City of St. Petersburg

City Council
Co-Sponsored Events Committee

Thursday, January 30, 2020, 2:00PM

Sunshine Center Auditorium

Committee Members
Ed Montanari
Darden Rice
Deborah Figgs-Sanders
Lisa Wheeler-Bowman
Gina Driscoll (Alternate)

Agenda

I. Call to Order

II. Election of Chair

III. Approval of eight (8) events for FY20
   a. waiving the non-profit requirement for two (2) events

IV. Approval of twenty-three (23) events for FY21
   a. waiving the non-profit requirement for seven (6) events
   b. approval of liquor requests for two (2) events

V. Public Comment

VI. Adjournment

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31

Tampa Bay Caribbean Carnival
Community Festival
St. Pete Country Music Ribfest

AVERY

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 12/17/19
Check or Cash:
Application #: 80
Packet: C
Permit #: 29144

Event Title: LAOS NEW YEAR FESTIVAL Phone No.: 727-422-8093 Fax No.:
Entity Name: LAOTIAN AMERICAN ASSOCIATION OF FL Federal I.D. Number: 59-2891844
Event Date(s): APRIL 4&5 2020 Location:
Day 1 of Event: Time Gates Open: 8:00 AM Ending Time: 8:00 PM
Day 2 of Event: 2 DAYS Time Gates Open: 8:00 AM Ending Time: 8:00 PM
Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared by: OLINESA SENESOM Phone: 727-422-8093
Title: PRESIDENT Cell Phone:
Address: 3318 38TH ST N City: ST-PETE State: FLORIDA Zip: 33713
Email Address: osenesom@yahoo.com
Additional Contact Person: Day Phone:
What month/year were you incorporated as nonprofit? August 25, 1981
List all 501(c)3 entities that will benefit from this event.
Name of the for-profit entity?

Describe your event with details.

This is a gathering of Laotian Americans in celebration of the Laotian NEW year

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

NONE

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

Does your group presently have liability insurance? ☒ YES ☐ NO How much?
Are there plans to sell or distribute beer/wine at your event? ☒ YES ☐ NO
Will there be an admission / registration fee? ☐ YES ☐ NO Advanced Fee: Day of:
Please provide the website address for your event.
Please provide a phone number that can be advertised to the public.
What is the estimated attendance for this event? Spectators 300 Participants Last Year's Total Attendance

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

Recreation Equipment

Showmobile (Yes/No) No

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

Tables (6 ft) # needed Chairs # needed

Public Address System

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

Special Events Facilities

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

☐ Non-City Locations

Which Location?

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

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

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

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

Name:		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 if paid.**

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

N/A

Will you supply your own generators? ☐ YES ☑ NO

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

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

NO

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

Name: Phone:

Address (including zip):

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

Laotian music and dance

List Vending Products. Name & Provider.

3 Not Applicable

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

Laotian American Association OF FL inc, 727-422-8093
3318 38th St. N St, Petersburg FL 33713

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

1 Laos New year celebration

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

2 -- Vehicles for parking purposes

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.**

Detail by Entity Name

Florida Not For Profit Corporation
LAOTIAN AMERICAN ASSOCIATION OF FLORIDA, INC.

Filing Information

Document Number	759784
FEI/EIN Number	59-2891844
Date Filed	08/25/1981
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	06/27/1988
Event Effective Date	NONE

Principal Address

3318 38TH ST N
ST. PETERSBURG, FL 33713

Changed: 05/27/2009

Mailing Address

3318 38TH ST N
ST. PETERSBURG, FL 33713

Changed: 05/27/2009

Registered Agent Name & Address

SHIMA, DARA
11811 62ND ST
LARGO, FL 33773

Name Changed: 10/06/2008

Address Changed: 10/06/2008

Officer/Director Detail

Name & Address

Title PD

OUNESA, SENESOM
3318-38TH ST N
SAINT PETERSBURG, FL 33710

Title VD

INSOUTA, KHAMPHANH
5255 101ST AVE N
PINELLAS PARK, FL 33782

Title GS

KEOMANY, CHEUNE
4108 17TH ST N
ST. PETERSBURG, FL 33714

Title GS

TESKA, TING
1926 29TH AVE N
ST PETERSBURG, FL 33713

Title T

PHOUTHAVONG, MARK
8426 LANTANA DR
SEMINOLE, FL 33777

Title Executive Secretary

SENESOM, ANNIE N
3318 38TH ST N
ST. PETERSBURG, FL 33713

Annual Reports

Report Year	Filed Date
2017	02/16/2017
2018	04/22/2018
2019	06/11/2019

Document Images

06/11/2019 -- ANNUAL REPORT	View image in PDF format
04/22/2018 -- ANNUAL REPORT	View image in PDF format
02/16/2017 -- ANNUAL REPORT	View image in PDF format
02/04/2016 -- ANNUAL REPORT	View image in PDF format
04/16/2015 -- ANNUAL REPORT	View image in PDF format
05/01/2014 -- ANNUAL REPORT	View image in PDF format
06/03/2013 -- ANNUAL REPORT	View image in PDF format
06/06/2012 -- ANNUAL REPORT	View image in PDF format
04/18/2011 -- ANNUAL REPORT	View image in PDF format
04/27/2010 -- ANNUAL REPORT	View image in PDF format
05/27/2009 -- ANNUAL REPORT	View image in PDF format
10/06/2008 -- Reg. Agent Change	View image in PDF format
04/29/2008 -- ANNUAL REPORT	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 29144
Date: 09 Jan 2020

User: JSBENNIN
Status: Firm

LAOTIAN AMERICAN ASSOCIATION OF FL, INC.
OUNESA SENESOM
3318 38TH AVE N
ST PETERSBURG FL 33713 USA

Primary #: (727) 422-8093
Secondary #: ()
Other #: ()

Purpose of Use: LAOS NEW YEARS FESTIVAL **Expected: 500** **Co-Sponsored Event**

Contract Balance $90.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting: Sat 04 Apr 20 12:00 am** **Ending: Sun 05 Apr 20 01:00 am**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Special Programs	Sat	04 Apr 2020	12:00 AM	$0.00	$60.00	$0.00	$60.00
Special Event		05 Apr 2020	01:00 AM				

Additional Fees:

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

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Application Processing Fee - Parks	25:00	2	$60.00	$0.00	$60.00
		2	$60.00	$0.00	$60.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$90.00	$0.00	$90.00	$0.00	$0.00	$90.00	$90.00

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) **OUNESA SENESOM**

LAOTIAN AMERICAN ASSOCIATION OF FL, INC.
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

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

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

St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

Event Information					
Name of Event:	Laos New Year				
Date of Event:	April 4 & 5, 2020				
Assembly Time:		**Start Time:**	9:00 A.M.	**End Time:**	8:00 P.M.

Event Specifics

Specify the purpose of the outdoor assembly and provide a general description of the proposed event, to include the activities that will take place during the event:
There will be music, singing and dancing.

(5)

Proposed Route to include Assembly Area, Start and End Points and Dispersal Area. Attach Route Map.

Specify any Public Facilities, Parks and/or Equipment to be used:
bathrooms

Provide a description of all recording equipment, signs, banners, etc. This should include a description of the materials used for any of these items.
NONE

Will alcoholic beverages be **SOLD** or **CONSUMED** as part of this event? ✓ Yes ____ No

Estimated number of people taking part is the event. 300 to 500

Estimated number and type of animals taking part in the event. NONE

Will this event take place in the roadway? ____ Yes ✓ No
If Yes, will the entire event be in the roadway or just a portion of the event? ____

Will this event take place on the sidewalks? ____ Yes ✓ No
If Yes, will the entire event be on the sidewalks or just of portion of the event? ____

Estimated number of volunteers or Parade Marshals that will be assisting with this event. 20

Parades, Sporting Events and other similar types of events typically disrupt the normal flow of traffic and inconvenience area businesses and/or residents. The City will endeavor to assist the event organizers and promoters in notifying the community about the event; however the responsibility for informing the public and affected commerce rests with the applicant.

What steps will the applicant(s) take to ensure the community is properly notified?
we will need 2 off duty police officers to direct traffic in and out of event area.

(8)

St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

Event Fees, Costs and Insurance Requirements

A non-refundable application fee of **Thirty Dollars ($30.00)** is required by Section 25-75 of the City Code. It is to be paid at the time of filing the application. The costs of all City services for the event shall be paid by the applicant (or person responsible). A certificate of insurance is required by Section 25-76 of the City Code and should also be included with the application at the time of filing. The City of St. Petersburg shall be named as an additional insured party on all insurance certificates.

Waiver Request for Fees, Costs and Insurance Requirements

If the applicant is indigent and is engaged in **public issue speech or conduct**, as defined in Section 25-37 of the City Code, the application fee, City services costs and insurance requirements may be waived. The applicant shall apply to the City, and the City Administrator or the designee thereof, the City Attorney or the designee thereof, and the Administrator of Parks or the designee thereof shall determine if the applicant fulfills the public issue and indigency requirement, in order to receive a waiver of costs of the processing fee and City services. This application process will require a financial disclosure. The City Administrator shall make a recommendation to City Council who shall approve or deny the waiver. The applicant shall be notified of the council action.

Do you wish to apply to the City for a claim of indigence and request a waiver of fees, costs and insurance requirements?

_____ Yes _____ No

Organization Sponsoring Event Information

Applicant						
Name:						
Address:						
Email:						
Phone:	Cell:		Home:		Work:	
Organization						
Name:						
Address:						
Email:						
Phone:	Cell:		Home:		Work:	
President or Head of Organization						
Name:						
Address:						
Email:						
Phone:	Cell:		Home:		Work:	
Person or Entity Responsible for Payment of City Services						
Name:						
Address:						
Email:						
Phone:	Cell:		Home:		Work:	
Person Responsible for Event Conduct						
Name:						
Address:						
Email:						
Phone:	Cell:		Home:		Work:	

St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

Signature and Notary

I, _____, for himself/herself and for the other persons, organizations, firms and corporations listed in the **Organization Sponsoring Event Information** section of this application, do hereby contract and agree that they will jointly and severally indemnify and hold the City of St. Petersburg, Florida harmless against liability for any and all claims for damage or injury to or death of persons arising out of or resulting from the issuance of this permit, or the conduct of the event or its participants.

The event and expected conduct of the participants will conform to all requirements of law, including all ordinances of the City of St. Petersburg.

_____ _____

Applicant Signature (Authorized Representative) Date

The foregoing instrument was acknowledged before me this _____ day of _____,

20____, by _____, who is personally known to me or who has produced

_____ as proper identification.

Notary Public: _____

Permit Approval

The application for this Outdoor Assembly Permit is hereby granted subject to the applicant's acknowledgement that they will abide by all laws of the State of Florida and all ordinances of the City of St. Petersburg and Pinellas County. Further the applicant acknowledges they are responsible for the conduct of **ALL** participants of the event they have sponsored.

_____ _____

Authorized Signature (Police Department) Date of Approval

APPLICATION FOR STREET CLOSURE PERMIT

In accordance with the provisions set forth by the Mayor of the City of St. Petersburg, the undersigned hereby applies for a Street Closure Permit, and provides the following information and represents that it is true and correct, and accepts that the City may at any time, amend or revoke this application:

1. NAME OF PERSON OR ORGANIZATION SPONSORING STREET CLOSURE

a). Name: Laotian American Association of Fl.

Address: 3318 38th St. N

City/State: St Petersburg Zip: 33713

Phone No.: Work: 727-422-8093 Home: _____

b). *Name of Person Applying For This Permit* [if same as above, indicate "SAME")

Name: SAME

Address: _____

City/State: _____ Zip : _____

Phone No.: Work: _____ Home: _____

2. EVENT INFORMATION

a. Date of Event: April 4 & 5, 2020

b. Time Event Begins: 8:00 AM ~~To 8:00 PM~~ Ends: 8:00 P.M.

c. Street to Be Closed: None

d. Purpose of Event: Laos New Year

e. Estimated Attendance: 300 to 500

f. Will beer, wine or any alcoholic beverages be served or sold as part of this event? _____
If yes, proof of Liquor Liability Insurance must be included with application.

3. The applicant, for himself, and for other persons, organizations, firms and corporation, if any listed in Section 1(a) of this application does hereby contract and agree that he (and they) will, jointly and severally, indemnify and hold the City of St. Petersburg, Florida, harmless against liability for any and all claims for damage to property, or injury to, or death of persons, arising out of, or resulting from the issuance of this permit, or the conduct of the event or its participants.

_____, 20_____
Date of Signature

_____
Signature of Applicant

Sworn before me and subscribed in my presence
this _____ day of _____, 20_____

_____
Notary Public

Approval: _____
Chief of Police or Designee **Date Approved**

Application for Street Closure Permit
SPPD Special Events Unit

Property Owner Approval Sheet

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

STREET(S) TO BE CLOSED: _____ BETWEEN _____ & _____

DATE OF REQUESTED CLOSURE: _____ TIME SPAN: From _____ to _____

PRINTED NAME	SIGNATURE	ADDRESS

SPPD Special Events Unit

Site Map

Please complete a map indicating the area you wish to have closed. Be sure to label the streets to be closed and include surrounding streets, alleys and any other vehicular accesses to the area. Please also provide any other details which need to be considered in approving this application.

Drawn by: _____ Date: _____

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 12/17/19
Check or Cash:
Application #: 81
Packet: C
Permit #: 29143

Event Title: Swim Across America Tampa Bay | Phone No.: 727.656.8413 | Fax No.:

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

Event Date(s): May 9, 2020 | Location: Elva Rouse Park/ and beach @ North Shore

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

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

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

Application Prepared by: Amy Maguire | Phone: 727.656.8413

Title: Event Director | Cell Phone:

Address: 5920 Printery St. | City: Tampa | State: FL | Zip: 33619

Email Address: amymaguire@shumakeradvisors.com

Additional Contact Person: Julia Lamb | Day Phone: 813.240.9428

What month/year were you incorporated as nonprofit? 1987

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

Name of the for-profit entity?

Describe your event with details.

Swim Across America unites communities by hosting open water swims and swimming events to raise funds for cancer research, trials and care. Nationally, SAA has raised over $80 million for cancer hospitals in 18 cities. SAA provides grants for physicians to conduct clinical trials and breakthrough research. SAATB is committed to raising the sponsor dollars to support the event so that every dollar raised can be donated to the beneficiaries, Johns Hopkins All
Children's and Moffit Cancer Center. This will be the 9th year for SAATB and over $1 million has been raised to fight cancer locally. The SAATB swim was previously in Clearwater and relocated to St. Petersburg in 2018. It was a huge success and the City staff were amazing.

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

Hotel and restaurants- approximately 30 - 5o people will stay in rooms
Local vendors, retailers participated in event-5

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 million

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

Will there be an admission / registration fee? ☒ YES ☐ NO Advanced Fee: 25.00 Day of: 500.00

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

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

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

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

Recreation Equipment

Showmobile (Yes/No) No

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

Tables (6 ft) # needed 10 Chairs # needed 20

Public Address System No

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

Special Events Facilities

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

☐ Non-City Locations

Which Location?

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

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

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

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

Name:	Amy Maguire	Title:	Event Director	Date:	11/1/19
Co-Sign:	Robert [illegible]	Title:	CEO	Date:	12/2/19

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? ☐ YES ☒ NO

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

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

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

Name: Phone:

Address (including zip):

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

DJ and speakers

List Vending Products. Name & Provider.

Swim Zone- local
Jolyn- local
Coffee truck- local

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

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

Dr and patient testimonials, safety announcements

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

Volunteers arrive, park in North Shore Parking lot- 5am,
Kayak volunteers arrive @ 6:30am,
Ambulance will arrive at 7:30am.

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: Robert [illegible] Title: CEO/SAA Date: 12/2/19

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: Swim Across America

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

Title of Responsible Party: CEO

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

Phone Number of Responsible Party: 980.237.9127

Email Address of Responsible Party: rob@swimacrossamerica.org

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

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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

What method of invoicing would your organization prefer?

☐ BY Mail

Contact Name

Address

City, State, Zip

☒ BY EMAIL

Email Address: amymaguire@shumakeradvisors.com

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

Name of Event: SAA TB
Date(s) of Event: May 11, 2019 -

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

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

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

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

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

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

Prepared by: Amy Maguire Date: Nov 1, 2019

Print Application

Submit Application by Email

Detail by Entity Name

Foreign Not For Profit Corporation
SWIM ACROSS AMERICA, INC.

Filing Information

Document Number	F18000005918
FEI/EIN Number	22-3248256
Date Filed	12/26/2018
State	CT
Status	ACTIVE

Principal Address

11600 N. COMMUNITY HOUSE ROAD, SUITE 100
CHARLOTTE, NC 28277

Mailing Address

11600 N. COMMUNITY HOUSE ROAD, SUITE 100
CHARLOTTE, NC 28277

Registered Agent Name & Address

COAKLEY, ROBERT
550 OCEAN CAY
KEY LARGO, FL 33037

Officer/Director Detail

Name & Address

Title P

BUTCHER, ROBERT
11600 N. COMMUNITY HOUSE ROAD, SUITE 100
CHARLOTTE, NC 28277

Title C

RYAN, PAM
11600 N. COMMUNITY HOUSE ROAD, SUITE 100
CHARLOTTE, NC 28277

Title VC

CURRAN, HUGH
11600 N. COMMUNITY HOUSE ROAD, SUITE 100
CHARLOTTE, NC 28277

Title DT

COAKLEY, ROBERT
11600 N. COMMUNITY HOUSE ROAD, SUITE 100
CHARLOTTE, NC 28277

Title S

MCARDLE, JANEL
11600 N. COMMUNITY HOUSE ROAD, SUITE 100
CHARLOTTE, NC 28277

Annual Reports

Report Year	Filed Date
2019	02/14/2019

Document Images

02/14/2019 -- ANNUAL REPORT	View image in PDF format
12/26/2018 -- Foreign Non-Profit	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 29143
Date: 09 Jan 2020

User: JSBENNIN
Status: Firm

SWIM ACROSS AMERICA INC
AMY MAGUIRE
PO BOX 65
LUTZ FL 33548 USA

Primary #: (813) 469-5879
Secondary #: ()
Other #: ()

Purpose of Use: SWIM ACROSS AMERICA TAMPA BAY **Expected: 400** **Co-Sponsored Event**

Contract Balance $230.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting: Fri 08 May 20 06:00 am** **Ending: Sat 09 May 20 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Elva Rouse Park	Fri	08 May 2020	06:00 AM	$0.00	$200.00	$0.00	$200.00
Park		09 May 2020	09:00 PM				

Additional Fees:

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

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Permit Fee	39:00	1	$200.00	$0.00	$200.00
		1	$200.00	$0.00	$200.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$230.00	$0.00	$230.00	$0.00	$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) **AMY MAGUIRE**

SWIM ACROSS AMERICA INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name):
Parks and Recreation Superintendent

(Print Name)
Parks and Recreation Department

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

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

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 12/16/19
Check or Cash:
Application #: 82
Packet: C
Permit #: 29142

Event Title: The Downtown 20K Relay Race Phone No.: 727-459-1302 Fax No.:

Entity Name: Community EFX, Inc. Federal I.D. Number: 32-0275750

Event Date(s): June 20, 2020 Location: Poynter Park

Day 1 of Event: Saturday Time Gates Open: 6am Ending Time: 11am

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

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

Application Prepared by: LaShante Keys Phone: 727-459-1302

Title: Board Member Cell Phone: 727-459-1302

Address: P.O. Box 16843 City: St. Petersburg State: FL Zip: 33618

Email Address: CommunityEFX@Gmail.com

Additional Contact Person: Megan Ross Day Phone: 727-692-2001

What month/year were you incorporated as nonprofit? December 2016

List all 501(c)3 entities that will benefit from this event. Community EFX Scholarship Fund

Name of the for-profit entity? Kappa League

Describe your event with details.

We want the City of St. Petersburg residents to grab a group of friends and race in The Downton 20K Relay Race in the Spring of 2019. Conceived as a relay for teams, each member takes a loop on the 5K course before handing the race off to a teammate. For runners looking forward to an individual challenge, the 20K and 10K can be run without any teammates. This will be a fun event for all ages and athletic types.

