Title CC

Keyes, Mandy
182 22nd Ave N
SAINT PETERSBURG, FL 33704

Title T

WALLACE, JOSHUA
2616 DARTMOUTH AVE N
SAINT PETERSBURG, FL 33713

Title S

Waters, Lisa
117 31st St. N.
Apt. 2
SAINT PETERSBURG, FL 33713

Annual Reports

Report Year	Filed Date
2019	03/11/2019

Document Images

03/11/2019 – ANNUAL REPORT	View image in PDF format
05/11/2018 – Amendment	View image in PDF format
03/26/2018 – Domestic Non-Profit	View image in PDF format



Contract #: 27183 User: JSBENNIN
 Date: 08 May 2019 Status: Firm

COME OUT ST. PETE, INC.
 CHRIS JONES
 101 69TH AVE N
 ST PETERSBURG FL 33702 USA

Primary #: (727) 656-1563
 Secondary #: ()
 Other #: ()

Purpose of Use: COME OUT ST. PETE Expected: 0 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 05 Oct 19 12:00 am Ending: Sat 05 Oct 19 10:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Special Programs	Sat	05 Oct 2019	12:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
Special Event			10:00 PM				
Seminole Park	Sat	05 Oct 2019	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	\$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) CHRIS JONES

 COME OUT ST. PETE, 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 #: 27183
Date: 08 May 2019

User: JSBENNIN
Status: Firm

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

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

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



Date Received: 04/16/19
 Check or Cash: Mailed IN
 Application #: 1843
 Packet: A
 Permit #: 27186

Event Title: Getaway 5K/10K/15K Phone No.: 240-674-1855 Fax No.: 410-605-9381
 Entity Name: Corrigan Sports Enterprises Federal I.D. Number:
 Event Date(s): 11-3-19 Location: Albert Whitted Park
 Day 1 of Event: 11-3-19 Time Gates Open: 0600 Ending Time: 1600
 Day 2 of Event: Time Gates Open: Ending Time:
 Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared by: Mark Clem Phone: 240-674-1855
 Title: Director of Operations Cell Phone: 240-674-1855
 Address: 6725 Santa Barbara Ct City: Elleridge State: MD Zip: 21705
 Email Address: MClem@CorriganSports.com
 Additional Contact Person: Chris Tomlinson Day Phone: 410-605-9381

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

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

Name of the for-profit entity? Corrigan Sports Enterprises

Describe your event with details.
5K/10K/15K Running Race

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

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

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

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

Will there be an admission / registration fee? YES NO Advanced Fee: \$45 Day of: \$55

Please provide the website address for your event. www.getaway5k.com

Please provide a phone number that can be advertised to the public. 410-605-9381

What is the estimated attendance for this event? Spectators 200 Participants 1500 Last Year's Total Attendance 1000

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

Recreation Equipment

Showmobile (Yes/No) NO

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

Tables (6 ft) # needed Chairs # needed

Public Address System

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

Special Events Facilities

Mahaffey Theater

Coliseum

Sunken Gardens

Boyd Hill

Non-City Locations

Which Location?

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: Title: Director of Operations Date: 5-7-19

Co-Sign: Title: VP MARKETING Date: 5-7-19

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/>	Public Invited	General Liability Insurance
<input checked="" type="checkbox"/>	Located in Park	Park Permit
<input checked="" type="checkbox"/>	Vending Product / Merchandise Sales	Occupational License
<input checked="" type="checkbox"/>	Vending Food / Beverage	Health Inspection
<input checked="" type="checkbox"/>	Vendors / Exhibitors	Alcohol Permit Additional insurance Required
	How many? <input type="text" value="3024"/>	
<input type="checkbox"/>	Vending Beer / Wine	Temporary Structure Permit
<input checked="" type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	Temporary Structure Permit
	How many? <input type="text"/>	Temporary Structure Permit
<input type="checkbox"/>	Fence Installation	Temporary Structure Permit
	What type? <input type="text"/>	Fire Inspection Permit
<input type="checkbox"/>	Other Structures	Fireworks Permit
	What structure? <input type="text"/>	Parade or Street Closure Permit(s)
<input type="checkbox"/>	Open Flame Food Preparation	
<input type="checkbox"/>	Pyrotechnics	
<input checked="" type="checkbox"/>	Require Street Closure	
<input type="checkbox"/>	VIP Area	
<input checked="" type="checkbox"/>	Staging	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other
<input type="checkbox"/>	Amplified Sound	<input type="checkbox"/> Performers <input checked="" type="checkbox"/> Announcement Only
<input checked="" type="checkbox"/>	Security	<input type="checkbox"/> Daytime - Private <input checked="" type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD
<input checked="" type="checkbox"/>	Sanitary Facilities - Port-O-Lets	Regular Units <input type="text" value="10"/> Disabled Units <input type="text" value="2"/> Hand Washing <input type="text" value="2"/>
<input checked="" type="checkbox"/>	Off-site Parking / Shuttle	
<input type="checkbox"/>	Semitruck / Tractor Trailer	