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

The event will bring in residents along with other runners from around the country. The event will bring people to the waterfront as well as shopping at eateries in Downtown St. Petersburg. In addition, this event will also allow vendors who focus on a healthy St. Petersburg to provide and/or sell products to the runners.

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: N/A

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

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

What is the estimated attendance for this event? Spectators 300 Participants 500 Last Year's Total Attendance 500

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

Recreation Equipment

Showmobile (Yes/No) No

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

Tables (6 ft) # needed 10 Chairs # needed 20

Public Address System Yes

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

Special Events Facilities

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

☐ Non-City Locations

Which Location?

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

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

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

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

Name:	LaShante Keys	Title:	Board Member	Date:	12/10/2019
Co-Sign:	Terrance Cole	Title:	Fiscal Agent	Date:	12/10/2019

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

We would like to have a DJ in the area to entertain the spectators and play music.

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: Community EFX, INC. Phone: 727-459-1302

Address (including zip): P.O. Box 16843; St. Petersburg, Fl 33733

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

A variety of family friendly music

List Vending Products. Name & Provider.

We are working with individuals that focus on running which will include but not limited to Running shoe stores, protein shakes and health food options.

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

N/A

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

The event will focus on announcing the winners of the events within the categories as well as giving our thanks for those who have made this such a great event

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

Other Comments: Please describe your fee structure.

The Downtown 20K Relay Race will have an early bird special for runners starting at $30 per runner. The regular registration will be $35 per runner. The late registration will be $45 per runner. Due to the nature of the this event and the time it will take to coordinate the teams there will not be an on-site registration.

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: LaShante Keys Title: Board Member Date: 12/10/2019

Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Kappa Alpha Psi Guide Right Foundation

Name of Responsible Party (President or CEO ONLY): LaShante Keys

Title of Responsible Party: Board Member

Physical Address of Responsible Party: P.O. Box 16843, St. Petersburg, FL 33733

Phone Number of Responsible Party: 7274591302

Email Address of Responsible Party: MrLKeys75@Gmail.com

Nonprofit (Employee Identification Number): 56-2473863

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: CommunityEFX@Gmail.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.
3.
4
5.
6.
7.
8.
9.
10.
11.
12.

TOTAL OPERATING EXPENSES

TOTAL NET INCOME

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

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

TOTAL ALLOCATION OF NET INCOME

Prepared by: Date:

Print Application

Submit Application by Email

Detail by Entity Name

Florida Not For Profit Corporation
COMMUNITY EFX, INC.

Filing Information

Document Number	N08000010200
FEI/EIN Number	32-0275750
Date Filed	11/05/2008
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	11/03/2017

Principal Address

15826 Hampton Village Drivev
St. Petersburg, FL 33618

Changed: 08/29/2019

Mailing Address

P.O. Box 16843
St. Petersburg, FL 33733

Changed: 08/29/2019

Registered Agent Name & Address

KEYS, LASHANTE
15826 HAMPTON VILLAGE DRIVE
TAMPA, FL 33618

Name Changed: 11/06/2015

Officer/Director Detail

Name & Address

Title D

KEYS, LASHANTE
15826 HAMPTON VILLAGE DRIVE
TAMPA, FL 33618

Title D

SHIVERS, NIKITA

3860 NEPTUNE DR
ST PETERSBURG, FL 33705

Annual Reports

Report Year	Filed Date
2017	11/03/2017
2018	07/24/2018
2019	08/29/2019

Document Images

08/29/2019 -- ANNUAL REPORT	View image in PDF format
07/24/2018 -- ANNUAL REPORT	View image in PDF format
11/03/2017 -- REINSTATEMENT	View image in PDF format
10/05/2016 -- REINSTATEMENT	View image in PDF format
11/06/2015 -- REINSTATEMENT	View image in PDF format
08/12/2014 -- ANNUAL REPORT	View image in PDF format
06/10/2013 -- ANNUAL REPORT	View image in PDF format
05/02/2012 -- ANNUAL REPORT	View image in PDF format
04/25/2011 -- ANNUAL REPORT	View image in PDF format
04/15/2010 -- ANNUAL REPORT	View image in PDF format
09/02/2009 -- ANNUAL REPORT	View image in PDF format
11/05/2008 -- Domestic Non-Profit	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 29142
Date: 09 Jan 2020

User: JSBENNIN
Status: Firm

COMMUNITY EFX INC
LASHANTE KEYS
15826 HAMPTON VILLAGE DR
TAMPA FL 33618 USA

Primary #: (727) 459-1302
Secondary #: ()
Other #: ()

Purpose of Use: THE DOWNTOWN 20K RELAY **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 19 Jun 20 06:00 am** **Ending: Sat 20 Jun 20 06:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Poynter Park	Fri	19 Jun 2020	06:00 AM	$0.00	$200.00	$0.00	$200.00
Park		20 Jun 2020	06:00 PM				

Additional Fees:

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

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Permit Fee	36:00	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) **LASHANTE KEYS**

COMMUNITY EFX INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

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

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

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 12/4/19
Check or Cash:
Application #: 83
Packet: D
Permit #: 29140

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

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

Event Date(s): 7/18/20 | Location: Lake Vista Park

Day 1 of Event: 7/18/20 | Time Gates Open: 8:30 AM | Ending Time: 4pm

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

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

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

Title: owner | Cell Phone: 727-420-6868

Address: 380 105th Terrace NE | City: St Pete | State: FL | Zip: 33716

Email Address: chris@tampabayclubsport.com

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

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

List all 501(c)3 entities that will benefit from this event. TASCO, Hand4Hope, Marine Exploration Center

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

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

Provide unique recreational opportunities to residents.

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

Bring 1000+ young professionals downtown with spending money. 2019 economic impact is estimated at $15-20K on top of team fees.

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

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

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

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

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

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

What is the estimated attendance for this event? Spectators 150 Participants 400 Last Year's Total Attendance 550

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

Recreation Equipment

Showmobile (Yes/No) yes

Bleacher(s) needed. Each bleacher approx. 180 people) 1-2

Tables (6 ft) # needed per tasco Chairs # needed per tasco

Public Address System

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

Special Events Facilities

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

☐ Non-City Locations

Which Location?

Lake Vista Park

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

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

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

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

Name:	Chris Giebner	Title:	owner	Date:	11/25/19
Co-Sign:	(Tasco)	Title:		Date:	

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? ☐ YES ☒ NO

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

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

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

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

Address (including zip): 380 105th Terrace NE ST. Petersburg, FL 33716

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

Showmobile with MC

List Vending Products. Name & Provider.

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

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

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

up to TASCO

Other Comments: Please describe your fee structure.

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

Other comments:

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

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

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

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

Name: Tracey Giebner Title: President Date: 11/25/19

Appendix A

Co-sponsored event park fee structure.

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

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

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

* Requests made after the co-sponsored process, must be submitted no fewer than six (6) months before planned event.

* Any event applying for the co-sponsorship inside the six (6) month time frame will be assessed a $1,200.00 administrative late fee.

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

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

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

st.petersburg
www.stpete.org

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Tasco

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

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

Nonprofit (Employee Identification Number):

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

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

Title of Responsible Party: President

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

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

Email Address of Responsible Party: chris@tampabayclubsport.com

For-profit (Employee Identification Number) 26-0016418

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

st.petersburg
www.stpete.org

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

Name of Event: Extreme Mud Wars
Date(s) of Event: Jul 13, 2019 - Jul 13, 2019

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

		Amount
1.	team fees	$26,469.00
2.	sponsors	$5,000.00
3.		
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$31,469.00

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

1.	City fees (fire/park/rec/police)	$18,729.00
2.		
3.		
4	Club Sport expense (staff/signage/shirts/trophies/cc fees/advertising)	$5,528.00
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$24,257.00
	TOTAL NET INCOME	$7,212.00

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

1.	Club Sport	$3,606.00
2.	TASCO donation	$3,606.00
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	$7,212.00

Prepared by: Ian Elston Date: Nov 6, 2018

Print Application

Submit Application by Email

Detail by Entity Name

Florida Profit Corporation
ACTIVE ENDEAVORS, INC.

Filing Information

Document Number	P02000004011
FEI/EIN Number	26-0016418
Date Filed	01/11/2002
State	FL
Status	ACTIVE

Principal Address

380 105TH TERRACE NE
ST. PETERSBURG, FL 33716

Changed: 12/18/2017

Mailing Address

380 105TH TERRACE NE
ST. PETERSBURG, FL 33716

Changed: 12/18/2017

Registered Agent Name & Address

GIEBNER, CHRISTOPHER S
791 Suwannee Ct Ne
ST. PETERSBURG, FLORIDA, FL 33702

Address Changed: 01/12/2015

Officer/Director Detail

Name & Address

Title P

GIEBNER, TRACEY L
791 Suwannee Ct NE
ST. PETERSBURG, FL 33702

Title TS

GIEBNER, CHRISTOPHER S
791 Suwannee Ct NE
ST. PETERSBURG, FL 33702

Annual Reports

Report Year	Filed Date
2017	01/09/2017
2018	01/10/2018
2019	02/12/2019

Document Images

02/12/2019 -- ANNUAL REPORT	View image in PDF format
01/10/2018 -- ANNUAL REPORT	View image in PDF format
01/09/2017 -- ANNUAL REPORT	View image in PDF format
03/01/2016 -- ANNUAL REPORT	View image in PDF format
01/12/2015 -- ANNUAL REPORT	View image in PDF format
01/21/2014 -- ANNUAL REPORT	View image in PDF format
01/16/2013 -- ANNUAL REPORT	View image in PDF format
02/14/2012 -- ANNUAL REPORT	View image in PDF format
01/31/2011 -- ANNUAL REPORT	View image in PDF format
03/03/2010 -- ANNUAL REPORT	View image in PDF format
04/06/2009 -- ANNUAL REPORT	View image in PDF format
04/28/2008 -- ANNUAL REPORT	View image in PDF format
08/09/2007 -- ANNUAL REPORT	View image in PDF format
04/11/2006 -- ANNUAL REPORT	View image in PDF format
01/26/2005 -- ANNUAL REPORT	View image in PDF format
04/12/2004 -- ANNUAL REPORT	View image in PDF format
01/05/2003 -- ANNUAL REPORT	View image in PDF format
01/11/2002 -- Domestic Profit	View image in PDF format

Detail by Entity Name

Florida Not For Profit Corporation
PIER AQUARIUM, INC.

Filing Information

Document Number	N26771
FEI/EIN Number	59-2899571
Date Filed	06/03/1988
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	06/21/1988
Event Effective Date	NONE

Principal Address

244 Second Ave N
Suite 203
ST. PETERSBURG, FL 33701

Changed: 02/25/2015

Mailing Address

244 Second Ave N
Suite 203
ST. PETERSBURG, FL 33701

Changed: 01/20/2014

Registered Agent Name & Address

LUTHER, MARK, Phd
2180 GRAND BAYOU GRANDE BLVD. NE
ST PETERSBURG, FL 33704

Name Changed: 02/22/2016

Address Changed: 02/22/2016

Officer/Director Detail

Name & Address

Title D

JOHNSON, LARI

200 2ND AVE S STE 159
SAINT PETERSBURG, FL 33701

Title P

LUTHER, MARK PH.D
2180 BAYOU GRANDE NE
SAINT PETERSBURG, FL 33701

Title D

BETZER, PETER PH.D
1830 7TH ST N
SAINT PETERSBURG, FL 33704

Title VP

WALLACE, SUSAN H
343 BRIGHTWATERS BLVD NE.
ST. PETERSBURG, FL 33704

Annual Reports

Report Year	Filed Date
2017	01/12/2017
2018	03/11/2018
2019	03/03/2019

Document Images

03/03/2019 -- ANNUAL REPORT	View image in PDF format
03/11/2018 -- ANNUAL REPORT	View image in PDF format
01/12/2017 -- ANNUAL REPORT	View image in PDF format
02/22/2016 -- ANNUAL REPORT	View image in PDF format
02/25/2015 -- ANNUAL REPORT	View image in PDF format
01/20/2014 -- ANNUAL REPORT	View image in PDF format
01/16/2013 -- ANNUAL REPORT	View image in PDF format
01/10/2012 -- ANNUAL REPORT	View image in PDF format
01/06/2011 -- ANNUAL REPORT	View image in PDF format
01/12/2010 -- ANNUAL REPORT	View image in PDF format
06/29/2009 -- ANNUAL REPORT	View image in PDF format
01/10/2008 -- ANNUAL REPORT	View image in PDF format
01/16/2007 -- ANNUAL REPORT	View image in PDF format
04/13/2006 -- ANNUAL REPORT	View image in PDF format
02/02/2005 -- ANNUAL REPORT	View image in PDF format
02/17/2004 -- ANNUAL REPORT	View image in PDF format
02/18/2003 -- ANNUAL REPORT	View image in PDF format
01/16/2002 -- ANNUAL REPORT	View image in PDF format
04/03/2001 -- ANNUAL REPORT	View image in PDF format
03/20/2000 -- ANNUAL REPORT	View image in PDF format
04/21/1999 -- ANNUAL REPORT	View image in PDF format
04/28/1998 -- ANNUAL REPORT	

st.petersburg

Contract/Permit

Contract #: 29140
Date: 09 Jan 2020

User: JSBENNIN
Status: Firm

TAMPA BAY CLUB SPORT
CHRIS GIEBNER
380 105TH TERR NE
ST PETERSBURG FL 33716 USA

Primary #: (877) 820-2582
Secondary #: ()
Other #: ()

Purpose of Use: EXTREME MUD WARS **Expected: 600** **Co-Sponsored Event**

Contract Balance $60.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting: Mon 29 Jun 20 06:00 am** **Ending: Fri 24 Jul 20 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Lake Vista Park	Mon	29 Jun 2020	06:00 AM	$0.00	$30.00	$0.00	$30.00
Park		24 Jul 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
Application Processing Fee - Parks	615:00	1	$30.00	$0.00	$30.00
		1	$30.00	$0.00	$30.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$60.00	$0.00	$60.00	$0.00	$0.00	$60.00	$19,268.41

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By:(Sign Name) _____

(Print Name) **CHRIS GIEBNER**

TAMPA BAY CLUB SPORT
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

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

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

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 12/4/19
Check or Cash:
Application #: 84
Packet: D
Permit #: 29137

Event Title: One Step Closer to the Cure 2020 Phone No.: 863 381-2034 Fax No.: 727 490-1999

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

Event Date(s): 9/18/20-9/19/20 Location: Albert Whitted Park 480 Bayshore Dr. S.E. St. Pete. Fl

Day 1 of Event: 9/18/20 set up Time Gates Open: 12:00 p.m. Ending Time: 5:30 p.m.

Day 2 of Event: 9/19/20 Time Gates Open: 5:00 a.m. Ending Time: 11:30 a.m.

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

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

Title: Chairman Cell Phone: same

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

Email Address: ccarlan@cmocf.org

Additional Contact Person: Kevin Carlan Day Phone: 727 - 522-9471

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

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

Name of the for-profit entity? None

Describe your event with details.

One Step Closer to the Cure 2020 is a 8K/5K/1M run/walk with serious runners, causal runners and walkers supporting women in treatment of ovarian cancer. There are many teams formed in honor/memory of someone who is in treatment or has passed from ovarian caner. It it a great event bringing awareness to a disease that is not we known of or has a screening test. It helps educate women and men about the disease and gives support to those with the disease by raising funds for their support during treatment.

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

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

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? $1000.000.00

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

Will there be an admission / registration fee? ☒ YES ☐ NO Advanced Fee: 40-45 Day of: 50-55

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

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

What is the estimated attendance for this event? Spectators 2-300 Participants 1100 Last Year's Total Attendance 930

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

Recreation Equipment

Showmobile (Yes/No)

Bleacher(s) needed. Each bleacher approx. 180 people) 1

Tables (6 ft) # needed Chairs # needed

Public Address System

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

Special Events Facilities

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

- [ ] Non-City Locations

Which Location?

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

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

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

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

Name:	Claudette M. Carlan	Title:	Chairman	Date:	11/11/2019
Co-Sign:		Title:		Date:	

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

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

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☐ Vending Product / Merchandise Sales		Occupational License
☐ Vending Food / Beverage		Health Inspection
☐ Vendors / Exhibitors	How many?	
☒ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 2	Temporary Structure Permit
☒ Fence Installation	What type? Bike Racks	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☒ Staging	☐ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☐ Performers ☒ Announcement Only	
☐ Security	☐ Daytime - Private ☒ Overnight - Private ☐ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 5 Disabled Units 3 Hand Washing x	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

☐ Other:

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

Will you supply your own generators? ☒ YES ☐ NO

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

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

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

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

Address (including zip): P.O. Box 48787 St. Pete. Fl 33743-877

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

DJ or Radio

List Vending Products. Name & Provider.

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

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

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

Friday Set up 9/18/20 starting at 11:30 a.m. Tents unloaded at Albert Whitted Park
Rental Port o Lets, Tables, Chairs unloaded at this time on Friday 9/18/20
Registration (late) and packet pickup at 3:30 p.m.-5:00 p.m. 9/18/20

Other Comments: Please describe your fee structure.

Registration prices are set in March or April and discounts offered for early registration with increases in the months closer to the event. $40.00 would be a starting price for 8K/5K and discounts offered and increases to $50.00 Youth prices start at $25.00 $25-30 would be a starting price for 1 mile. Ovarian Cancer survivors are free for all races.

Other comments:

All monies raised are given back to the community through CMOCF's Hope Fund. Women in treatment make application through our Hope fund for rent, mortgage payments, food, power etc. We have funded over $700,000. to women in treatment of ovarian cancer.

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

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

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

Name: Claudette M. Carlan Title: Chairman Date: 11/11/2019

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: Celma Mastry Ovarian Cancer Foundation

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

Title of Responsible Party: Chairman

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

Phone Number of Responsible Party: 863 381-2034

Email Address of Responsible Party: ccarlan@cmocf.org

Nonprofit (Employee Identification Number): #33-1023477

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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

What method of invoicing would your organization prefer?

☒ BY Mail

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

Address: P.O. Box 48787

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

☐ BY EMAIL

Email Address:

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

Name of Event: One Step Closer to the Cure
Date(s) of Event: 9/21/2019 -

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

		Amount
1.	Sponsors	$24,000.00
2.	Donations	$26,088.68
3.	Race Fees	$29,280.00
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$79,368.68

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

1.	Race shirts, rentals, printing , park fees, permits but no final bill from City of St. Pete.	$38,257.38
2.		
3.		
4		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$38,257.38
	TOTAL NET INCOME	$41,111.30

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

1.	Hope Fund for Women in treatment of ovarian cancer	$41,111.30
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	$41,111.30

Prepared by: Claudette M. Carlan Date: 11/11/2019

Print Application

Submit Application by Email

Detail by Entity Name

Florida Not For Profit Corporation
CELMA MASTRY OVARIAN CANCER FOUNDATION, INC.

Filing Information

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

Principal Address

2801 ANVIL STREET NORTH
SAINT PETERSBURG, FL 33710

Changed: 02/16/2010

Mailing Address

2801 ANVIL STREET NORTH
SAINT PETERSBURG, FL 33710

Changed: 02/16/2010

Registered Agent Name & Address

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

Name Changed: 11/01/2017

Address Changed: 04/14/2009

Officer/Director Detail

Name & Address

Title VPSD

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

Title P

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

Title VD

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

Title TRD

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

Annual Reports

Report Year	Filed Date
2017	11/01/2017
2018	01/12/2018
2019	04/16/2019

Document Images

04/16/2019 -- ANNUAL REPORT	View image in PDF format
01/12/2018 -- ANNUAL REPORT	View image in PDF format
11/01/2017 -- REINSTATEMENT	View image in PDF format
01/23/2016 -- ANNUAL REPORT	View image in PDF format
11/30/2015 -- Merger	View image in PDF format
01/08/2015 -- ANNUAL REPORT	View image in PDF format
01/09/2014 -- ANNUAL REPORT	View image in PDF format
04/12/2013 -- ANNUAL REPORT	View image in PDF format
01/05/2012 -- ANNUAL REPORT	View image in PDF format
01/05/2011 -- ANNUAL REPORT	View image in PDF format
02/16/2010 -- ANNUAL REPORT	View image in PDF format
04/14/2009 -- ANNUAL REPORT	View image in PDF format
01/08/2008 -- ANNUAL REPORT	View image in PDF format
03/07/2007 -- ANNUAL REPORT	View image in PDF format
03/17/2006 -- ANNUAL REPORT	View image in PDF format
01/11/2005 -- ANNUAL REPORT	View image in PDF format
02/06/2004 -- ANNUAL REPORT	View image in PDF format
03/17/2003 -- ANNUAL REPORT	View image in PDF format
03/17/2003 -- Name Change	View image in PDF format
04/08/2002 -- Domestic Non-Profit	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 29137
Date: 09 Jan 2020

User: JSBENNIN
Status: Firm

CELMA MASTRY OVARIAN CANCER FOUNDATION
CLAUDETTE CARLAN
PO BOX 48787
ST PETERSBURG FL 33743 8787 USA

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

Purpose of Use: ONE STEP CLOSER TO THE CURE 2020

Expected: 1,500

Co-Sponsored Event

Contract Balance $0.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting: Fri 18 Sep 20 06:00 am** **Ending: Sat 19 Sep 20 06:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Fri	18 Sep 2020	06:00 AM	$0.00	$200.00	$0.00	$200.00
Park		19 Sep 2020	06:00 PM				

Additional Fees:

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

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Permit Fee	36:00	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
09 Jan 2020	$230.00	Check	Rental	3503676

Additional Notes:

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

By:(Sign Name) _____

(Print Name) **CLAUDETTE CARLAN**

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

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

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

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

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 12/27/19
Check or Cash:
Application #: 85
Packet: C
Permit #: 29146

Event Title: Tampa Bay Caribbean Carnival /St Petersburg Caribbean Fe Phone No.: 7274344282 Fax No.:

Entity Name: Trinidad & Tobago American Association Of Central Fl, Inc. Federal I.D. Number: 59-3363879

Event Date(s): June 6 & 7 Location: Albert Whitted Park

Day 1 of Event: 6 June Time Gates Open: 1pm Ending Time: 10pm

Day 2 of Event: 7 June Time Gates Open: 1pm Ending Time: 10pm

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

Application Prepared by: George Carrington Phone:

Title: President Cell Phone: 7274344282

Address: 3150 Pinellas Point Drive S City: St Petersburg State: Fl Zip: 33712

Email Address: carringtongeorge@hotmail.com

Additional Contact Person: Day Phone:

What month/year were you incorporated as nonprofit? 1990

List all 501(c)3 entities that will benefit from this event. Trinidad & Tobago American Association Of Central Fl, Inc

Name of the for-profit entity? Na

Describe your event with details.

Tampa Bay Caribbean Carnival highlights the unique variety of culture found in the Caribbean. During the Weekend of this event - June 9thand 10th - The City of St Petersburg will become the epicenter of diversified culture .Participant from Tampa, St Pete, and surrounding Cities and Counties ,including a few from our neighboring State - Georgia -and as far as New York , will descend upon St Pete to enjoy the Tampa Bay

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

Our guest for this event will be in need of lodging and dining opportunities , not to exclude shopping and transportation . Local businesses, will quickly benefit from the economical impact of the event.

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

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

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

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

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

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

What is the estimated attendance for this event? Spectators 7,000.00 Participants 1,000,00 Last Year's Total Attendance 3,000.00

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

Recreation Equipment

Showmobile (Yes/No) yes

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

Tables (6 ft) # needed 40 Chairs # needed 60

Public Address System no

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

Special Events Facilities

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

☐ Non-City Locations

Which Location?

Albert Whitted Park

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

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

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

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

Name:	George Carrington	Title:	President	Date:	10/30/2019
Co-Sign:		Title:		Date:	

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? Over 30 Vendors / Exhibitors	
☒ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 6	Temporary Structure Permit
☒ Fence Installation	What type? wire	Temporary Structure Permit
☒ Other Structures	What structure? stage	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☒ VIP Area		
☒ Staging	☒ Professional ☒ Showmobile ☐ Other	
☒ Amplified Sound	☒ Performers ☐ Announcement Only	
☒ Security	☒ Daytime - Private ☒ Overnight - Private ☒ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 30 Disabled Units 4 Hand Washing 6	
☒ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? ☐ YES ☒ NO

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

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

no

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

Name: Tampa Bay Caribbean Carnival / St Petersburg Caribbean Festival Phone: 7274344282

Address (including zip): 3150 Pinellas Point Drive S , St Petersburg Fl ,33712

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.

na

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: George Carrington Title: President Date: 10/302019

Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Trinidad And Tobago American Association Of Central Fl, Inc

Name of Responsible Party (President or CEO ONLY): George Carrington

Title of Responsible Party: President

Physical Address of Responsible Party: 3150 Pinellas Point Drive S, St Petersburg Fl 33712

Phone Number of Responsible Party: 7274344282

Email Address of Responsible Party: carringtongeorge@hotmail.com

Nonprofit (Employee Identification Number): 59-3363879

Name of the **For-profit** Corporation: Trinidad & Tobago American Association Of Central Fl, Inc.

Name of Responsible Party (President or CEO ONLY): George Carrington

Title of Responsible Party: President

Physical Address of Responsible Party: 3150 Pinellas Point Drive S, St Petersburg Fl,33712

Phone Number of Responsible Party: 7274344282

Email Address of Responsible Party: carringtongeorge@hotmail.com

For-profit (Employee Identification Number) 59-3363879

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: Trinidad and Tobago American Association Of Central Fl, Inc.

Address: 3150 Pinellas point Drive s,

City, State, Zip: St Petersburg Fl, 33712

☒ BY EMAIL

Email Address: carringtongeorge@hotmail.com

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

Name of Event: Tampa Bay Caribbean Carnival/ St Petersb

Date(s) of Event: June 8th& (th - Jan 1, 2020

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

		Amount
1.	na	
2.	na	
3.	Vendors	$0.00
4	Gates receipts	$0.00
5.	Bar water Sodars ,etc	$0.00
6.		
7.		
8.		$0.00
	TOTAL GROSS REVENUE	$0.00

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

1.	Park ,Police ,Clean up	$0.00
2.	Sound and Stage	$0.00
3.	Insurance	$0.00
4	Permits ,Water License	$0.00
5.	Marketing- Media , Flyers ,Social Media	$0.00
6.	Entertainment	$0.00
7.	Artiste Accommodation and Transportation	$0.00
8.	Security	$0.00
9.	Miscellaneous, Meals , Phones Radios , Gulf Carts, Etc.	$0.00
10.	Fence	$0.00
11.	Tents	$0.00
12.	Printing	$0.00
	TOTAL OPERATING EXPENSES	$0.00
	TOTAL NET INCOME	$0.00

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

1.		$0.00
2.		
3.		
4.		
5.		
6.		$0.00
	TOTAL ALLOCATION OF NET INCOME	$0.00

Prepared by: George Carrington Date: 10/30/2019

Print Application

Submit Application by Email

Detail by Entity Name

Florida Not For Profit Corporation

TRINIDAD & TOBAGO AMERICAN ASSOCIATION OF CENTRAL FLORIDA, INC.

Filing Information

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

Principal Address

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

Changed: 05/23/2014

Mailing Address

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

Changed: 05/23/2014

Registered Agent Name & Address

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

Name Changed: 06/06/2002

Address Changed: 05/23/2014

Officer/Director Detail

Name & Address

Title T

TROTMAN, JENNIFER

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

Title President

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

Title VP

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

Title Director

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

Title Executive Secretary

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

Annual Reports

Report Year	Filed Date
2017	03/30/2017
2018	04/14/2018
2019	05/20/2019

Document Images

05/20/2019 -- ANNUAL REPORT	View image in PDF format
05/21/2018 -- Off/Dir Resignation	View image in PDF format
04/14/2018 -- ANNUAL REPORT	View image in PDF format
03/30/2017 -- ANNUAL REPORT	View image in PDF format
04/29/2016 -- ANNUAL REPORT	View image in PDF format
01/02/2015 -- ANNUAL REPORT	View image in PDF format
12/12/2014 -- AMENDED ANNUAL REPORT	View image in PDF format
12/10/2014 -- AMENDED ANNUAL REPORT	View image in PDF format
05/23/2014 -- REINSTATEMENT	View image in PDF format
09/27/2012 -- ANNUAL REPORT	View image in PDF format
01/07/2011 -- REINSTATEMENT	View image in PDF format
10/28/2009 -- REINSTATEMENT	View image in PDF format
03/03/2008 -- REINSTATEMENT	View image in PDF format
05/15/2006 -- REINSTATEMENT	View image in PDF format
02/13/2004 -- REINSTATEMENT	View image in PDF format
06/06/2002 -- REINSTATEMENT	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 29146
Date: 09 Jan 2020

User: JSBENNIN
Status: Firm

TRINIDAD & TOBAGO AMERICAN ASSOCIATION
GEORGE S CARRINGTON
3150 PINELLAS POINT DR S
ST PETERSBURG FL 33712 5427 USA

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

Purpose of Use: TAMPA BAY CARIBBEAN CARNIVAL

Expected: 7,000

Co-Sponsored Event

Contract Balance $430.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting: Thu 04 Jun 20 06:00 am** **Ending: Mon 08 Jun 20 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Thu	04 Jun 2020	06:00 AM	$0.00	$400.00	$0.00	$400.00
Park		08 Jun 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	111:00	2	$400.00	$0.00	$400.00
		2	$400.00	$0.00	$400.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$430.00	$0.00	$430.00	$0.00	$0.00	$430.00	$720.00

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) **GEORGE S CARRINGTON**

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

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

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

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

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1/16/20
Check or Cash:
Application #: 86
Packet: C
Permit #: 29276

Event Title: Community Festival Phone No.: 727.327.2081 Fax No.: 727.327.1672

Entity Name: Pinellas County Urban League Federal I.D. Number:

Event Date(s): 4/11/2020 Location: Campbell Park

Day 1 of Event: 4/11/2020 Time Gates Open: 10am Ending Time: 1pm

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

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

Application Prepared by: Michael J. Boykins, Sr. Phone: 727.318.7730

Title: Director, Youth & Family Services Cell Phone: 727.318.7730

Address: 333 31st Street North City: Saint Petersbur State: FL Zip: 33713

Email Address: mboykins@pcul.org

Additional Contact Person: Candis Massey Day Phone: 727.327.2081 ext 107

What month/year were you incorporated as nonprofit? 1977

List all 501(c)3 entities that will benefit from this event. Pinellas County Urban League

Name of the for-profit entity? N/A

Describe your event with details.

The Community Festival is designed to make community residents aware of resources available in their area, as well as, enhance the relationship of the community and Law Enforcement through interactive activities.

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

N/A

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. www.pcul.org

Please provide a phone number that can be advertised to the public. 727.327.2081

What is the estimated attendance for this event? Spectators 300 Participants 50 Last Year's Total Attendance 325

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 35 Chairs # needed 70

Public Address System no

# 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:	Michael J. Boykins, Sr.	Title:	Director	Date:	1/13/2020
Co-Sign:		Title:		Date:	

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? ☐ YES ☒ NO

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

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

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

Name: Pinellas County Urban League Phone: 727.327.2081

Address (including zip): 333 31st Street North St. Pete, FL 33713

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

Various Music, One Stage, Two Bands

List Vending Products. Name & Provider.

N/A

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

N/A

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

N/A

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

Load In 7:30am 4/11/2020 Load Out 1:00pm 4/11/2020

Other Comments: Please describe your fee structure.

N/A

Other comments:

N/A

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

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

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

Name: Michael J. Boykins, Sr. Title: Director Date: 1/13/2020

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: Pinellas County Urban League

Name of Responsible Party (President or CEO ONLY): Rev. Watson L. Haynes, II

Title of Responsible Party: President & CEO

Physical Address of Responsible Party: 333 31st Street North St. Petersburg, FL 33713

Phone Number of Responsible Party: 727.327.2081 ext 101

Email Address of Responsible Party: whaynes@pcul.org

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: mboykins@pcul.org

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

Name of Event: Community Festival
Date(s) of Event: Apr 13, 2019 - Apr 13, 2019

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

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

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

1.	Food	$1,000.00
2.	Inflatables	$400.00
3.	Tables	$300.00
4	Chairs	$300.00
5.	Sound Equipment	$700.00
6.	Misc	$500.00
7.		
8.		
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$3,200.00
	TOTAL NET INCOME	($200.00)

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: Michael J. Boykins, Sr. Date: 1/13/2020

Print Application

Submit Application by Email

Detail by Entity Name

Florida Not For Profit Corporation
PINELLAS COUNTY URBAN LEAGUE, INC.

Filing Information

Document Number	735730
FEI/EIN Number	59-1665523
Date Filed	05/04/1976
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	03/05/1980
Event Effective Date	NONE

Principal Address

333 31ST STREET NORTH
ST. PETERSBURG, FL 33713

Changed: 02/18/1992

Mailing Address

333 31ST STREET NORTH
ST. PETERSBURG, FL 33713

Changed: 02/18/1992

Registered Agent Name & Address

Haynes, Watson L, II
333 31ST STREET NORTH
ST. PETERSBURG, FL 33713

Name Changed: 02/12/2013

Address Changed: 04/11/2007

Officer/Director Detail

Name & Address

Title Treasurer

McMillon , Grant

3201 34th street South
Building A, 4th Floor
SAINT PETERSBURG, FL 33711

Title President

Haynes, Watson L, II
333 31ST ST N
SAINT PETERSBURG, FL 33713

Title Asst. Secretary

Brown, Leah
5413 State Road 64E
Bradenton, FL 34208

Title First Vice Chairperson

McMillon, Grant
3201 34th Street South
Building A, 4th Floor
St. Petersburg, FL 33711

Title Chairperson

Marcelli, Linda
5220 31st Avenue South
Gulfport, FL 33707

Title Secretary

Clark, Jessica L
4703 Horton Road
Plant City, FL 33567

Title Asst. Treasurer

Law, William D., Dr.
621 Saxony Boulevard
St. Petersburg, FL 33716

Title Second Vice Chairperson

Cohen, Irv
555 5th Avenue NE,
Suite 543
Saint Petersburg, FL 33701

Annual Reports

Report Year	Filed Date
2017	02/14/2017
2018	02/20/2018
2019	01/28/2019

st.petersburg

Contract/Permit

Contract #: 29276
Date: 17 Jan 2020

User: JSBENNIN
Status: Firm

PINELLAS COUNTY URBAN LEAGUE
MICHAEL BOYKINS
333 31ST ST N
ST PETERSBURG FL 33713 7603 USA

Primary #: (727) 327-2081
Secondary #: ()
Other #: ()

Purpose of Use: COMMUNITY FESTIVAL **Expected: 500** **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 11 Apr 20 06:00 am** **Ending: Sat 11 Apr 20 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Campbell Park	Sat	11 Apr 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
				$30.00

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Application Processing Fee - Parks	15:00	1	$30.00	$0.00	$30.00
		1	$30.00	$0.00	$30.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$60.00	$0.00	$60.00	$0.00	$0.00	$60.00	$180.00

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) **MICHAEL BOYKINS**

PINELLAS COUNTY URBAN LEAGUE
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name):
Parks and Recreation Superintendent

(Print Name)
Parks and Recreation Department

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

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

St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

Procedures for Issuing Outdoor Assembly Permits

The Chief of Police or his/her designee shall be the authorized agent for issuing, tendering an alternative, rescinding or denying **Outdoor Assembly Permits.** Applications for such permits can be obtained at the St. Petersburg Police Department or electronically via email or online on the Department's website. Applications must be submitted to the Special Events Unit of the St. Petersburg Police Department **at least thirty (30) days prior** to the scheduled event, **but not more than 180 days** prior to the event. This time is necessary as other City Departments are involved in the permitting process. Event organizers are encouraged to contact the Special Events Unit prior to completing this application to discuss the specifics of their event. A completed application should include the following:

1. The name or names of the person or organization sponsoring the event.
2. The date, time and duration of the event.
3. A check or money order in the amount of **$30.00** made payable to **"The City of St. Petersburg."** Cash will not be accepted as payment. This non-refundable application fee is required by Section 25-75 of the City Code and is to be paid at the time of the filing of this application. Actual event costs will be in addition to this application fee and shall be determined prior to the date of the event.
4. If alcoholic beverages are to be sold or served, proof of Liquor Liability Insurance will be required.

Applicants will provide adequate supervision for the event, ensuring the safety of all participants and the protection of any City property. Applicants are responsible for cleaning-up the affected area after the event. The applicant will also ensure that the event complies with all City Ordinances and Florida State Statutes and that there will be **NO** vending (sale of foods, beverages, etc.) without the proper City permits and/or licenses.

Should the location for the event be determined to be unsuitable, an alternate site may be recommended. If the permit is approved, the applicant will be provided a copy of the permit for their records. The applicant should retain this approved copy until the event has concluded. The original permit will be retained by the Special Events Unit. If the application is denied, the applicant will be notified of the denial and its justification.

The City may deny an application, tender an alternative permit or revoke an approved permit at any time. Reasons for denial may include, but are not limited to: submission after the 30 day limit, an incomplete application, traffic control and/or public safety concerns, failure of the applicant to secure adequate City services or another event which takes precedence. Reasons for tendering an alternative permit may include, but are not limited to: traffic control and/or public safety concerns or another event which takes precedence. Reasons for revocation may include, but are not limited to: falsification of the application, violation of one or more of the conditions or standards for issuance, or when a public emergency arises where the police resources are required for that emergency.

KEEP THIS SHEET FOR YOUR RECORDS

St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

Event Information					
Name of Event:	Pinellas County Urban League Community Festival				
Date of Event:	4/11/2020				
Assembly Time:	7:30am	**Start Time:**	10:00am	**End Time:**	1:00pm

Event Specifics

Specify the purpose of the outdoor assembly and provide a general description of the proposed event, to include the activities that will take place during the event:
The Community Festival is designed to make community residents aware of resources available in their area. It is also to enhance the relationship between the community and Law Enforcement.

Proposed Route to include Assembly Area, Start and End Points and Dispersal Area. Attach Route Map.
All activities will take place in Campbell Park.

Specify any Public Facilities, Parks and/or Equipment to be used:
Activities will take place in Campbell Park. Music and entertainment will be on the stage/showmobile.

Provide a description of all recording equipment, signs, banners, etc. This should include a description of the materials used for any of these items.
The Pinellas County Urban League will display their vinyl banner

Will alcoholic beverages be **SOLD** or **CONSUMED** as part of this event? _____ Yes __x__ No

Estimated number of people taking part is the event. __300__

Estimated number and type of animals taking part in the event. none

Will this event take place in the roadway? _____ Yes __x__ No
If Yes, will the entire event be in the roadway or just a portion of the event? _____

Will this event take place on the sidewalks? _____ Yes __x__ No
If Yes, will the entire event be on the sidewalks or just of portion of the event? _____

Estimated number of volunteers or Parade Marshals that will be assisting with this event. __30__

Parades, Sporting Events and other similar types of events typically disrupt the normal flow of traffic and inconvenience area businesses and/or residents. The City will endeavor to assist the event organizers and promoters in notifying the community about the event; however the responsibility for informing the public and affected commerce rests with the applicant.

What steps will the applicant(s) take to ensure the community is properly notified?
Flyers will be distributed. This is a free event.

St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

Event Fees, Costs and Insurance Requirements

A non-refundable application fee of **Thirty Dollars ($30.00)** is required by Section 25-75 of the City Code. It is to be paid at the time of filing the application. The costs of all City services for the event shall be paid by the applicant (or person responsible). A certificate of insurance is required by Section 25-76 of the City Code and should also be included with the application at the time of filing. The City of St. Petersburg shall be named as an additional insured party on all insurance certificates.

Waiver Request for Fees, Costs and Insurance Requirements

If the applicant is indigent and is engaged in **public issue speech or conduct**, as defined in Section 25-37 of the City Code, the application fee, City services costs and insurance requirements may be waived. The applicant shall apply to the City, and the City Administrator or the designee thereof, the City Attorney or the designee thereof, and the Administrator of Parks or the designee thereof shall determine if the applicant fulfills the public issue and indigency requirement, in order to receive a waiver of costs of the processing fee and City services. This application process will require a financial disclosure. The City Administrator shall make a recommendation to City Council who shall approve or deny the waiver. The applicant shall be notified of the council action.

Do you wish to apply to the City for a claim of indigence and request a waiver of fees, costs and insurance requirements?