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will bring in generators

Will you supply your own generators? YES NO

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

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

Yes - Road closures - Police
Cones on Roads - DOT

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

Name: Phone:

Address (including zip):

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

1 Stage
1 Band
1 Top 40

List Vending Products. Name & Provider.

Event Merchandise
Food - Not Yet Finalized

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

Not Yet Finalized

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

Race Announcements - Calling out Finishers / Winners

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

Load in on Friday
Parking Needs Attached

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

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

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

	Amount
1. Registration	20,000.00
2.	
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	
	20,000.00

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

1. Police	15,148
2. EMS	500
3. Permits	935
4. Equipment Rental	11,412
5. Runners Give-away	26,000
6. Insurance	346
7. Trash Services	1,089
8. Event Labor	2,500
9. Marketing	10,000
10. Security	400
11.	
12.	
TOTAL OPERATING EXPENSES	
	68,400
TOTAL NET INCOME	
	(Loss) (48,400)

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

1. TO Pay Expenses from the Event	
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	

Prepared by:

Ann Napier

Date:

5-7-19

Print Application

Submit Application by Email

Other Comments: Please describe your fee structure.

Race Registration
\$ 4500
and
\$ 55⁰⁰

Other comments:

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

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

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

Name: Mark Clem Title: Director of Operations Date: 5-7-19

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: _____

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: Corrigan Sports Enterprises

Name of Responsible Party (President or CEO ONLY): Lee Corrigan

Title of Responsible Party: Owner

Physical Address of Responsible Party: 6725 Santa Barbara Ct, Suite 114, Elkridge, MD