_____ **Yes** ___x___ **No**

Organization Sponsoring Event Information

Applicant						
Name:	Michael J. Boykins, Sr.					
Address:	333 31st Street North St. Petersburg, FL 33713					
Email:	mboykins@pcul.org					
Phone:	Cell:	727.318.7730	Home:		Work:	
Organization						
Name:	Pinellas County Urban League					
Address:	333 31st Street North St. Petersburg, FL 33713					
Email:						
Phone:	Cell:		Home:		Work:	727.327.2081
President or Head of Organization						
Name:	Rev. Watson L. Haynes, II, President & CEO					
Address:	333 31st Street North St. Petersburg, FL 33713					
Email:	whaynes@pcul.org					
Phone:	Cell:		Home:		Work:	727.327.2081 ext 101
Person or Entity Responsible for Payment of City Services						
Name:	Pinellas County Urban League					
Address:	333 31st Street North St. Petersburg, FL 33713					
Email:						
Phone:	Cell:		Home:		Work:	727.327.2081 ext 107
Person Responsible for Event Conduct						
Name:	Michael J. Boykins, Sr.					
Address:	333 31st Street North St. Petersburg, FL 33713					
Email:	mboykins@pcul.org					
Phone:	Cell:	727.318.7730	Home:		Work:	

St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

Signature and Notary

I, Watson L Haynes, II, for himself/herself and for the other persons, organizations, firms and corporations listed in the **Organization Sponsoring Event Information** section of this application, do hereby contract and agree that they will jointly and severally indemnify and hold the City of St. Petersburg, Florida harmless against liability for any and all claims for damage or injury to or death of persons arising out of or resulting from the issuance of this permit, or the conduct of the event or its participants.

The event and expected conduct of the participants will conform to all requirements of law, including all ordinances of the City of St. Petersburg.

Applicant Signature (Authorized Representative) Date 1/13/2020

The foregoing instrument was acknowledged before me this 13th day of January, 2020, by Watson L. Haynes, II, who is personally known to me or who has produced _____ as proper identification.

Notary Public State of Florida
Marshae M Brown
My Commission GG 292292
Expires 01/17/2023

Notary Public: Marshae M Brown

Permit Approval

The application for this Outdoor Assembly Permit is hereby granted subject to the applicant's acknowledgement that they will abide by all laws of the State of Florida and all ordinances of the City of St. Petersburg and Pinellas County. Further the applicant acknowledges they are responsible for the conduct of **ALL** participants of the event they have sponsored.

Authorized Signature (Police Department) Date of Approval

CITY OF ST. PETERSBURG/COMMUNITY AFFAIRS DIVISION

ACCESSIBILITY CHECKLIST AND EVENT APPLICATION

Event Name: Pinellas County Urban League Community Festival **Event Date(s):** 4/11/2020

Event Location: Campbell Park

Event Representative: Michael J. Boykins, Sr.

Address: 333 31st St. N.

Phone: 727.318.7730 **Fax:** _____ **E-Mail:** mboykins@pcul.org

Event Website: www.pcul.org

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

      Yes. _____ No. _____ N/A _____

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

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

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

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

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

      Yes. _____ No. _____ N/A X

2. **Portable Toilet Units:**

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

a. Total Number of Portable Units: Ø

b. Total Number of Accessible Portable Units: Ø

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

Yes _____ No _____ N/A X

3. **Accessible Routes:**

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

Open: X Restricted/Ticketed: _____

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

Yes _____ No _____

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

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

Yes _____ No _____ N/A X

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

Yes X No _____

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

Check Here: _____

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

4. **Vendors and Activities:**

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

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

Yes. X No _____

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

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

Yes ___X___ No _____ N/A _____

c. Is there any seating available for dining?

Yes ___X___ No _____

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

Yes ___X___ No _____

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

Yes ___X___ No _____ N/A _____

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

Yes ___X___ No _____

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

Yes _____ No _____ N/A ___X___

*If yes, please provide details about those below:

_____

_____

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

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

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

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

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

Yes ___X___ No _____ N/A _____

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

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

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

Yes X No _____ N/A _____

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

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

Contact Name: Michael J. Boykins, Sr. Phone: 727.318.7730

Email Address: mboykins@pcul.org Fax: _____

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

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

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

Signature, Event Representative

Date: 1/13/2020

Michael J. Boykins, Sr.
Print Name, Event Representative

This event has been approved by the Community Affairs Division:

ADA Coordinator

Date

PLEASE RETURN THIS FORM WITH YOUR EVENT LAYOUT MAP TO:

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

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

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1/22/20
Check or Cash: $650
Application #: 87
Packet: D
Permit #: 29323

Event Title: St Pete Country Music Ribfest | Phone No.: 727-565-0550 | Fax No.:

Entity Name: Knight Global Entertinment LLC | Federal I.D. Number: 27-0821472

Event Date(s): 9/26 and 9/27, 2020 | Location: Vinoy Park

Day 1 of Event: Sep 26 | Time Gates Open: 1pm | Ending Time: 10pm

Day 2 of Event: Sep 27 | Time Gates Open: 1pm | Ending Time: 10pm

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

Application Prepared by: Becky Barnes | Phone: 727-565-0550

Title: General Manager | Cell Phone: 727-565-0550

Address: 200 1st Ave N, STE 206 | City: St. Petersburg | State: FL | Zip: 33701

Email Address: becky@jannuslive.com

Additional Contact Person: Sean Knight | Day Phone: 909-749-6114

What month/year were you incorporated as nonprofit? November 2016

List all 501(c)3 entities that will benefit from this event. Knight Animal Sanctuary Inc.

Name of the for-profit entity? Knight Global Entertainment LLC

Describe your event with details.

2 Day country music event with food vendors and family friendly activities

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

We hope this will become an annual destination event for not only St. Pete residents, but tourists alike as well. Over the 2 days and possibly the days before and after, we hope to see an increase in hotel reservations, retail activity, restaurant and bar activity. We also hope to add some additional temporary Jobs for the residents throughout our event.

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

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

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

Will there be an admission / registration fee? ☒ YES ☐ NO Advanced Fee: 30.00 Day of: 40.00

Please provide the website address for your event.

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

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

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

Recreation Equipment

Showmobile (Yes/No) no

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

Tables (6 ft) # needed no Chairs # needed no

Public Address System no

# of portable risers needed (4 in. x 8 in. x 16 in. sections) no

Special Events Facilities

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

☐ Non-City Locations

Which Location?

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

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

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

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

Name:	Becky Barnes	Title:	General Manager - Jannuslive	Date:	1/22/2020
Co-Sign:	Bonnie Barnes	Title:	Treasurer - Knight Animal San	Date:	1/22/2020

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 11 - 20 Vendors / Exhibitors	
☒ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 12-15	Temporary Structure Permit
☒ Fence Installation	What type? metal/ chain link	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☐ Require Street Closure		Parade or Street Closure Permit(s)
☒ VIP Area		
☒ Staging	☒ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☒ Performers ☐ Announcement Only	
☒ Security	☐ Daytime - Private ☐ Overnight - Private ☐ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 60 Disabled Units 10 Hand Washing 10	
☐ Off-site Parking / Shuttle		
☒ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

TBD

Will you supply your own generators? ☒ YES ☐ NO

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

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

We would also like to serve liquor at this event along with beer and wine.

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

Name: Knight Global Entertainment LLC Phone: 727-565-0550

Address (including zip): 200 1st Ave N, STE 206, Saint Petersburg, FL 33701

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

Country Music
one stage
multiple bands

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.

Knight Animal Sanctuary
7527 Quail Hollow Blvd., Wesley Chapel, Florida 33544
813-363-2928 - Bonnie Barnes (Treasurer)

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

NA

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

TBD but atleast 24 hours prior to the event and 24 hours after the event

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: Becky Barnes Title: General Manager - Jannuslive Date: 1/22/2020

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: Knight Animal Sanctuary, INC.

Name of Responsible Party (President or CEO ONLY): Jeffry Knight

Title of Responsible Party: President

Physical Address of Responsible Party: 2268 Kings Point Dr. , Largo, FL 33774

Phone Number of Responsible Party: 727-423-0971

Email Address of Responsible Party: jeffryknight62@gmail.com

Nonprofit (Employee Identification Number): 81-4484000

Name of the **For-profit** Corporation: Knight Global Entertainment, LLC

Name of Responsible Party (President or CEO ONLY): Jeffry Knight

Title of Responsible Party: CEO

Physical Address of Responsible Party: 2268 Kings Point Dr., Largo, FL 33774

Phone Number of Responsible Party: 727-423-0971

Email Address of Responsible Party: jeffryknight62@gmail.com

For-profit (Employee Identification Number) 27-0821472

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: becky@jannuslive.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.
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.

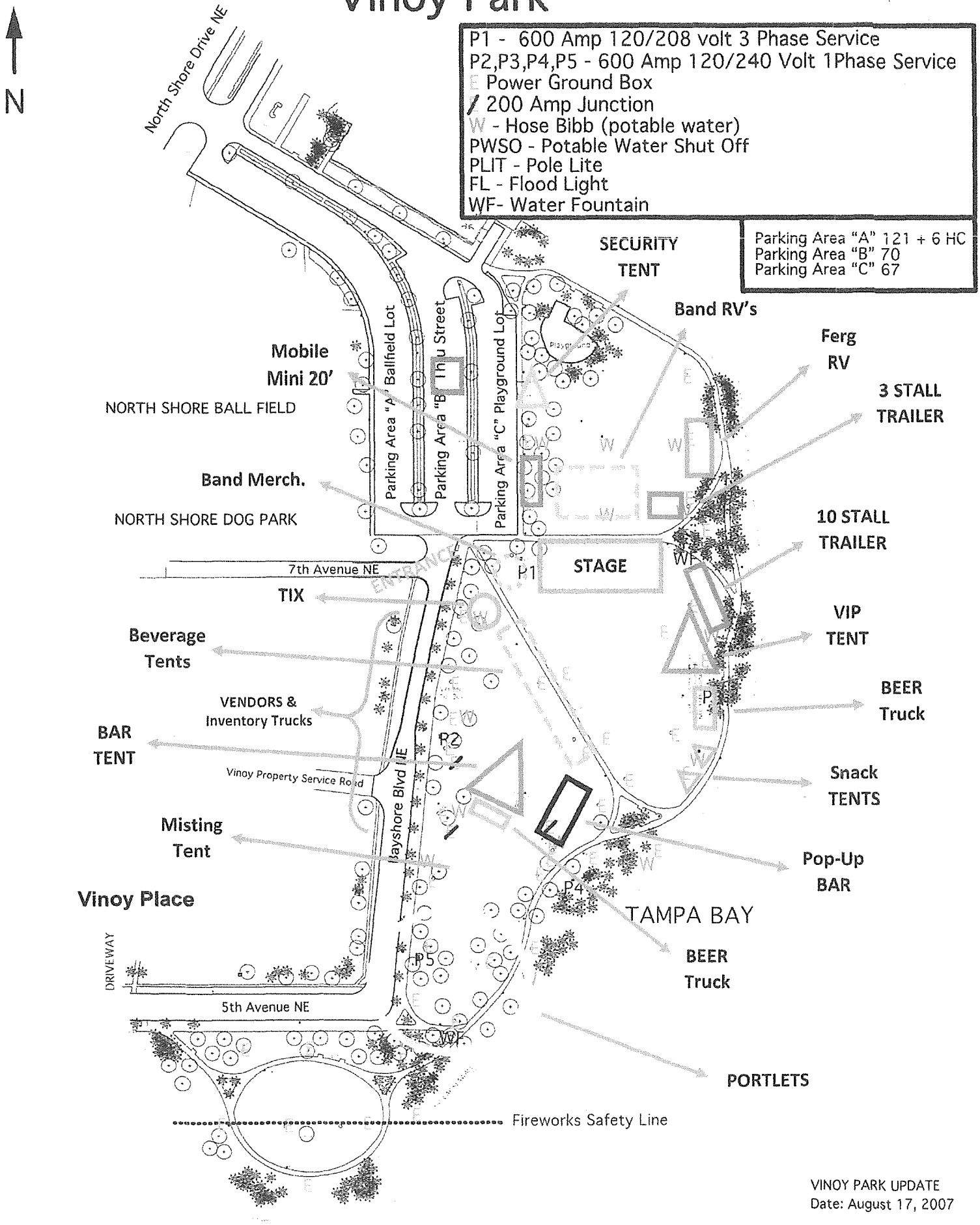
TOTAL ALLOCATION OF NET INCOME

Prepared by: Date:

Print Application

Submit Application by Email

Vinoy Park



VINOY PARK UPDATE
Date: August 17, 2007

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 11-22-2016

Employer Identification Number:
81-4484000

Form: SS-4

Number of this notice: CP 575 E

KNIGHT ANIMAL SANCTUARY INC
7527 QUAIL HOLLOW BLVD
WESLEY CHAPEL, FL 33544

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

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

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-4484000. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

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

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

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

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

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

Certificate Filing Service
PO BOX 61131 | FORT MYERS, FL | 33906

2016 CERTIFICATE OF STATUS REQUEST FORM

IMPORTANT! FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT

Certificate Filing Service is not a government agency. This is not a bill or invoice for goods or services.

Business Address:
KNIGHT ANIMAL SANCTUARY INC.
6056 ULMERTON RD
CLEARWATER FL 33760-3944 T01512

Please Respond by:

12/12/2016

Document Number:	Notice Date:
N16000011127	11/22/2016

Congratulations! On registering your business with the State of Florida. Your articles have been filed with the secretary of state and are complete. You have one step left in order to attain your elective Florida Certificate of Status and corporate agreement templates. Below is a form for your newly registered business. Please confirm the accuracy of the information below for your Certificate of Status request with template agreements.

A Florida Certificate of Status is issued by the Secretary of State and maybe required for loans, to renew business licenses, or for other business purposes. A Certificate of Status certifies that your Florida business is in existence, is authorized to transact business in the State and complies with all state requirements. The Certificate of Status shows the official evidence of an entity's existence and provides a statement of entity's status, current legal name and date of information. The Certificate of Status bears the official seal of the Florida Secretary of State. If you have already ordered this year's Certificate of Status, please disregard this letter.

Company Information:
Company Name: KNIGHT ANIMAL SANCTUARY INC.
Document number: **N16000011127**
Certificate of Status fee: **68.42**

If you have any questions or concern contact this department at info@certificatefiling.org. Certificate Filing Service is a non-government agency.

STEP 1. Check the appropriate payment method and fill out the sub items.

Make checks payable to: **C. F. S.**

Personal Check ☐ Business Check ☐ Money Order ☐

Notice send date: 11/22/2016
Document #: N16000011127
Amount: **$ 68.42**

KNIGHT ANIMAL SANCTUARY INC.

Email:	Phone:
Name:	Signature:

Return this completed form with the return envelope included.

Certificate Filing Service is a non-government agency and is not affiliated with the State of Florida. This is a voluntary request form

Detail by Entity Name

Florida Limited Liability Company
KNIGHT GLOBAL ENTERTAINMENT, LLC

Filing Information

Document Number	L09000074586
FEI/EIN Number	27-0821472
Date Filed	08/03/2009
State	FL
Status	ACTIVE

Principal Address

200 1ST AVENUE NORTH
206
ST. PETERSBURG, FL 33701

Changed: 02/04/2010

Mailing Address

200 1ST AVENUE NORTH
206
ST. PETERSBURG, FL 33701

Changed: 04/23/2019

Registered Agent Name & Address

BARNES, LAUREN
200 1ST AVENUE NORTH
206
ST. PETERSBURG, FL 33701

Name Changed: 04/23/2019

Address Changed: 04/23/2019

Authorized Person(s) Detail

Name & Address

Title P

KNIGHT, JEFFRY D
200 1ST AVENUE NORTH, SUITE 206
ST PETERSBURG, FL 33701

Title S

BARNES, LAUREN
200 1ST AVENUE NORTH, SUITE 206
ST. PETERSBURG, FL 33701

Annual Reports

Report Year	Filed Date
2017	04/04/2017
2018	03/29/2018
2019	04/23/2019

Document Images

04/23/2019 -- ANNUAL REPORT	View image in PDF format
03/29/2018 -- ANNUAL REPORT	View image in PDF format
04/04/2017 -- ANNUAL REPORT	View image in PDF format
04/19/2016 -- ANNUAL REPORT	View image in PDF format
04/14/2015 -- ANNUAL REPORT	View image in PDF format
04/23/2014 -- ANNUAL REPORT	View image in PDF format
04/18/2013 -- ANNUAL REPORT	View image in PDF format
04/17/2012 -- ANNUAL REPORT	View image in PDF format
04/06/2011 -- ANNUAL REPORT	View image in PDF format
12/09/2010 -- ANNUAL REPORT	View image in PDF format
04/26/2010 -- ANNUAL REPORT	View image in PDF format
02/04/2010 -- ANNUAL REPORT	View image in PDF format
08/03/2009 -- Florida Limited Liability	View image in PDF format

Detail by Entity Name

Florida Not For Profit Corporation
KNIGHT ANIMAL SANCTUARY, INC.

Filing Information

Document Number	N16000011127
FEI/EIN Number	81-4484000
Date Filed	11/16/2016
State	FL
Status	ACTIVE

Principal Address

7527 QUAIL HOLLOW BLVD
WESLEY CHAPEL, FL 33544

Mailing Address

7527 QUAIL HOLLOW BLVD
WESLEY CHAPEL, FL 33544

Registered Agent Name & Address

BARNES, BONNIE
7527 QUAIL HOLLOW BLVD
WESLEY CHAPEL, FL 33544

Officer/Director Detail

Name & Address

Title P/D

KNIGHT, JEFFRY
6056 ULMERTON RD
CLEARWATER, FL 33760

Title S/D

WILLIAMS, CARSON
7527 QUAIL HOLLOW BLVD
WESLEY CHAPEL, FL 33544

Title T/D

BARNES, BONNIE
7527 QUAIL HOLLOW BLVD
WESLEY CHAPEL, FL 33544

Annual Reports

Report Year	Filed Date
2017	07/12/2017
2018	03/29/2018
2019	04/25/2019

Document Images

04/25/2019 -- ANNUAL REPORT	View image in PDF format
03/29/2018 -- ANNUAL REPORT	View image in PDF format
07/12/2017 -- ANNUAL REPORT	View image in PDF format
11/16/2016 -- Domestic Non-Profit	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 29323
Date: 23 Jan 2020

User: JSBENNIN
Status: Firm

KNIGHT GLOBAL ENTERTAINMENT
BECKY BARNES
200 1ST AVE N STE 206
ST PETERSBURG FL 33701 USA

Primary #: (727) 565-0550
Secondary #: ()
Other #: ()

Purpose of Use: ST. PETE COUNTRY MUSIC RIBFEST

Expected: 20,000

Co-Sponsored Event

Contract Balance $0.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting: Tue 22 Sep 20 06:00 am** **Ending: Mon 28 Sep 20 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Tue	22 Sep 2020	06:00 AM	$0.00	$600.00	$0.00	$600.00
Vinoy Park		28 Sep 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	2	$600.00	$0.00	$600.00
		2	$600.00	$0.00	$600.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
23 Jan 2020	$630.00	Check	Rental	3511712

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) **BECKY BARNES**

KNIGHT GLOBAL ENTERTAINMENT
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

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

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

st.petersburg

City of St. Petersburg

KNIGHT GLOBAL ENTERTAINMENT
BECKY BARNES
200 1ST AVE N STE 206
ST PETERSBURG, FL 33701 USA

Receipt #: 3511712
User: JSBENNIN
Issued: Thu 23 Jan 20 08:42 am

Description	Amount
Previous Balance	$630.00
Applied To: 29323 - ST. PETE COUNTRY MUSIC RIBFEST Vinoy Park - Vinoy Park September 22, 2020 6:00 am to September 28, 2020 9:00 pm	$630.00
Payment: Check	($630.00)
Balance	$0.00

APPROVED REFUNDS ARE BY CHECK ONLY

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
9 97X Beats By The Bay
20
21
22
23 BoleyCenter JingleBellRun
24
25
26
27
28
29
30
31

Tampa Bay CureSearch Walk
2020 Walk Like MADD Pinellas
Girls on the Run 5K - 2020 Fall
Girls on the Run 5K - 2021 Spring
Savor St. Pete
Making Strides Against Breast Cancer
The Florida Orchestra Pops in the Park
SPIFFS 46th Annual International Folk Fair
St. Petersburg Power & Sailboat Show
Bungalow Fest
St. Pete RunFest
Shopapalooza Festival
St. Petersburg Science Festival and MarineQuest
St. Pete/Tampa Bay Walk to End Hydrocephalus
Come Out St. Pete
Movies in the Park (October)

AVERY

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 10/29/19
Check or Cash: $30
Application #:
Packet: A
Permit #: 28732

Event Title: Coffee Pot Turkey Trot Phone No.: 727-204-3800 Fax No.:

Entity Name: Friends of North Shore Elementary Federal I.D. Number: 81-0911338

Event Date(s): 11/26/2020 Location: North Shore Elementary School

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

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

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

Application Prepared by: Monica Kile Phone: 727-204-3800

Title: Chairperson - Coffee Pot Turkey Trot Cell Phone: 727-204-3800

Address: 365 17th Ave NE City: St. Petersburg State: FL Zip: 33704

Email Address: mrkinstpete@gmail.com

Additional Contact Person: Heather Leon Day Phone: 727-557-8841

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

List all 501(c)3 entities that will benefit from this event. North Shore Elementary PTA

Name of the for-profit entity? NA

Describe your event with details.

The Coffee Pot Turkey Trot is a family-friendly timed 5K on Thanksgiving morning. The event, supported by numerous local sponsors.has been emraced by the community in its first three years. Hosted by the PTA of North Shore Elementary and the Friends of North Shore Elementary, the race is designed to raise awareness of the importance of community involvement in local public schools, and to encourage family participation in healthy activities.

The race itself begins at 7:30 am at North Shore Elementary, runs through the adjacent neighborhoods and crosses Coffee Pot Bayou

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

The Coffee Pot Turkey Trot offers yet another reason to remain in, or visit, beautiful St. Petersburg during the Thanksgiving holiday. It shows off our historic neighborhoods, our lovely parkland, and our vibrant community life. Most importantly, it shows the strength of local public schools - an important factor in decision to locate a home or business in any city.

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

Does your group presently have liability insurance? ☒ YES ☐ NO How much? $2,000,000.00

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

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

Please provide the website address for your event. www.runsignup.com/CoffeePotTurkeyTrot

Please provide a phone number that can be advertised to the public. 727-893-2181

What is the estimated attendance for this event? Spectators Participants 2-3,000 Last Year's Total Attendance 2,500

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

Recreation Equipment

Showmobile (Yes/No) No

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

Tables (6 ft) # needed 12 Chairs # needed 15

Public Address System 2

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

Special Events Facilities

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

☒ Non-City Locations

Which Location?

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

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

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

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

Name:	[signature]	Title:	Chairperson, Coffee Pot Turk	Date:	10/28/19
Co-Sign:	[signature]	Title:	Board member, Friends of Nc	Date:	10/28/19

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

Condition		Obligation
☒ Public Invited		General Liability Insurance
☐ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 1 - 10 Vendors / Exhibitors	
☐ Vending Beer / Wine		Alcohol Permit Additional Insurance Required
☐ Erecting Tents - Larger than 10ft x 12ft	How many?	Temporary Structure Permit
☐ Fence Installation	What type?	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☐ Staging	☐ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☐ Performers ☒ Announcement Only	
☐ Security	☐ Daytime - Private ☐ Overnight - Private ☐ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 15 Disabled Units Hand Washing 3	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? ☐ YES ☒ NO

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

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

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

Name: North Shore Elementary PTA Phone: 727-893-2181

Address (including zip): 200 35th Ave NE, St. Petersburg, FL 33704

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

NA

List Vending Products. Name & Provider.

Coffee Vendor (TBD)
Race and School apparel and souvenirs (North Shore Elementary PTA)

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

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

Welcome and thank you remarks. Award ceremony presented by event chairperson, PTA President, School Principal, and possibly local elected officials.

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

We have worked successfully with neighboring businesses to secure parking availability in their unused lots for Thanksgiving Day. We also have some parking available at the school.

Other Comments: Please describe your fee structure.

Early registration is $25 for adults, $15 for children with a $5 price increase for adults as we draw closer to the event. We intentionally keep the registration fee low in an effort to encourage participation from all sectors of the community. Children register at a significantly reduced rate to encourage early development of healthy habits.

Other comments:

Since 2017, the Coffee Pot Turkey Trot has been exceptionally well-received by the community. The partnership between the city and North Shore Elementary worked particularly well, with excellent communication between North Shore representatives and city staff, including Parks and Rec department and the Police Department. We look forward to the opportunity to continue the relationship, and continue to develop what is sure to become a beloved St. Petersburg tradition.

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

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

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

Name: Monica Kile Title: Chairperson - Coffee Pot Turl Date: 10/28/1

Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Friends of North Shore Elementary

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

Title of Responsible Party: President

Physical Address of Responsible Party: 1516 Eden Isle Blvd, Saint Petersburg FL 33704

Phone Number of Responsible Party: (727)641-1819

Email Address of Responsible Party: vlkoenig3@gmail.com

Nonprofit (Employee Identification Number): 81-0911338

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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

What method of invoicing would your organization prefer?

☐ BY Mail

Contact Name

Address

City, State, Zip

☒ BY EMAIL

Email Address: lindsay_blondell@yahoo.com

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

Name of Event: Coffee Pot Turkey Trot

Date(s) of Event: 11/26/2020 -

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

		Amount
1.	Registrations	35,578.74
2.	Sponsorships	26,750.00
3.		
4		
5.		
6.		
7.		
8.		62,328.74
	TOTAL GROSS REVENUE	

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

1.	Race Director	3,200
2.	City Services (police, fire, street closure)	9,045
3.	Port o Let	935
4	Timing	3312
5.	Marketing	2260
6.	T-Shirts	4165
7.	Insurance	8040
8.	Required mailing	389
9.	Misc Race Day Expenses	700
10.		670
11.		
12.		32,716
	TOTAL OPERATING EXPENSES	
	TOTAL NET INCOME	

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

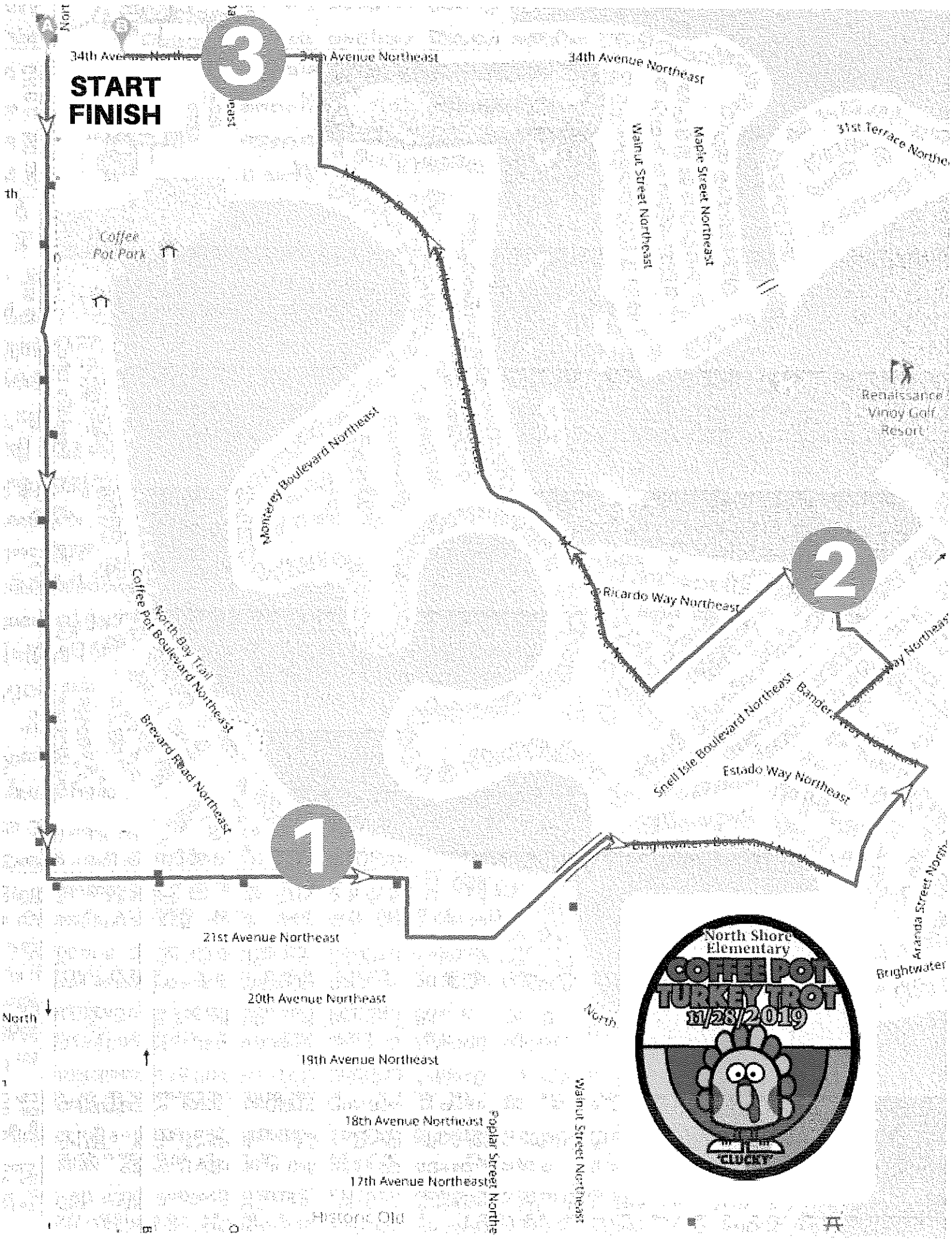
1.	After-school student enrichment programs	18,000
2.	Books	1,800
3.	Teacher Supplies	3,200
4.	Teacher Professional Development	7,000
5.		
6.		30000
	TOTAL ALLOCATION OF NET INCOME	

Prepared by: Monica Kile

Date: 10/28/19

Print Application

Submit Application by Ema


START
FINISH
3
2
1
34th Avenue Northeast
31st Terrace Northe
Walnut Street Northeast
Maple Street Northeast
Coffee Pot Park
Renaissance Vinoy Golf Resort
Monterey Boulevard Northeast
Ricardo Way Northeast
Coffee Pot Boulevard Northeast
North Bay Trail
Brevard Road Northeast
Snell Isle Boulevard Northeast
Estado Way Northeast
Brightwater Drive Northeast
Aranda Street North
Brightwater
21st Avenue Northeast
20th Avenue Northeast
19th Avenue Northeast
18th Avenue Northeast
17th Avenue Northeast
Poplar Street Northe
Walnut Street Northeast
Historic Old
North Shore Elementary
COFFEE POT TURKEY TROT
11/28/2019
CLUCK

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

DEPARTMENT OF THE TREASURY

Date: JUL 07 2016

FRIENDS OF NORTH SHORE ELEMENTARY
INC
C/O BRYANT MILLER OLIVE
NICOLE C NATE
ONE TAMPA CITY CENTER STE 2700
TAMPA, FL 33602

Employer Identification Number:
81-0911338
DLN:
17053104337016
Contact Person:
CHRIS BROWN ID# 31503
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
December 14, 2015
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

FRIENDS OF NORTH SHORE ELEMENTARY

We sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements

Detail by Entity Name

Florida Not For Profit Corporation
FRIENDS OF NORTH SHORE ELEMENTARY INC.

Filing Information

Document Number	N15000012045
FEI/EIN Number	81-0911338
Date Filed	12/14/2015
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	01/24/2017

Principal Address

200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Mailing Address

200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Registered Agent Name & Address

HILLYER, MARIANNE
2084 68th Terrace South
St Petersburg, FL 33712

Name Changed: 10/17/2019

Address Changed: 10/17/2019

Officer/Director Detail

Name & Address

Title Director

TILLINGHAST HINE, LAURA
200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Title Director, VP

HILLYER, MARIANNE
200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

SAINT PETERSBURG, FL 33701

Title Director, President

KOENIG, VICKI
200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Title Director, Secretary

KERVIN, LINDSAY
200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Annual Reports

Report Year	Filed Date
2018	02/22/2018
2019	04/04/2019
2019	10/17/2019

Document Images

10/17/2019 -- AMENDED ANNUAL REPORT	View image in PDF format
04/04/2019 -- ANNUAL REPORT	View image in PDF format
02/22/2018 -- ANNUAL REPORT	View image in PDF format
01/24/2017 -- REINSTATEMENT	View image in PDF format
12/14/2015 -- Domestic Non-Profit	View image in PDF format

Florida Department of State DIVISION OF CORPORATIONS

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

Detail by Entity Name

Florida Not For Profit Corporation
FRIENDS OF NORTH SHORE ELEMENTARY INC.

Filing Information

Document Number	N15000012045
FEI/EIN Number	81-0911338
Date Filed	12/14/2015
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	01/24/2017

Principal Address

200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Mailing Address

200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Registered Agent Name & Address

HILLYER, MARIANNE
2084 68th Terrace South
St Petersburg, FL 33712

Name Changed: 10/17/2019

Address Changed: 10/17/2019

Officer/Director Detail

Name & Address

Title Director

TILLINGHAST HINE, LAURA
200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Title Director, VP

HILLYER, MARIANNE
200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Title Director, President

KOENIG, VICKI
200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Title Director, Secretary

KERVIN, LINDSAY
200 2ND AVENUE S. SUITE #117
SAINT PETERSBURG, FL 33701

Annual Reports

Report Year	Filed Date
2018	02/22/2018
2019	04/04/2019
2019	10/17/2019

Document Images

10/17/2019 -- AMENDED ANNUAL REPORT	View image in PDF format
04/04/2019 -- ANNUAL REPORT	View image in PDF format
02/22/2018 -- ANNUAL REPORT	View image in PDF format
01/24/2017 -- REINSTATEMENT	View image in PDF format
12/14/2015 -- Domestic Non-Profit	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 28732
Date: 08 Nov 2019

User: JSBENNIN
Status: Firm

NORTH SHORE ELEMENTARY
MONICA KILE
365 17TH AVE NE
ST PETERSBURG FL 33704 1534 USA

Primary #: (727) 204-3800
Secondary #: ()
Other #: ()

Purpose of Use: COFFEE POT TURKEY TROT

Expected: 3,000

Co-Sponsored Event

Contract Balance $30.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting: Thu 26 Nov 20 12:00 am** **Ending: Thu 26 Nov 20 11:59 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Special Programs	Thu	26 Nov 2020	12:00 AM	$0.00	$30.00	$0.00	$30.00
Special Event			11:59 PM				

Additional Fees:

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

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Application Processing Fee - Parks	23:59	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
08 Nov 2019	$30.00	Check	Rental	3464236

Additional Notes:

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

By:(Sign Name) _____

(Print Name) **MONICA KILE**

NORTH SHORE ELEMENTARY
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

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

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

st.petersburg

City of St. Petersburg

NORTH SHORE ELEMENTARY
MONICA KILE
365 17TH AVE NE
ST PETERSBURG, FL 33704 1534 USA

Receipt #: 3464236
User: JSBENNIN
Issued: Fri 08 Nov 19 01:33 pm

Description	Amount
Previous Balance	$60.00
Applied To: 28732 - COFFEE POT TURKEY TROT Special Programs - Special Event November 26, 2020 12:00 am to November 26, 2020 11:59 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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 12/26/19
Check or Cash:
Application #: 2
Packet: A
Permit #: 29145

Event Title: St. Petersburg Out of the Darkness Walk
Phone No.: 4074178757
Fax No.: n/a

Entity Name: American Foundation for Suicide Prevention
Federal I.D. Number: 13-3393329

Event Date(s): 10/10/20 OR 11/21/2020
Location: Vinoy Park - Mole, by Truth Statue

Day 1 of Event: 10/10/20 Time Gates Open: 8:00 am Ending Time: Noon

Day 2 of Event: 11/21/2020 Time Gates Open: 8:00 am Ending Time: Noon

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

Application Prepared by: Tara Sullivan Larsen
Phone: 407-415-8757

Title: Central and Southern Florida Area Director
Cell Phone: 407-415-8757

Address: PO Box 533754
City: Orlando
State: FL
Zip: 32853

Email Address: tsullivan@afsp.org

Additional Contact Person: Thuy Huynh
Day Phone: 727-403-2754

What month/year were you incorporated as nonprofit? November 1991

List all 501(c)3 entities that will benefit from this event. American Foundation For Suicide Prevention

Name of the for-profit entity?

Describe your event with details.

Funds raised from the walk will be used by AFSP both nationally and locally. AFSP is the leading non-profit organization dedicated to research, education, and advocacy for suicide prevention as well as support to those who have attempted suicide, as well as those who have lost someone to suicide.

The local chapters offers Applied Suicide Intervention Skills Training which teaches individuals how to complete an intervention at the time of suicidal crisis. AFSP Tampa Bay also sponsors safeTALK trainings which are educate those 15 years of age older how to become suicide alert and how to help during a crisis.

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

People from around the country will attend the walk. In the past, we had people from as out of state and the surrounding Tampa Bay area counties who state at local hotels and visit many local restaurants. Many local business contribute prizes to the event, thus encourage the recipient to visit local establishments.

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

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

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

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

Please provide the website address for your event. www.afsp.org/stpete

Please provide a phone number that can be advertised to the public. 407-415-8757

What is the estimated attendance for this event? Spectators 100 Participants 1600 Last Year's Total Attendance 1,576

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 45 Chairs # needed 90

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?

Vinoy Park - Mole by Truth Statu

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

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

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

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

Name:	Tara Sullivan Larsen	Title:	Central and Southern Florida	Date:	12/10/2020
Co-Sign:	Thuy Huynh	Title:	St. Petersburg Walk Chair	Date:	12/10/2020

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☐ Vending Product / Merchandise Sales		Occupational License
☐ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 11 - 20 Vendors / Exhibitors	
☐ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 2	Temporary Structure Permit
☐ Fence Installation	What type? 10 x 20	Temporary Structure Permit
☐ Other Structures	What structure? Tent	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☐ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☒ Staging	☐ Professional ☒ Showmobile ☐ Other	
☐ Amplified Sound	☒ Performers ☐ Announcement Only	
☐ Security	☐ Daytime - Private ☐ Overnight - Private ☐ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 3 Disabled Units 2 Hand Washing 2	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

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 we will walk within Park sidewalks and cross no streets.

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

Name: American Foundation for Suicide Prevention Phone: 407-415-8757

Address (including zip): PO Box 533754, Orlando, FL 32853

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

DJ will play family friendly pop music, we will have 1 stage

List Vending Products. Name & Provider.

Coda Sound - Stage and Sound
US Tents - Tents

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.

Speeches will include topic of suicide and suicide prevention.

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

Tents, stage will load in the afternoon of either Friday October 09, 2020 or Friday, November 20, 2020 between 10am - 3pm.
We will set up at 6:00 am the morning either Saturday , October 10 2020 or Saturday, November 21, 2020, we will load out of the park at Noon.

Other Comments: Please describe your fee structure.

There is no cost to attend the walk, it is open to the public. Individuals that raise $150 or more in donations will receive a free event t-shirt.

Other comments:

We really enjoyed hosting our event in Vinoy Park in 2019, its a beautiful park!

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

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

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

Name: Tara Sullivan Larsen Title: Central and Southern Florida Date: 12/20/2019

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: American Foundation for Suicide Prevention

Name of Responsible Party (President or CEO ONLY): Robert Gebbia

Title of Responsible Party: CEO

Physical Address of Responsible Party: 199 Water Street, 11th Floor, New York, NY 10038

Phone Number of Responsible Party: 212-363-3500

Email Address of Responsible Party: rgebbia@afsp.org

Nonprofit (Employee Identification Number): 13-3393329

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: Tara Sullivan Larsen

Address: PO Box 533754

City, State, Zip: Orlando, FL 32853

☒ BY EMAIL

Email Address: tsullivan@afsp.org

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

Name of Event: 2019 St. Petersburg Out of the Darkness W

Date(s) of Event: Nov 23, 2019 - Nov 23, 2019

I. REVENUE SOURCES (attach sheet if more space is needed)	Amount
1. Individual Participants	$105,194.83
2. Sponsorships	$8,239.00
3.	
4	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	$113,433.83

II. EXPENSES (attach sheet if more space is needed)	
1. Permit	$1,600.00
2. US Tents	$1,500.00
3. Stage and Sound	$2,500.00
4 Printing	$500.00
5. Facebook Advertisment	$1,800.00
6. Other	$500.00
7.	
8.	
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	$8,400.00
TOTAL NET INCOME	$105,033.83

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)	
1. Education Prevention Programs	$50,000.00
2. Research	$20,000.00
3. Survivor Of Suicide Loss Programs	$25,000.00
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	$95,000.00

Prepared by: Tara Sullivan Larsen Date: 12/10/2019

Print Application

Submit Application by Email

Detail by Entity Name

Foreign Not For Profit Corporation
AMERICAN FOUNDATION FOR SUICIDE PREVENTION, INC.