Phone Number of Responsible Party: 410-605-9381

Email Address of Responsible Party: lee@corriganports.com

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

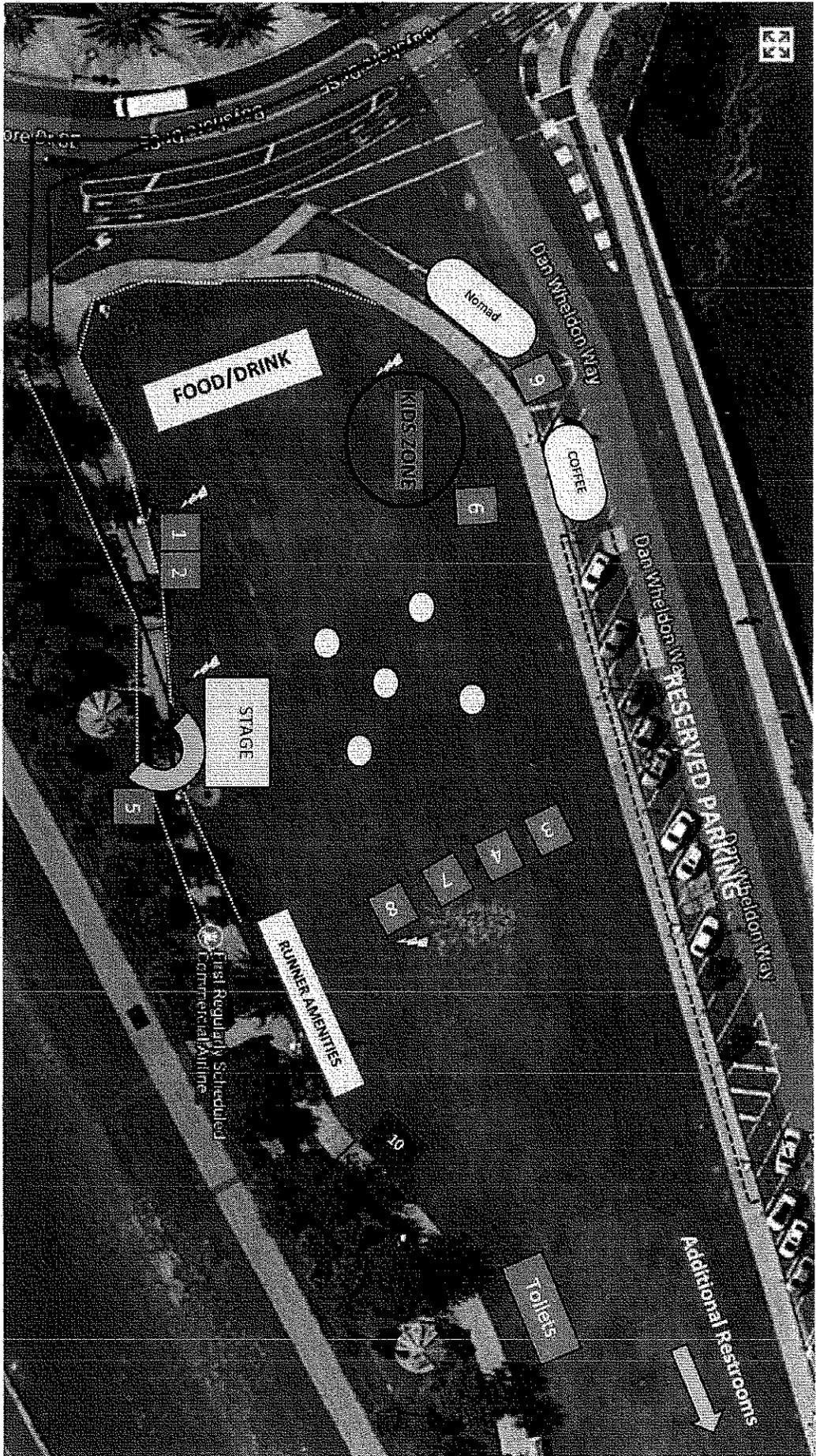
Contact Name: Susan Worpinski

Address: 6725 Santa Barbara Ct, Suite 114, Elkridge, MD 21021

City, State, Zip: Elkridge, MD 21025

BY EMAIL

Email Address: _____



Getaway 5K/10K St Pete – Venue Site Plan – Albert Whitted Park



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

Detail by Entity Name

Foreign Profit Corporation
CORRIGAN SPORTS ENTERPRISES, INC.

Filing Information

Document Number F10000004538
FEI/EIN Number 52-2265529
Date Filed 10/12/2010
State MD
Status ACTIVE
Last Event REINSTATEMENT
Event Date Filed 11/01/2017

Principal Address

6725 SANTA BARBARA CT.
SUITE 114
ELKRIDGE, MD 21075

Changed: 11/01/2017

Mailing Address

6725 SANTA BARBARA CT.
SUITE 114
ELKRIDGE, MD 21075

Changed: 11/01/2017

Registered Agent Name & Address

Corrigan, Richard Lee, Jr.
6725 Santa Barbara Ct
Suite 114
Elkridge, FL 21075

Name Changed: 11/01/2017

Address Changed: 01/10/2018

Officer/Director Detail

Name & Address

Title CP

CORRIGAN, RICHARD L

6725 Santa Barbara Ct
Elkridge, MD 21075

Annual Reports

Report Year	Filed Date
2016	11/01/2017
2017	11/01/2017
2018	01/10/2018

Document Images

01/10/2018 -- ANNUAL REPORT	View image in PDF format
11/01/2017 -- REINSTATEMENT	View image in PDF format
06/29/2011 -- ANNUAL REPORT	View image in PDF format
05/01/2011 -- ANNUAL REPORT	View image in PDF format
03/07/2011 -- ANNUAL REPORT	View image in PDF format
10/12/2010 -- Foreign Profit	View image in PDF format

Florida Department of State, Division of Corporations



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

Detail by Entity Name

Foreign Not For Profit Corporation
AARP INC.