Filing Information

Document Number	F05000000628
FEI/EIN Number	13-3393329
Date Filed	02/03/2005
State	DE
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	06/20/2012

Principal Address

120 Wall Street, FL 29
New York, NY 10005

Changed: 01/09/2017

Mailing Address

120 WALL ST., FL 29
New York, NY 10005

Changed: 01/09/2017

Registered Agent Name & Address

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470

Name Changed: 06/20/2012

Address Changed: 06/20/2012

Officer/Director Detail

Name & Address

Title Secretary

Killpack, Daniel
120 Wall Street, FL 29
New York, NY 10005

Annual Reports

Report Year	Filed Date
2017	01/09/2017
2018	03/28/2018
2019	04/03/2019

Document Images

04/03/2019 -- ANNUAL REPORT	View image in PDF format
03/28/2018 -- ANNUAL REPORT	View image in PDF format
01/09/2017 -- ANNUAL REPORT	View image in PDF format
08/17/2016 -- ANNUAL REPORT	View image in PDF format
01/12/2015 -- ANNUAL REPORT	View image in PDF format
04/17/2014 -- ANNUAL REPORT	View image in PDF format
06/24/2013 -- ANNUAL REPORT	View image in PDF format
06/20/2012 -- REINSTATEMENT	View image in PDF format
04/30/2009 -- Reinstatement	View image in PDF format
02/03/2005 -- Foreign Non-Profit	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 29145
Date: 09 Jan 2020

User: JSBENNIN
Status: Firm

AMERICAN FOUNDATION FOR SUICIDE PREVENT
TARA LARSEN
PO BOX 533754
ORLANDO FL 32853 USA

Primary #: (813) 352-9890
Secondary #: (727)
Other #: ()

Purpose of Use: ST. PETERSBURG OUT OF THE DARKNESS WALK

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 10 Oct 20 06:00 am Ending: Sat 10 Oct 20 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Sat	10 Oct 2020	06:00 AM	$0.00	$200.00	$0.00	$200.00
Mole			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) TARA LARSEN

AMERICAN FOUNDATION FOR SUICIDE PREVENT
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

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

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

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 11-13-19
Check or Cash:
Application #: 3
Packet: A
Permit #: 29141

Event Title: NAMI Walk 2020 Phone No.: 727-826-0807 Fax No.:

Entity Name: NAMI Pinellas County Florida, Inc. Federal I.D. Number: 59-2819044

Event Date(s): November 14, 2020 Location: Vinoy Park

Day 1 of Event: Time Gates Open: 8:00 am Ending Time: 11:00 am

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

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

Application Prepared by: Gabriela Garayar Phone: 727-826-0807

Title: Business Development Director Cell Phone: 813-474-6462

Address: 8800 49th St N Ste 302 City: Pinellas Park State: FL Zip: 33782

Email Address: ggarayar@nami-pinellas.org

Additional Contact Person: Denise Whitfield Day Phone: 727-826-0807

What month/year were you incorporated as nonprofit? 1986

List all 501(c)3 entities that will benefit from this event. NAMI Pinellas County FL, Inc.

Name of the for-profit entity?

Describe your event with details.

NAMI Walks is a nationwide collaborative awareness and fundraising program. This NAMI Walk 2020 is a peer-to-peer fundraising walk benefiting the local NAMI (National Alliance on Mental Illness) Affiliate in Pinellas County. This walk is designed to raise awareness about our mission to build better lives for the individuals and their families affected by mental illness. This walk also will raise funds to support our programs and services.

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

We will ensure to encourage all walk participant to visit the local businesses leading up to the event including the day of. We want those who attend our walk to take advantage of the local restaurants, shops and activities Downtown St. Petersburg has to offer within a close distance to Vinoy Park. Should local business decide to sponsor our event, we will include appropriate language and logos during our promotions, marketing materials and communications for the Walk.

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? TBD

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. nami-pinellas.org

Please provide a phone number that can be advertised to the public. 727-826-0807

What is the estimated attendance for this event? Spectators 100 Participants 200 Last Year's Total Attendance 0

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

Recreation Equipment

Showmobile (Yes/No) Unsure

Bleacher(s) needed. Each bleacher approx. 180 people) 1

Tables (6 ft) # needed 10 Chairs # needed 100

Public Address System

# of portable risers needed (4 in. x 8 in. x 16 in. sections) 1

Special Events Facilities

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

☐ Non-City Locations

Which Location?

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

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

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

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

Name:	Gabriela Garayar	Title:	Business Development Directo	Date:	10/04/2019
Co-Sign:	Denise Whitfield	Title:	Executive Director	Date:	10/04/2019

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☐ Vending Product / Merchandise Sales		Occupational License
☐ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 1 - 10 Vendors / Exhibitors	
☐ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☐ Erecting Tents - Larger than 10ft x 12ft	How many?	Temporary Structure Permit
☐ Fence Installation	What type?	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☒ Staging	☐ Professional ☐ Showmobile ☒ Other	
☒ Amplified Sound	☐ Performers ☒ Announcement Only	
☒ Security	☐ Daytime - Private ☐ Overnight - Private ☒ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 5 Disabled Units 2 Hand Washing 5	
☒ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? ☐ YES ☒ NO

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

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

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

Name: NAMI Pinellas County, FL Inc Phone: 727-826-0807

Address (including zip): 8800 49th St N Ste 302, Pinellas Park, FL , 33782

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

One stage needed.

List Vending Products. Name & Provider.

N/A

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

N/A

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

There will be an introduction speech welcoming all walk participants and thanking sponsors/ community supporters. Will included the reason for the walk and NAMI Pinellas' purpose for building better lives for those affected by mental illness. All other speeches will be instructions for walkers, vendors and any announcements as needed.

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

We will need to set up the evening before (3:00pm 11/13/2020), and early in the morning prior to event opening at 8:00 am on 11/14/2019.

Other Comments: Please describe your fee structure.

We will not be charging any fees for walk participants. We will have sponsorship opportunities available for community partners interested.

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: Gabriela Garayar Title: Business Development Directo Date: 10/02/2019

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: NAMI Pinellas County, Inc

Name of Responsible Party (President or CEO ONLY): Denise Whitfield

Title of Responsible Party: Executive Director

Physical Address of Responsible Party: 8800 49th St N Ste 302, Pinellas Park, FL, 33782

Phone Number of Responsible Party: 727-826-0807

Email Address of Responsible Party: dwhitfield@nami-pinellas.org

Nonprofit (Employee Identification Number): 59-2819044

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: ggarayar@nami-pinellas.org

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

Name of Event: NAMI Walk 2020

Date(s) of Event: November 14, 2020 -

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

		Amount
1.	Walkers and Teams	$0.00
2.	Sponsors	$0.00
3.		
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$0.00

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

1.	NAMI Walk Rally	$0.00
2.	Kick-Off Event	$0.00
3.	Materials, printing and postage	$0.00
4	Advertising	$0.00
5.	Fundraising recognition gifts	$0.00
6.	Participant incentives and promotions (contests, prizes, etc.)	$0.00
7.	T-shirt prinitng	$700.00
8.	Walk Day (permits, tents, tables, port-o-johns, etc.)	$0.00
9.	Staff/Consultant costs	$0.00
10.	Food & Beverage	$0.00
11.	Other	$500.00
12.		
	TOTAL OPERATING EXPENSES	$1,200.00
	TOTAL NET INCOME	($1,200.00)

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: Gabriela Garayar

Date: 10/06/2019

Print Application

Submit Application by Email

Internal Revenue Service

Date: March 20, 2007

NAMI PINELLAS COUNTY FLORIDA INC
% JUDITH TURNBAUGH
3845 SIENA LANE
PALM HARBOR FL 34685

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Yvette Davis 31-07751
Customer Service Representative
Toll Free Telephone Number:
877-829-5500
Federal Identification Number:
59-2819044

Dear Sir or Madam:

This is in response to your request of March 20, 2007, regarding your organization's tax-exempt status.

In January 1988 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under section 509(a)(2) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

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

Sincerely,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations 1

0000137 10/16/18

FLORIDA

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8012674960C-8	12/09/2018	12/31/2023	501(C)(3) ORGANIZATION

This certifies that

NAMI PINELLAS COUNTY FLORIDA INC
8800 49TH ST N STE 302
PINELLAS PARK FL 33782-5340

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

FLORIDA

Important Information for Exempt Organizations

DR-14
R. 01/18

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 about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

Detail by Entity Name

Florida Not For Profit Corporation
NAMI PINELLAS COUNTY, FLORIDA, INC.

Filing Information

Document Number	N22013
FEI/EIN Number	59-2819044
Date Filed	08/12/1987
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	04/20/1998
Event Effective Date	NONE

Principal Address

8800 49th St. N.
Suite # 302
Pinellas Park, FL 33782

Changed: 03/20/2019

Mailing Address

8800 49th St. N.
Suite # 302
Pinellas Park, FL 33782

Changed: 03/20/2019

Registered Agent Name & Address

Whitfield, Denise Patricia
8800 49th St. N.
Suite # 302
Pinellas Park, FL 33781

Name Changed: 03/20/2019

Address Changed: 02/05/2014

Officer/Director Detail

Name & Address

Title VICE PRESIDENT

Muchnick, Ashley
312 Crestwood Lane
Largo, FL 33770

Title SECRETARY

Adams, Patricia
8070 47th Ave N
Apt C
St. Petersburg, FL 33709

Title Past President

Bousher, Rosalie
4021 Belmoor Dr
Palm Harbor, FL 34685

Title President

Rogers, Ann S
606 12th Ave NE
St. Petersburg, FL 33701

Title Executive Director

Whitfield, Denise P
5005 5th Way N
Saint Petersburg, FL 33703

Annual Reports

Report Year	Filed Date
2017	04/19/2017
2018	04/13/2018
2019	03/20/2019

Document Images

03/20/2019 -- ANNUAL REPORT	View image in PDF format
04/13/2018 -- ANNUAL REPORT	View image in PDF format
04/19/2017 -- ANNUAL REPORT	View image in PDF format
02/09/2016 -- ANNUAL REPORT	View image in PDF format
04/13/2015 -- ANNUAL REPORT	View image in PDF format
02/05/2014 -- ANNUAL REPORT	View image in PDF format
01/28/2013 -- ANNUAL REPORT	View image in PDF format
02/01/2012 -- ANNUAL REPORT	View image in PDF format
01/11/2011 -- ANNUAL REPORT	View image in PDF format
02/26/2010 -- ANNUAL REPORT	View image in PDF format
04/14/2009 -- ANNUAL REPORT	View image in PDF format
04/24/2008 -- ANNUAL REPORT	View image in PDF format
04/25/2007 -- ANNUAL REPORT	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 29141
Date: 09 Jan 2020

User: JSBENNIN
Status: Firm

NAMI PINELLAS COUNTY FLORIDA,INC.
GABRIELA GARAYAR
8800 49TH ST N SUITE 302
ST PETERSBURG FL 33782 USA

Primary #: (727) 826-0807
Secondary #: ()
Other #: ()

Purpose of Use: NAMI WALK 2020 **Expected: 300** **Co-Sponsored Event**

Contract Balance $330.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting: Sat 14 Nov 20 06:00 am** **Ending: Sat 14 Nov 20 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Sat	14 Nov 2020	06:00 AM	$0.00	$300.00	$0.00	$300.00
Vinoy Park			09:00 PM				

Additional Fees:

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

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Permit Fee (Vinoy)	15:00	1	$300.00	$0.00	$300.00
		1	$300.00	$0.00	$300.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By:(Sign Name)

(Print Name) GABRIELA GARAYAR

NAMI PINELLAS COUNTY FLORIDA,INC.
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name):
Parks and Recreation Superintendent

(Print Name)
Parks and Recreation Department

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

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

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 12/4/19
Check or Cash:
Application #: 4
Packet: A
Permit #: 29138

Event Title: 2020 Walk to End Alzheimer's Phone No.: 727-220-4455 Fax No.: 727-578-2286

Entity Name: Alzheimer's Association Federal I.D. Number: 13-3039601

Event Date(s): Set up 10/16/2020 Event Day 10/17/2020 Location: Poynter Park, St. Petersburg, FL

Day 1 of Event: Set up Time Gates Open: 1pm Ending Time: 4pm

Day 2 of Event: Event Day Time Gates Open: 6am Ending Time: 12pm

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: Michelle Olson Day Phone: 727-463-0450

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 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. act.alz.org/pinellas

Please provide a phone number that can be advertised to the public. 800-272-3900

What is the estimated attendance for this event? Spectators Participants 1100 Last Year's Total Attendance 943

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?

Poynter Park

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

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

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

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

Name:		Title:	Regional Leader of Florida	Date:	11/19/2019
Co-Sign:		Title:	Vice President of Development	Date:	11/19/2019

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will need power for DJ and for the start/finish line blow up arch.

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 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 walk with music, team that raised the most funds, individual that raised the most funds, Think You to all participants, teams and sponsors. DJ will play music to keep the crowd pumped up for the Walk to End Alzheimer's.

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

Will contact USF for parking and restrooms.

Other Comments: Please describe your fee structure.

None.

Other comments:

We would like to set up the 10'x10' tents and stage on October 16, 2020 between 1pm and 4pm. Please let us know if this is possible. Thank you.

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: Regional Leader Florida Date: 11/19/1919

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

Name of Responsible Party (President or CEO ONLY): Angela McAuley

Title of Responsible Party: Regional Leader - Florida

Physical Address of Responsible Party: 14010 Roosevelt Blvd., Suite 709, Clearwater, FL 33762

Phone Number of Responsible Party: 727-220-4455

Email Address of Responsible Party: admcauley@aalz.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

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: 10·16·2020 - 10·17·2021

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

		Amount
1.	Walk to End Alzheimer's	$168,306
2.	Shared Fundraising	($70,675)
3.		
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$97,632

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

1.	Contract Services	$82.00
2.	Supplies & Postage	$365.00
3.	Equipment & Insurance	$73.00
4	Printing, Promotion & Publishing	$6,192.00
5.	Conferences & Events, Facilities Rental, Equip. Rent	$9,083.00
6.	Staff Travel	$882.00
7.	Non-Staff Travel	$70.00
8.	Other - Misc.	$17.00
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$16,756.00
	TOTAL NET INCOME	$80,876.00

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

1.	Personnel & Overhead Costs	$80,876.00
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	$80,876.00

Prepared by: Rhonda Richardson Date: 11/21/2019

Print Application

Submit Application by E

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.**

Detail by Entity Name

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

st.petersburg

Contract/Permit

Contract #: 29138
Date: 09 Jan 2020

User: JSBENNIN
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: 2020 WALK TO END ALZHEIMERS

Expected: 1,500

Co-Sponsored Event

Contract Balance $200.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting: Fri 09 Oct 20 06:00 am** **Ending: Sat 10 Oct 20 06:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Poynter Park	Fri	09 Oct 2020	06:00 AM	$0.00	$200.00	$0.00	$200.00
Park		10 Oct 2020	06:00 PM				

Additional Fees:

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

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Permit Fee	36:00	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
13 May 2019	$30.00	Check	Rental	3327057

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

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

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

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1-2-20
Check or Cash: 280
Application #: 5
Packet: A
Permit #: 29147

Event Title: Getaway 5K / 10K / 15K
Phone No.: 240 674-1855
Fax No.: 410 605-9389
Entity Name: Corrigan Sports Enterprises
Federal I.D. Number:
Event Date(s): November 1, 2020
Location: Albert Whitted Park
Day 1 of Event: 11-1-20 Time Gates Open: 0500 Ending Time: 1200
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, Suite 114
City: Elkridge
State: MD
Zip: 21075
Email Address: MClem@corrigansports.com
Additional Contact Person:
Day Phone:

What month/year were you incorporated as nonprofit?

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

Name of the for-profit entity?

Describe your event with details.

Running Race
- 5K
- 10K
- 15K

Kids Fun Run

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

Benefits Hotels / Restaurants / Retail Stores

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

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

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

Will there be an admission / registration fee? ☒ YES ☐ NO Advanced Fee: 45.00 Day of: 55.00

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 300 Participants 1500 Last Year's Total Attendance 1800

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

Recreation Equipment

Showmobile (Yes/No) No

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

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

Public Address System Ø

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

Special Events Facilities

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

☐ Non-City Locations

Which Location?

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

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

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

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

Name:	[signature]	Title:	Director of Operations	Date:	12-4-19
Co-Sign:	[signature]	Title:	MARKETING	Date:	12-4-19

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

Condition		Obligation
[X] Public Invited		General Liability Insurance
[X] Located in Park		Park Permit
[X] Vending Product / Merchandise Sales		Occupational License
[X] Vending Food / Beverage		Health Inspection
[X] Vendors / Exhibitors	How many? 6 - 7	
[ ] Vending Beer / Wine		Alcohol Permit Additional insurance Required
[X] Erecting Tents - Larger than 10ft x 12ft	How many? 1	Temporary Structure Permit
[ ] Fence Installation	What type?	Temporary Structure Permit
[ ] Other Structures	What structure?	Temporary Structure Permit
[ ] Open Flame Food Preparation		Fire Inspection Permit
[ ] Pyrotechnics		Fireworks Permit
[X] Require Street Closure		Parade or Street Closure Permit(s)
[ ] VIP Area		
[X] Staging	[ ] Professional [ ] Showmobile [ ] Other	
[X] Amplified Sound	[ ] Performers [ ] Announcement Only	
[X] Security	[ ] Daytime - Private [ ] Overnight - Private [ ] Event Time Frame - SPPD	
[X] Sanitary Facilities - Port-O-Lets	Regular Units 30 Disabled Units 6 Hand Washing 6	
[X] Off-site Parking / Shuttle		
[ ] Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☒ 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 Generators
- Will Utilize power in the Park

Will you supply your own generators? ☒ YES ☐ NO

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

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

Yes - Road Closures - Police
Cones on Roads - DOT

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

Name: Corrigan Sports Enterprises Phone: 410-605-9381

Address (including zip):

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

1 Stage
1 Band
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 Announcer - Calling Out Finishers / Winners

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

Load In On Saturday
Parking Needs at Park

Other Comments: Please describe your fee structure.

Race Registration
$45.00
and
$55.00

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: 12-4-19

St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

Event Information					
Name of Event:	Gateway 5K / 10K / 15K				
Date of Event:	November 1, 2020				
Assembly Time:	0500	**Start Time:**	0700	**End Time:**	1200

Event Specifics

Specify the purpose of the outdoor assembly and provide a general description of the proposed event, to include the activities that will take place during the event:

Running Race

Proposed Route to include Assembly Area, Start and End Points and Dispersal Area. Attach Route Map.

See Attached

Specify any Public Facilities, Parks and/or Equipment to be used:

Rest Rooms / Pavilions / Electric

Provide a description of all recording equipment, signs, banners, etc. This should include a description of the materials used for any of these items.

Race Directional Signage / Food and Merchandise

Will alcoholic beverages be **SOLD** or **CONSUMED** as part of this event? X Yes ____ No

Estimated number of people taking part is the event. 1500

Estimated number and type of animals taking part in the event. None

Will this event take place in the roadway? X Yes ____ No
If Yes, will the entire event be in the roadway or just a portion of the event? Entire

Will this event take place on the sidewalks? ____ Yes X No
If Yes, will the entire event be on the sidewalks or just of portion of the event? ____

Estimated number of volunteers or Parade Marshals that will be assisting with this event. 50

Parades, Sporting Events and other similar types of events typically disrupt the normal flow of traffic and inconvenience area businesses and/or residents. The City will endeavor to assist the event organizers and promoters in notifying the community about the event; however the responsibility for informing the public and affected commerce rests with the applicant.