Filing Information

Document Number P15666
FEI/EIN Number 95-1985500
Date Filed 08/21/1987
State DC
Status ACTIVE
Last Event NAME CHANGE
 AMENDMENT
Event Date Filed 05/01/2000
Event Effective Date NONE

Principal Address

601 E Street, NW
Washington, DC 20049

Changed: 03/30/2019

Mailing Address

601 E Street, NW
Washington, DC 20049

Changed: 03/30/2019

Registered Agent Name & Address

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

Address Changed: 03/12/1993

Officer/Director Detail

Name & Address

Title Director

 Blancato, Robert
 601 E Street, NW
 Washington, DC 20049

Title Director

 Dahlen, Gretchen
 601 E Street, NW
 Washington, DC 20049

Title Director

 Daly, Ronald
 601 E Street, NW
 Washington, DC 20049

Title Director

 Ellard, Elizabeth
 601 E Street, NW
 Washington, DC 20049

Title President

 English, Jeannie
 601 E Street, NW
 Washington, DC 20049

Washington, DC 20049

Title CFO

Frisch, Scott
601 E Street, NW
Washington, DC 20049

Title Director

Hoover, Jewell
601 E Street, NW
Washington, DC 20049

Title Director

Johnson, Lloyd E
601 E Street, NW
Washington, DC 20049

Title Director

Kelly, Timothy
601 E Street, NW
Washington, DC 20049

Title Director

Lane, Neal
601 E Street, NW
Washington, DC 20049

Title Director

Lorado, Jacob
601 E Street, NW
Washington, DC 20049

Title Director

O'Connor, Barbara
601 E Street, NW
Washington, DC 20049

Title Director

Penn, John
601 E Street, NW
Washington, DC 20049

Title Director

Porter, Janet E
601 E Street, NW
Washington, DC 20049

Title Director

Pratt, Diane
601 E Street, NW
Washington, DC 20049

Title Director

Raphael, Carol
601 E Street, NW
Washington, DC 20049

Title Director, Secretary, Treasurer

Ruff, Joan
601 E Street, NW
Washington, DC 20049

Title Director

Sartain, Libby
601 E Street, NW
Washington, DC 20049

Title Director

Torres-Gil, Fernando
601 E Street, NW
Washington, DC 20049

Title Director

Watson, Edward
601 E Street, NW
Washington, DC 20049

Annual Reports

Report Year	Filed Date
2017	04/12/2017
2018	04/13/2018
2019	03/30/2019

Document Images

03/30/2019 -- ANNUAL REPORT	View image in PDF format
04/13/2018 -- ANNUAL REPORT	View image in PDF format
04/12/2017 -- ANNUAL REPORT	View image in PDF format
04/05/2016 -- ANNUAL REPORT	View image in PDF format
04/24/2015 -- ANNUAL REPORT	View image in PDF format
04/04/2014 -- ANNUAL REPORT	View image in PDF format
04/05/2013 -- ANNUAL REPORT	View image in PDF format
04/02/2012 -- ANNUAL REPORT	View image in PDF format
04/28/2011 -- ANNUAL REPORT	View image in PDF format
03/25/2010 -- ANNUAL REPORT	View image in PDF format
04/29/2009 -- ANNUAL REPORT	View image in PDF format
02/13/2008 -- ANNUAL REPORT	View image in PDF format
03/07/2007 -- ANNUAL REPORT	View image in PDF format
01/25/2006 -- ANNUAL REPORT	View image in PDF format
01/04/2005 -- ANNUAL REPORT	View image in PDF format
04/30/2004 -- ANNUAL REPORT	View image in PDF format
01/29/2003 -- ANNUAL REPORT	View image in PDF format
05/19/2002 -- ANNUAL REPORT	View image in PDF format
05/17/2001 -- ANNUAL REPORT	View image in PDF format
05/26/2000 -- ANNUAL REPORT	View image in PDF format
05/01/2000 -- Name Change	View image in PDF format
05/11/1999 -- ANNUAL REPORT	View image in PDF format
02/12/1998 -- ANNUAL REPORT	View image in PDF format
05/12/1987 -- ANNUAL REPORT	View image in PDF format
02/28/1986 -- ANNUAL REPORT	View image in PDF format
05/01/1995 -- ANNUAL REPORT	View image in PDF format