What steps will the applicant(s) take to ensure the community is properly notified?

Signage / Public Service Announcements / Internet / Website Alerts

St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

Event Fees, Costs and Insurance Requirements

A non-refundable application fee of **Thirty Dollars ($30.00)** is required by Section 25-75 of the City Code. It is to be paid at the time of filing the application. The costs of all City services for the event shall be paid by the applicant (or person responsible). A certificate of insurance is required by Section 25-76 of the City Code and should also be included with the application at the time of filing. The City of St. Petersburg shall be named as an additional insured party on all insurance certificates.

Waiver Request for Fees, Costs and Insurance Requirements

If the applicant is indigent and is engaged in **public issue speech or conduct**, as defined in Section 25-37 of the City Code, the application fee, City services costs and insurance requirements may be waived. The applicant shall apply to the City, and the City Administrator or the designee thereof, the City Attorney or the designee thereof, and the Administrator of Parks or the designee thereof shall determine if the applicant fulfills the public issue and indigency requirement, in order to receive a waiver of costs of the processing fee and City services. This application process will require a financial disclosure. The City Administrator shall make a recommendation to City Council who shall approve or deny the waiver. The applicant shall be notified of the council action.

Do you wish to apply to the City for a claim of indigence and request a waiver of fees, costs and insurance requirements?

_____ **Yes** X **No**

Organization Sponsoring Event Information

Applicant						
Name:	Mark Clem					
Address:	6295 Shawn Ct, Frederick, MD 21703					
Email:	MClem@corrigensports.com					
Phone:	Cell:	240-674-1855	Home:	240-674-1855	Work:	240-674-1855
Organization						
Name:	Corrigan Sports					
Address:	6725 Santa Barbara Ct, Elkridge, MD 21075					
Email:	MClem@corrigensports.com					
Phone:	Cell:		Home:		Work:	410 605-9381
President or Head of Organization						
Name:	Richard Corrigan					
Address:	6725 Santa Barbara Ct, Suite 114, Elkridge, MD 21075					
Email:	lee@corrigensports.com					
Phone:	Cell:	443-600-5936	Home:		Work:	410-605-9381
Person or Entity Responsible for Payment of City Services						
Name:	Susan Warpinski					
Address:	6725 Santa Barbara Ct, Suite 114, Elkridge, MD 21075					
Email:	susan@corrigensports.com					
Phone:	Cell:	443-600-5943	Home:		Work:	410 605-9381
Person Responsible for Event Conduct						
Name:	Mark Clem					
Address:	6725 Santa Barbara Ct, Suite 114, Elkridge, MD 21075					
Email:	MClem@corrigensports.com					
Phone:	Cell:	240-674-1855	Home:		Work:	410-605-9381

St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

Signature and Notary

I, Richard Lee Corrigan Jr., for himself/herself and for the other persons, organizations, firms and corporations listed in the **Organization Sponsoring Event Information** section of this application, do hereby contract and agree that they will jointly and severally indemnify and hold the City of St. Petersburg, Florida harmless against liability for any and all claims for damage or injury to or death of persons arising out of or resulting from the issuance of this permit, or the conduct of the event or its participants.

The event and expected conduct of the participants will conform to all requirements of law, including all ordinances of the City of St. Petersburg.

Applicant Signature (Authorized Representative) _____ Date 12/9/2019

The foregoing instrument was acknowledged before me this 9th day of December, 2019, by Richard L. Corrigan Jr., who is personally known to me or who has produced Maryland Driver's License as proper identification.

Notary Public: _____

KEVIN A. JORDAN
Notary Public - State of Maryland
Howard County
My Commission Expires Jan 13, 2021

Permit Approval

The application for this Outdoor Assembly Permit is hereby granted subject to the applicant's acknowledgement that they will abide by all laws of the State of Florida and all ordinances of the City of St. Petersburg and Pinellas County. Further the applicant acknowledges they are responsible for the conduct of **ALL** participants of the event they have sponsored.

Authorized Signature (Police Department) _____ Date of Approval _____

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
2017	11/01/2017
2018	01/10/2018
2019	08/14/2019

Document Images

08/14/2019 -- ANNUAL REPORT	View image in PDF format
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

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

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
05/15/2002 -- 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
05/12/1997 -- ANNUAL REPORT	View image in PDF format
02/28/1996 -- ANNUAL REPORT	View image in PDF format
05/01/1995 -- ANNUAL REPORT	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 29147
Date: 09 Jan 2020

User: JSBENNIN
Status: Firm

CORRIGAN SPORTS ENTERPRISES
MARK CLEM
6725 SANTA BARBARA CT
ELKRIDGE MD 21075 5852 USA

Primary #: (240) 674-1855
Secondary #: ()
Other #: ()

Purpose of Use: GETAWAY 5K/10K/15K

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: Sat 31 Oct 20 06:00 am** **Ending: Sun 01 Nov 20 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Sat	31 Oct 2020	06:00 AM	$0.00	$200.00	$0.00	$200.00
Park		01 Nov 2020	09:00 PM				

Additional Fees:

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

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Permit Fee	39:00	1	$200.00	$0.00	$200.00
		1	$200.00	$0.00	$200.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
09 Jan 2020	$30.00	Check	Rental	3503736
09 Jan 2020	$200.00	Check	Rental	3503736

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

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

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

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1/8/20
Check or Cash:
Application #: 6
Packet: A
Permit #: 29149

Event Title: Tampa Bay CureSearch Walk | Phone No.: 240-235-2212 | Fax No.:

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

Event Date(s): 10/3/20 | Location:

Day 1 of Event: 10/3/20 | Time Gates Open: 9am | Ending Time: 12pm

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

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

Application Prepared by: Cassie Zedlacher | Phone: 240-235-2212

Title: Manager, Campaign Development | Cell Phone: 804-350-8066

Address: 4800 Hampden Lane, Suite 200, PMB 64 | City: Bethesda | State: MD | Zip: 20814

Email Address: cassie.zedlacher@curesearch.org

Additional Contact Person: Jennifer Murphy | Day Phone: 240-235-2211

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

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

Name of the for-profit entity? N/A

Describe your event with details.

CureSearch is a national non-profit that raises money to support pediatric cancer research. Building on 30 years of experience, CureSearch is leading the development of better, less-toxic treatments for the 40,000 children who undergo treatment each year. CureSearch Walk brings together communities in the fight against pediatric cancer. We walk to celebrate the kids who beat cancer, to support those currently fighting, and to remember those who lost their battle. Setup will begin at 7:00 AM, registration at 9:00 AM, and the event will begin at 10:00 AM. We'll have an opening ceremony followed by a one mile walk. We'll have family friendly activities such as face painting, dancers, music, a silent auction, and more.

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

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

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

Does your group presently have liability insurance? ☒ YES ☐ NO How much? $3 million general aggregate, $1

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.curesearchevents.org/TampaBay

Please provide a phone number that can be advertised to the public. 240-235-2212

What is the estimated attendance for this event? Spectators 50 Participants 350 Last Year's Total Attendance 200

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

Recreation Equipment

Showmobile (Yes/No) TBD

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

Tables (6 ft) # needed 10 Chairs # needed 20

Public Address System TBD

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

Special Events Facilities

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

☐ Non-City Locations

Which Location?

Walter Fuller Park

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

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

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

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

Name:	Cassie Zedlacher	Title:	Manager, Campaign Deveopm	Date:	1/6/20
Co-Sign:		Title:		Date:	

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators? ☐ YES ☒ NO

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

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

No

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

Name: Cassie Zedlacher Phone: 240-235-2212

Address (including zip): 4800 Hampden Lane Suite 200, PMB 64, Bethesda, MD 20814

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

Family friendly music, 1 stage, TBD on bands - most likely DJ

List Vending Products. Name & Provider.

N/A

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

N/A

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

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

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

7am load in
2pm load out
Reserved parking needed for staff/equipment delivery. Will use parking lot near Walter Fuller Park Recreation Center.

Other Comments: Please describe your fee structure.

$60 - $30 application fee and a $30 park fee

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: Cassie Zedlacher Title: Manager, Campaign Developm Date: 1/6/20

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: CureSearch for Children's Cancer

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

Title of Responsible Party: CEO

Physical Address of Responsible Party: 4800 Hampden Lane Suite 200, PMB 64 Bethesda, MD 20814

Phone Number of Responsible Party:

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

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: cassie.zedlacher@curesearch.org

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

Name of Event: CureSearch Walk

Date(s) of Event: Oct 3, 2020 - Oct 3, 2020

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: Cassie Zedlacher, Manager, Campaign Development Date: Jan 6, 2020

Print Application

Submit Application by Email

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

In reply refer to: 0248359979
Jan. 28, 2014 LTR 4168C 0
95-4132414 000000 00
00025192
BODC: TE

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

004744

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

Dear Taxpayer:

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

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

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

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

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

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

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

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

Sincerely yours,

Susan M. O'Neill

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

Detail by Entity Name

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

Filing Information

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

Principal Address

4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Mailing Address

4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Registered Agent Name & Address

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

Officer/Director Detail

Name & Address

Title CEO

Koehler, Kay
4600 East West Highway
Suite 600
Bethesda, MD 20814

Title Chairman

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

Title Treasurer

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

Title Secretary

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

Title Director

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

Title Director

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

Title Director

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

Title Director

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

Title Director

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

Title Director

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

Title Director

Gould, Annie

4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Title Director

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

Title Director

Brancazio, Jared
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Title Director

Collier, Shari
4600 EAST WEST HWY SUITE 600
BETHEDA, MD 20814

Title Director

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

Title Director

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

Title Director

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

Title COO

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

Annual Reports

Report Year	Filed Date
2018	01/16/2018
2018	09/20/2018
2019	04/24/2019

Document Images

st.petersburg

Contract/Permit

Contract #: 29149
Date: 09 Jan 2020

User: JSBENNIN
Status: Firm

CURESEARCH FOR CHILDRENS CANCER
CASSIE ZEDLACHER
4800 HAMPDEN LN
BETHESDA MD 20814 USA

SUITE 200, PMB

Primary #: (240) 235-2212
Secondary #: ()
Other #: ()

Purpose of Use: TAMPA BAY CURESEARCH WALK **Expected: 400** **Co-Sponsored Event**

Contract Balance $60.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting: Sat 03 Oct 20 06:00 am** **Ending: Sat 03 Oct 20 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Walter Fuller Park	Sat	03 Oct 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
				$30.00

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Application Processing Fee - Parks	15:00	1	$30.00	$0.00	$30.00
		1	$30.00	$0.00	$30.00

Charges:

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

Balance of rental due and payable immediately.

Payments:

Additional Notes:

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

By:(Sign Name) _____

(Print Name) **CASSIE ZEDLACHER**

CURESEARCH FOR CHILDRENS CANCER
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

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

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

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

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1/13/20
Check or Cash:
Application #: 7
Packet: A
Permit #: 29269

Event Title: 2020 Walk Like MADD Pinellas | Phone No.: 8139352676 | Fax No.:

Entity Name: Mothers Against Drunk Driving | Federal I.D. Number: 94-2707273

Event Date(s): October 10, 2020 | Location: Albert Whitted PArk

Day 1 of Event: 10/10/2020 | Time Gates Open: 8am | Ending Time: 11am

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

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

Application Prepared by: Larry E. Coggins, Jr. | Phone: 8139352676x7285

Title: Executive Director | Cell Phone: 8638603263

Address: 13902 North Dale Mabry Highway Suite 239 | City: Tampa | State: FL | Zip: 33618

Email Address: larry.coggins@madd.org

Additional Contact Person: Sharon Hall | Day Phone: 8139352676x7283

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

List all 501(c)3 entities that will benefit from this event. MADD & other local non-profits who attend as a vendor

Name of the for-profit entity? N/A

Describe your event with details.

MADD is the nation's oldest and largest non-profits dedicated solely to eliminating impaired driving, supporting law enforcement's DUI enforcement initiatives, providing education and out reach in local schools and civic organizations, and providing victim support and advocacy for the victims. Our programs have in Pinellas County for over 30 years and holding this event in the City of St Petersburg for a 3rd year in a row has allowed us to find a permanent home for this annual event, now in it's 10th year that raises the necessary funds to continue MADD's mission in Pinellas County. The 1 mile memorial walk remembers the local victims and brings awareness to the community.

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

The event will draw over 300 people that participate in the walk and another 100 + that attend as a volunteer/attendee. MADD staff and volunteers, as well as some attendees, stay in local hotels for the event and local food establishments are utilized for events and meetings leading up to the event.

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

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

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

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

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

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

What is the estimated attendance for this event? Spectators 100 Participants 300 Last Year's Total Attendance 325

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

Recreation Equipment

Showmobile (Yes/No) No

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

Tables (6 ft) # needed 40 Chairs # needed 80

Public Address System No

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

Special Events Facilities

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

☐ Non-City Locations

Which Location?

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

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

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

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

Name:	Larry E. Coggins, Jr. *Larry E. Coggins, Jr.*	Title:	Executive Director	Date:	01/13/2020
Co-Sign:	Sharon Hall	Title:	Program Manager	Date:	01/13/2020

NOTE:

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

N/A

Will you supply your own generators? ☐ YES ☒ NO

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

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

N/A

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

Name: MADD Phone: 813-935-2676

Address (including zip): 13902 N Dale Mabry Hwy Suite 239 Tampa, FL 33618

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

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

List Vending Products. Name & Provider.

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

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

N/A

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

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

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

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

Other Comments: Please describe your fee structure.

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

Other comments:

Walk route will be same as in year's past and will not interfere with local street/traffic.

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

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

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

Name: Larry E. Coggins, Jr. Larry E. Coggins, Jr. Title: Executive Director Date: 01/13/2020

Appendix A

Co-Sponsored Event Park Fee Structure

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

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

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

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

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

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

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

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

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Mothers Against Drunk Driving

Name of Responsible Party (President or CEO ONLY): Adam Vanek

Title of Responsible Party: CEO

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

Phone Number of Responsible Party: 469-420-4554

Email Address of Responsible Party: adam.vanek@madd.org

Nonprofit (Employee Identification Number): 94-2707273

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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

What method of invoicing would your organization prefer?

☐ BY Mail

Contact Name

Address

City, State, Zip

☒ BY EMAIL

Email Address: larry.coggins@madd.org

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

Name of Event: 2019 Walk Like MADD Pinellas

Date(s) of Event: 10/12/2019 - 10/12/2019

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

		Amount
1.	Sponsorships	$17,000.00
2.	Registration Fees	$3,922.00
3.	Participant Donations	$20,844.00
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$41,766.00

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

1.	City of St Petersburg	$230.00
2.	City of St Petersburg Police Department	$30.00
3.	City of St Petersburg Leisure Services	$1,176.57
4	Port-A-Potty	$438.00
5.	Event Shirts	$1,426.00
6.	DJ Services	$550.00
7.	Staff Mileage	$587.00
8.	Staff Meals	$435.00
9.	Miscellaneous (banners, lodging, supplies)	$745.00
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$5,617.57
	TOTAL NET INCOME	$36,148.43

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

1.	Community Outreach and Educataion	$10,000.00
2.	Victim Advocacy	$16,000.00
3.	Law Enforcement Support, training, and recognition	$7,500.00
4.	Program Materials	$2,648.43
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	$36,148.43

Prepared by: Larry E. Coggins, Jr. *Larry E. Coggins, Jr.* Date: 01/13/2020

Print Application

Submit Application by Email

Detail by Entity Name

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

Filing Information

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

Principal Address

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

Changed: 04/20/2009

Mailing Address

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

Changed: 04/20/2009

Registered Agent Name & Address

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

Name Changed: 06/25/2018

Address Changed: 06/25/2018

Officer/Director Detail

Name & Address

Title Chairman, Director

Mann, Chris

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

Title Secretary, Director

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

Title PRESIDENT

Witty, Helen
511 E. JOHN CARPENTER FREEWY #700
IRVING, TX 75062

Title CFO

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

Title COO

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

Title VC, Director

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

Title Director

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

Title Director

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

Title Director

Sikes, Joseph

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

Title Director

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

Title Director

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

Title Director

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

Title Director

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

Title Director

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

Title Director, Treasurer

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

Title Director

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

Title Director

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

Title Director

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

Title Chief Government Affairs Officer

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

Title Senior Director of Integrated Marketing

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

Title General Counsel

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

Title Director

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

Title Director

Hutchinson, Nicole
511 E. John Carpenter Fwy
Suite 700
Irving, TX 75062

Title CEO

Vanek, Adam
511 E JOHN CARPENTER FRWY
STE 700
IRVING, TX 75062

Annual Reports

Report Year	Filed Date
2017	04/19/2017
2018	03/27/2018
2019	03/11/2019

Document Images

03/11/2019 -- ANNUAL REPORT	View image in PDF format
06/25/2018 -- Reg. Agent Change	View image in PDF format
03/27/2018 -- ANNUAL REPORT	View image in PDF format
04/19/2017 -- ANNUAL REPORT	View image in PDF format
02/18/2016 -- ANNUAL REPORT	View image in PDF format
04/16/2015 -- ANNUAL REPORT	View image in PDF format
04/22/2014 -- ANNUAL REPORT	View image in PDF format
01/30/2013 -- ANNUAL REPORT	View image in PDF format
03/02/2012 -- ANNUAL REPORT	View image in PDF format
04/22/2011 -- ANNUAL REPORT	View image in PDF format
04/13/2010 -- ANNUAL REPORT	View image in PDF format
04/20/2009 -- ANNUAL REPORT	View image in PDF format
04/28/2008 -- ANNUAL REPORT	View image in PDF format
02/27/2007 -- ANNUAL REPORT	View image in PDF format
01/17/2006 -- ANNUAL REPORT	View image in PDF format
03/01/2005 -- ANNUAL REPORT	View image in PDF format
01/27/2004 -- ANNUAL REPORT	View image in PDF format
01/27/2003 -- ANNUAL REPORT	View image in PDF format
05/28/2002 -- ANNUAL REPORT	View image in PDF format
09/12/2001 -- ANNUAL REPORT	View image in PDF format
05/26/2000 -- ANNUAL REPORT	View image in PDF format
05/10/1999 -- ANNUAL REPORT	View image in PDF format
05/12/1998 -- ANNUAL REPORT	View image in PDF format
05/09/1997 -- ANNUAL REPORT	View image in PDF format
06/10/1996 -- ANNUAL REPORT	View image in PDF format
05/01/1995 -- ANNUAL REPORT	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 29269
Date: 17 Jan 2020

User: JSBENNIN
Status: Firm

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

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

Purpose of Use: 2020 WALK LIKE MAD PINELLAS **Expected: 400** **Co-Sponsored Event**

Contract Balance $230.00

Conditions of Use: Insurance Required

Other Information:

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

Date(s) and Time(s) of Use: **Starting: Fri 09 Oct 20 06:00 am** **Ending: Sat 10 Oct 20 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Fri	09 Oct 2020	06:00 AM	$0.00	$200.00	$0.00	$200.00
Park		10 Oct 2020	09:00 PM				

Additional Fees:

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

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Permit Fee	39:00	1	$200.00	$0.00	$200.00
		1	$200.00	$0.00	$200.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$230.00	$0.00	$230.00	$0.00	$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) **LARRY COGGINS JR**

MOTHERS AGAINST DRUNK DRIVING
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

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

(Print Name) _____
Parks and Recreation Department

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

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

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

Date Received: 1/16/20
Check or Cash:
Application #: 8
Packet: A
Permit #: 29270

Event Title: Girls on the Run 5K - 2020 Fall
Phone No.: (813) 832-2826 Fax No.:
Entity Name: Girls on the Run Greater Tampa Bay
Federal I.D. Number: 82-1793509
Event Date(s): December 5, 2020
Location:
Day 1 of Event: 12/5/2020 Time Gates Open: 7 AM Ending Time: 11 AM
Day 2 of Event: Time Gates Open: Ending Time:
Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared by: Laura Moore
Phone: (813) 832-2826
Title: Executive Director
Cell Phone: (314) 359-9392
Address: 2519 N McMullen Booth, Suite 510145
City: Clearwater State: FL Zip: 33761
Email Address: laura.moore@girlsontherun.org
Additional Contact Person: Jill Collins, Board of Directors Chair
Day Phone: (727) 294-1474
What month/year were you incorporated as nonprofit? 2008
List all 501(c)3 entities that will benefit from this event. Girls on the Run Greater Tampa Bay
Name of the for-profit entity? n/a

Describe your event with details.