Contract/Permit

Contract #: 27186
Date: 08 May 2019

User: JSBENNIN
Status: Firm

CORRIGAN SPORTS ENTERPRISES
 MARK CLEM
 6725 SANTA BARBARA CT
 ELKRIDGE MD 21705 USA

Primary #: (240) 674-1855
 Secondary #: ()
 Other #: ()

Purpose of Use: GETAWAY 5K/10K/15K

Expected:
1,500

Co-Sponsored Event

Contract Balance \$230.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Sun 03 Nov 19 06:00 am

Ending: Sun 03 Nov 19 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Sun	03 Nov 2019	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	\$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) **MARK CLEM**

 CORRIGAN SPORTS ENTERPRISES
 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 #: 27186
Date: 08 May 2019

User: JSBENNIN
Status: Firm

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

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

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



Date Received: 5-8-19
 Check or Cash: \$230
 Application #: 44
 Packet: A
 Permit #: 27192

Event Title: SPYC VINTAGE MOTOR CLASSIC Phone No.: 727-458-9297 Fax No.: _____
 Entity Name: ST. PETERSBURG YACHT CLUB Federal I.D. Number: _____
 Event Date(s): 11/10/2019 Location: S. STEAUB PARK
 Day 1 of Event: 11/10/19 Time Gates Open: 07:00 Ending Time: 16:00 hrs
 Day 2 of Event: Ø Time Gates Open: Ø Ending Time: Ø
 Day 3 of Event: Ø Time Gates Open: Ø Ending Time: Ø

Application Prepared by: Rick Brooks Phone: 727-458-9297
 Title: Chairman Cell Phone: 727-458-9297
 Address: 124 ESTADO WAY NE City: ST. PETE State: FL Zip: 33704
 Email Address: RFBRX@AOL.COM
 Additional Contact Person: _____ Day Phone: _____

What month/year were you incorporated as nonprofit? 11/18 1959
 List all 501(c)3 entities that will benefit from this event. SUN COAST LAW ENFORCEMENT AGENCY
 Name of the for-profit entity? RA SUN COAST LAW ENFORCEMENT CHARITY, INC

Describe your event with details.

VINTAGE MOTOR CLASSIC CAR SHOW

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

FANTASTIC FREE TO THE PUBLIC 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

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. SPYC.ORG/VMC

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

What is the estimated attendance for this event? Spectators 5000 Participants 200 Last Year's Total Attendance ± 5800

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

Recreation Equipment

Showmobile (Yes/No)

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

Tables (6 ft) # needed Chairs # needed

Public Address System

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

Special Events Facilities

Mahaffey Theater

Coliseum

Sunken Gardens

Boyd Hill

Non-City Locations

Which Location?

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name: Brooks Title: Chairman Date: 05/08/2019

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET



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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

[Empty box for details of power requirements]

Will you supply your own generators? YES NO

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

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

N/A

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

Name: [Empty box] Phone: [Empty box]

Address (including zip): [Empty box]

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

DJ ON SPYC VERANDA

List Vending Products. Name & Provider.

N/A

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

SPYC

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

N/A

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

07:00 - 16:00 hrs LOAD IN/OUT OASIS SHORE
SAME AS LAST JANUARY/2019

Other Comments: Please describe your fee structure.

VINTAGE CAR SHOW ENTRANCE FEE

Other comments:

OPEN VENUE FREE TO THE PUBLIC

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:

CHAIRMAN

Date:

05/08/19

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 (15) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.**
- * **All first time entities requesting events will be required to complete a credit application.**

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

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: SPYC - VINTAGE MOTOR CLASSIC
Name of Responsible Party (President or CEO ONLY): Rick Brooks
Title of Responsible Party: CHAIRMAN
Physical Address of Responsible Party: 124 ESTADO WAY N.E. ST. PETE, FL 33704
Phone Number of Responsible Party: 727-458-9299
Email Address of Responsible Party: RFBRX@AOL.COM
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: Rick Brooks
Address: 124 ESTADO WAY N.E.
City, State, Zip: ST. PETE, FL. 33704

BY EMAIL

Email Address: _____



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

Detail by Entity Name

Florida Not For Profit Corporation
SUN COAST LAW ENFORCEMENT CHARITIES, INC.

Filing Information

Document Number N99000002680
FE/EIN Number 59-3581556
Date Filed 04/30/1999
State FL
Status ACTIVE
Last Event CANCEL ADM DISS/REV
Event Date Filed 01/21/2010
Event Effective Date NONE

Principal Address

14141 46TH ST. N.
SUITE 1205
CLEARWATER, FL 33762

Changed: 10/28/2008

Mailing Address

14141 46TH ST. N.
SUITE 1205
CLEARWATER, FL 33762

Changed: 10/28/2008

Registered Agent Name & Address

Lofton, George D
14141 46TH ST N STE 1205
CLEARWATER, FL 33762

Name Changed: 02/23/2016

Address Changed: 10/28/2008

Officer/Director Detail

Name & Address

Title SVP

Cox, LENARD E
14141 46TH ST. N.
SUITE 1205
CLEARWATER, FL 33762

Title EVP

HUGHES, MARKUS J
14141 46TH ST. N., SUITE 1205
CLEARWATER, FL 33762

Title ED

KROHN, MICHAEL, Esq.
14141 46TH ST. N., SUITE 1205
CLEARWATER, FL 33762

Title Secretary

BLICKENS DORF, MICHAEL
14141 46TH ST. N.
SUITE 1205
CLEARWATER, FL 33762

Title Treasurer

VAN HOUTEN, JONATHAN
14141 46TH ST N STE 1205
CLEARWATER, FL 33762

Title President

Lofton, George
14141 46TH ST. N. SUITE 1205
CLEARWATER, FL 33762

Annual Reports

Report Year	Filed Date
2017	02/14/2017
2018	02/23/2018
2019	03/31/2019

Document Images

03/31/2019 -- ANNUAL REPORT	View image in PDF format
02/23/2018 -- ANNUAL REPORT	View image in PDF format
02/14/2017 -- ANNUAL REPORT	View image in PDF format
02/23/2016 -- ANNUAL REPORT	View image in PDF format
01/29/2015 -- ANNUAL REPORT	View image in PDF format
01/07/2014 -- 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
01/19/2011 -- ANNUAL REPORT	View image in PDF format
01/21/2010 -- CORAPREIWP	View image in PDF format
12/29/2008 -- Amendment and Name Change	View image in PDF format
10/28/2008 -- REINSTATEMENT	View image in PDF format
04/30/2007 -- ANNUAL REPORT	View image in PDF format
09/01/2006 -- ANNUAL REPORT	View image in PDF format
01/28/2005 -- ANNUAL REPORT	View image in PDF format
01/24/2005 -- Off/Dir Resignation	View image in PDF format
01/24/2005 -- Reg. Agent Resignation	View image in PDF format
01/24/2005 -- Reg. Agent Change	View image in PDF format
02/27/2004 -- ANNUAL REPORT	View image in PDF format
01/13/2003 -- ANNUAL REPORT	View image in PDF format
04/28/2002 -- ANNUAL REPORT	View image in PDF format
02/14/2001 -- ANNUAL REPORT	View image in PDF format
05/31/2000 -- ANNUAL REPORT	View image in PDF format
04/30/1999 -- Domestic Non-Profit	View image in PDF format



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

Detail by Entity Name

Florida Not For Profit Corporation
ST. PETERSBURG YACHT CLUB

Filing Information

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

Principal Address

11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Changed: 01/19/2011

Mailing Address

11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Changed: 01/19/2011

Registered Agent Name & Address

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

Name Changed: 02/04/2016

Address Changed: 02/04/2016

Officer/Director Detail

Name & Address

Title Secretary

Reuss, Wendy
11 Central Avenue
ST. PETERSBURG, FL 33701

Title General Manager

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

Title Director

Mendelblatt, David
11 CENTRAL AVE
ST. PETERSBURG, FL 33701

Title Director

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

Title Director

Blacker, Michael
11 CENTRAL AVE

ST. PETERSBURG, FL 33701

Title Treasurer

Waters, Bill
11 Central Avenue
St. Petersburg, FL 33701

Annual Reports

Report Year	Filed Date
2017	01/10/2017
2018	01/15/2018
2019	01/15/2019

Document Images

01/15/2019 -- ANNUAL REPORT	View image in PDF format
01/15/2018 -- ANNUAL REPORT	View image in PDF format
10/26/2017 -- AMENDED ANNUAL REPORT	View image in PDF format
01/10/2017 -- ANNUAL REPORT	View image in PDF format
10/13/2016 -- AMENDED ANNUAL REPORT	View image in PDF format
02/04/2016 -- Reg. Agent Change	View image in PDF format
01/21/2016 -- ANNUAL REPORT	View image in PDF format
01/12/2015 -- ANNUAL REPORT	View image in PDF format
12/04/2014 -- Amendment	View image in PDF format
03/31/2014 -- ANNUAL REPORT	View image in PDF format
01/29/2013 -- ANNUAL REPORT	View image in PDF format
01/16/2012 -- ANNUAL REPORT	View image in PDF format
01/19/2011 -- ANNUAL REPORT	View image in PDF format
01/27/2010 -- ANNUAL REPORT	View image in PDF format
01/16/2009 -- ANNUAL REPORT	View image in PDF format
04/21/2008 -- ANNUAL REPORT	View image in PDF format
10/31/2007 -- Merger	View image in PDF format
03/28/2007 -- ANNUAL REPORT	View image in PDF format
03/24/2006 -- ANNUAL REPORT	View image in PDF format
05/09/2005 -- ANNUAL REPORT	View image in PDF format
05/03/2004 -- ANNUAL REPORT	View image in PDF format
03/31/2003 -- ANNUAL REPORT	View image in PDF format
02/26/2002 -- ANNUAL REPORT	View image in PDF format
01/31/2001 -- ANNUAL REPORT	View image in PDF format
02/07/2000 -- ANNUAL REPORT	View image in PDF format
02/25/1999 -- ANNUAL REPORT	View image in PDF format
01/27/1998 -- ANNUAL REPORT	View image in PDF format
03/05/1997 -- ANNUAL REPORT	View image in PDF format
05/01/1996 -- ANNUAL REPORT	View image in PDF format
04/04/1995 -- ANNUAL REPORT	View image in PDF format



Contract/Permit

Contract #: 27192
Date: 08 May 2019

User: JSBENNIN
Status: Firm

ST PETERSBURG YACHT CLUB
 RICHARD F BROOKS
 124 ESTADO WAY NE
 ST PETERSBURG FL 33704 3620 USA

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

Purpose of Use: SPYC VINTAGE MOTOR CLASSIC

Expected:
5,000

Co-Sponsored Event

Contract Balance
\$0.00

Conditions of Use: Insurance Required

Other Information:

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

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

Starting: Sun 10 Nov 19 06:00 am

Ending: Sun 10 Nov 19 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
South Straub Park Park	Sun	10 Nov 2019	06:00 AM 09:00 PM	\$0.00	\$200.00	\$0.00	\$200.00

Additional Fees:

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

Charges:

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

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
08 May 2019	\$230.00	Check	Rental	3323831

Additional Notes:

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

By: (Sign Name) _____
 (Print Name) RICHARD F BROOKS
ST PETERSBURG YACHT CLUB
 Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

Contract #: 27192
Date: 08 May 2019

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

ST PETERSBURG YACHT CLUB
RICHARD F BROOKS
124 ESTADO WAY NE
ST PETERSBURG, FL 33704 3620 USA

Receipt #: 3323831
User: JSBENNIN
Issued: Wed 08 May 19 02:09 pm

Description	Amount
Previous Balance	\$230.00
Applied To: 27192 - SPYC VINTAGE MOTOR CLASSIC South Straub Park - Park November 10, 2019 6:00 am to November 10, 2019 9:00 pm	\$230.00
Payment: Check	(\$230.00)
Balance	\$0.00