The Girls on the Run 5K Series is the largest 5K series in the country, with over 350 5k events held by GOTR Councils each year across the country! Our local Girls on the Run 5k is the most joyful 5k around! Held twice per year, our 5K is the culmination of our 10 week program and is open to the public for EVERYONE: girls, boys, young and old, and all abilities! We encourage walking, running, skipping, cartwheeling even dancing! to move forward. Wea nticipate over 900 GOTR girls, 900 Running Buddies, and over 400 Community Runners to joyfully cross our Finish Line at EACH EVENT. In addition, the event will draw hundreds of spectators including families, GOTR coaches, and friends, as well as community volunteers (100+) and supporters.

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

All funds raised from the GOTR 5K go into our Scholarship Fund, so that all girls have the opportunity to participate in our life-changing program. In our 2019 Fall Season, over 50% of our 809 girls received scholarships. By providing this financial assistance, we remove the financial burden from participants, roughly one-third of which live in Pinellas County and include the following St. Pete schools: Sanderlin, Meadowlawn, Perkins, Woodlawn, Canterbury, Admiral Farragut, and Lakewood. The GOTR 5K brings participants from 70+ locations across Greater Tampa Bay (Hillsborough, Pasco, Pinellas and Sarasota Counties) to St. Pete, where many stay overnight in hotels, eat in restaurants, shop in local stores, visit local attractions and pay for street parking. We intentionally promote the city to our participants and their families to take advantage of all that St. Pete has to offer when they come for our event.

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

Does your group presently have liability insurance? ☒ YES ☐ NO How much? $1,000,000 each occurance
Are there plans to sell or distribute beer/wine at your event? ☐ YES ☒ NO
Will there be an admission / registration fee? ☒ YES ☐ NO Advanced Fee: $30 Day of: $30
Please provide the website address for your event. www.gotrtampa.org/5K
Please provide a phone number that can be advertised to the public. (813) 832-2826
What is the estimated attendance for this event? Spectators 800 Participants 2000 Last Year's Total Attendance 2500

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

Recreation Equipment

Showmobile (Yes/No) No

Bleacher(s) needed. Each bleacher approx. 180 people) 1

Tables (6 ft) # needed 55 Chairs # needed 0

Public Address System 0

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

Special Events Facilities

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

☐ Non-City Locations

Which Location?

Albert Whitted Park

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE:	Public Safety Personnel, Marine Services
TRAFFIC:	Personnel, Equipment (cones, barricades, no parking signs)
FIRE:	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES:	On-site Presence, Logistics Help, Liaison with Other Ddepartments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name:	Laura Moore	Title:	Executive Director	Date:	1/13/20
Co-Sign:		Title:		Date:	

NOTE: a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,
727-893-7766 or EMAIL: StPeteEvents@stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 10-12	
☐ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☐ Erecting Tents - Larger than 10ft x 12ft	How many?	Temporary Structure Permit
☐ Fence Installation	What type?	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☐ Staging	☐ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☐ Performers ☐ Announcement Only	
☐ Security	☐ Daytime - Private ☐ Overnight - Private ☐ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 20 Disabled Units 2 Hand Washing 9	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

☒ Invitations	☐ Radio
☒ Posters / Flyers	☐ Television
☒ Newspaper / Internet	☐ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☐ YES ☒ NO

If YES, check all that apply. ☐ RV'S ☐ Coffee Vendors ☐ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☐ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

n/a

Will you supply your own generators? ☐ YES ☒ NO

Will your event have a licensed electrician on-site during the event? ☐ YES ☒ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

No

If City permits, licenses, or services are required for event, who will pay for them?

Name: Girls on the Run Greater Tampa Bay Phone: (813) 832-2826

Address (including zip): 2519 N McMullen Booth, Suite 510145, Clearwater, FL 33761

Type of music, # of stages, and # of bands.

We will have a DJ with speakers playing radio-friendly Top 40 hits

List Vending Products. Name & Provider.

Tampa Bay Rays - Mascot Raymond, Tampa Bay Lightning- Street Team, Tampa Bay Rowdies - Street Team, FOX Sports Sun, PowerCrunch, Go Go Squeez, MedExpress, Pure Barre and additional pending.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

n/a

Explain subject/purpose of all speeches/demonstrations which will occur.

GOTR will make an opening speech to welcome participants to event, honor selected Volunteer Coaches and invite 1-2 sponsors to also welcome the participants. GOTR will address the crowd again at the start of the 5k and once more at the end of the event thanking all for attending.

Discuss your load in/load out parking needs, include times and dates.

GOTR will beging set up our Race Village (including Registration, Packet Pick Up Tents, etc.) and our Start/Finish Chute (barricades, signage, truss) on Friday 12/4. We will finish the set up on Saturday morning 12/5 (starting at 4:30 AM) to be ready for our participants at 7 AM. The event will be entirely cleaned up by 1 pm on 12/5.

Other Comments: Please describe your fee structure.

The GOTR 5k Registration fee is $30, which includes entry, medal, t-shirt and swag bag. We offer a $5 discount to parents/guardians that have a girl currently enrolled in the program to encourage early online registration. Discount codes are not accepted on race morning.

Other comments:

Girls on the Run inspires girls to recognize their inner strength and celebrate what makes them one of a kind. Trained coaches lead small teams through our research-based curricula which includes dynamic discussions, activities and running games. Over the course of the ten-week season, girls in 3rd-8th grade develop essential skills to help them navigate their worlds and establish a lifetime appreciation for health and fitness. Each season culminates with girls positively impacting their communities through a service project and being physically and emotionally prepared to complete the Girls on the Run 5K. Completing the 5Kgives the girls a tangible sense of achievement as well as a framework for setting and achieving life goals - making the seemingly impossible, possible.

We have hosted our last SEVEN 5k events in St. Petersburg (getting bigger each season!) and have been absolutely THRILLED with our experience! The venue consistently exceeds both ours and our participant highest expectations. As we work towards our goal of a Disney-calibur race, we believe that the City of St. Pete is our partner and the most incredible home for our event!

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Laura Moore Title: Executive Director Date: 1/13/20

Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g.,1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* **The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.**

* **Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.**

* **All first time entities requesting events will be required to complete a credit application.**

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Girls on the Run Greater Tampa Bay

Name of Responsible Party (President or CEO ONLY): Laura Moore

Title of Responsible Party: Executive Director

Physical Address of Responsible Party: 2519 N McMullen Booth, Suite 510145, Clearwater, FL 33761

Phone Number of Responsible Party: (813) 832-2826

Email Address of Responsible Party: laura.moore@girlsontherun.org

Nonprofit (Employee Identification Number): 82-1793509

Name of the **For-profit** Corporation: n/a

Name of Responsible Party (President or CEO ONLY): n/a

Title of Responsible Party: n/a

Physical Address of Responsible Party: n/a

Phone Number of Responsible Party: n/a

Email Address of Responsible Party: n/a

For-profit (Employee Identification Number) n/a

Please include a copy of the the current IRS Nonprofit Affidavit / For Profit

What method of invoicing would your organization prefer?

☐ BY Mail

Contact Name

Address

City, State, Zip

☒ BY EMAIL

Email Address: laura.moore@girlsontherun.org

APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: Girls on the Run 5K-2020 Fall
Date(s) of Event: Dec 5, 2020

I. REVENUE SOURCES (attach sheet if more space is needed)	Amount
1. Registration Fees	$28,900.00
2. Individual Donations	$1,200.00
3. GOTR Merch	$6,000.00
4 In-Kind Donations	$500.00
5. Sponsors	$10,000.00
6.	
7.	
8.	
TOTAL GROSS REVENUE	$40,700.00

II. EXPENSES (attach sheet if more space is needed)	
1. Race Village Supplies	$2,800.00
2. T-Shirts	$4,000.00
3. Medals	$2,800.00
4 Bibs	$800.00
5. DJ	$500.00
6. Rentals (Port-O-Lets, Barricades, Cones, Tables, etc.)	$4,000.00
7. Marketing	$500.00
8. Police/Permits	$9,000.00
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	$24,400.00
TOTAL NET INCOME	$16,300.00

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)	
1. Girls on the Run Scholarships	$16,300.00
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	$16,300.00

Prepared by: Laura Moore Date: Jan 13, 2020

Print Application

Submit Application by Email

2020 FALL EVENT

January 13, 2020

Dear Co-Sponsor Committee,

We are so excited to apply to host our Girls on the Run 5K 2020 Fall event again in the gorgeous City of St. Petersburg! Please note: We have applied for December 5, 2020 as our preferred date. However, it is our understanding that the Boat Show may impact that day. In order, we would next prefer: December 12, 2020 or November 14, 2020.

Enclosed are the following items:

- Co-Sponsor Event Application
- 5K Route
- Race Village Map
- Event Timeline
- 501(c)3 Letter of Determination
- Application Fee Check
- Park Permit Fee Check
- Recap Report from 2019 Fall Event

Thank you for being our Partner in inspiring girls to be joyful, healthy and confident.

Sincerely,

Laura Moore
Executive Director

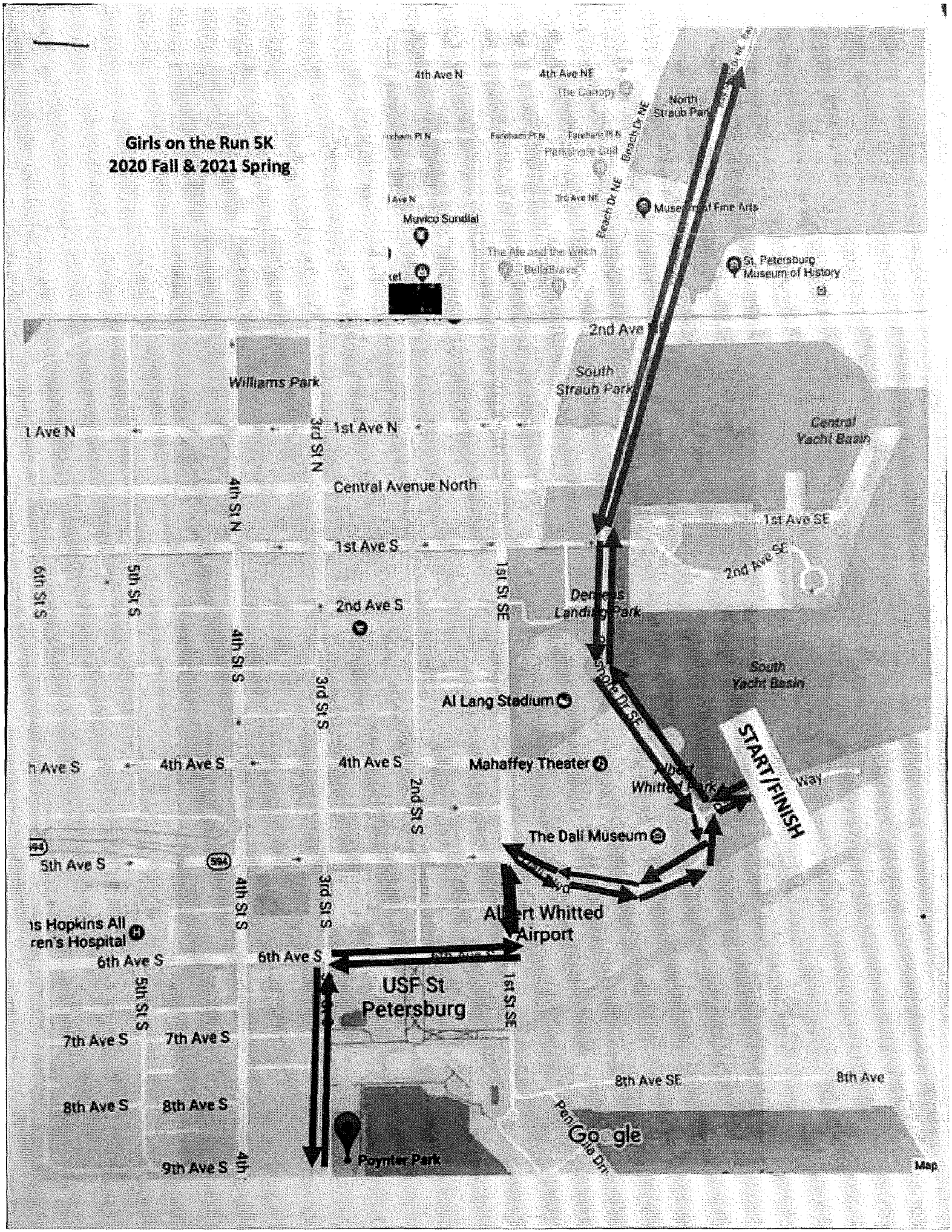
Girls on the Run Greater Tampa Bay

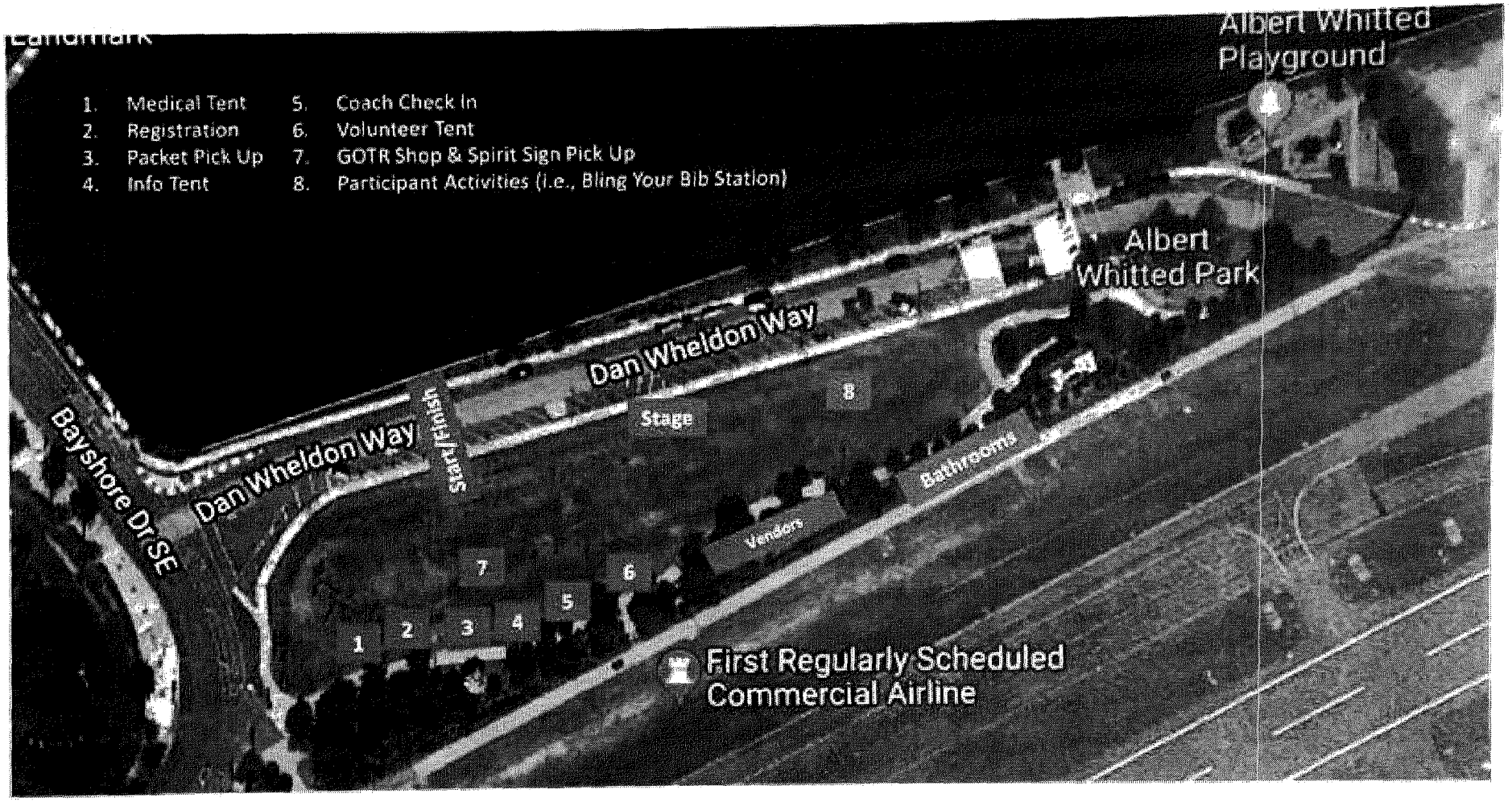
2519 N McMullen Booth Road
Suite 510145
Clearwater, FL 33761

(813) 832-2826

www.gotrtampa.org

Girls on the Run


Girls on the Run 5K
2020 Fall & 2021 Spring
4th Ave N
4th Ave NE
The Canopy
North Straub Park
Fareham Pl N
Parkshore Grill
Beach Dr NE
Museum of Fine Arts
Muvico Sundial
The Ale and the Witch
BellaBrava
St. Petersburg Museum of History
2nd Ave
Williams Park
South Straub Park
1st Ave N
3rd St N
Central Yacht Basin
Central Avenue North
4th St N
1st Ave SE
1st Ave S
2nd Ave SE
6th St S
5th St S
2nd Ave S
1st St SE
Demens Landing Park
4th St S
South Yacht Basin
3rd St S
Al Lang Stadium
Bayshore Dr SE
START/FINISH
4th Ave S
Mahaffey Theater
Albert Whitted Park
2nd St S
The Dali Museum
5th Ave S
Albert Whitted Airport
6th Ave S
USF St Petersburg
1st St SE
7th Ave S
8th Ave SE
8th Ave
8th Ave S
Pen Gila Dr
Google
Poynter Park
9th Ave S
Map


Landmark
1. Medical Tent
2. Registration
3. Packet Pick Up
4. Info Tent
5. Coach Check In
6. Volunteer Tent
7. GOTR Shop & Spirit Sign Pick Up
8. Participant Activities (i.e., Bling Your Bib Station)
Albert Whitted Playground
Albert Whitted Park
Dan Wheldon Way
Dan Wheldon Way
Bayshore Dr SE
Sweat/Finish
Stage
Vendors
Bathrooms
1
2
3
4
5
6
7
8
First Regularly Scheduled Commercial Airline

Girls on the Run 5K Run of Show

Friday 12/4

12:00 PM Port-O-Lets delivered
1:00 PM Barricades & Truss Set Up
3:00 PM Race Village tents and Stage set up

Saturday 12/5

Time	Action
4:30 AM	Arrive, walkies/gear handed out, break into Village and Course teams
4:40 AM	Set up Race Village
6:00 AM	Volunteers/Vendors begin arriving
6:45 AM	Committee Captains and Volunteers in place at stations
7:00 AM	Race Village opens
7:15 AM	Course Marshal volunteers arrive
7:30 AM	Course Marshals handed off to Course team for safety briefing and placement
8:30 AM	Opening Ceremony
8:50 AM	Teams lined up in chute
9:00 AM	5K begins
9:10 AM	Transition from Start to Finish
9:20 AM	First runner crosses
10:15 AM	Final runner crosses Immediately begin truss breakdown and re-opening of street
10:45 AM	Participants leave, venue is cleaned up
1:00 PM	Clean up complete, exit venue

November 12, 2019

Girls on the Run Greater Tampa Bay
2519 N McMullen Booth
Suite 510145
Clearwater, FL 33761

RE: EIN 82-1793509

To Whom It May Concern:

This letter is to verify that Girls on the Run Greater Tampa Bay is a subordinate organization in good standing and is covered under Girls on the Run International's Federal Group Tax Exemption Number 6150 as described in Section 501(c)(3) of the Internal Revenue Code. Detailed information regarding the group exemption process is available in IRS Publication 557 (entitled "Tax-Exempt Status for Your Organization" and is available on the IRS website at www.irs.gov/pub/irs-pdf/p557.pdf) and IRS Publication 4573 (entitled "Group Exemptions" and available on the IRS website at www.irs.gov/pub/irs-pdf/p4573.pdf).

How do donors verify that contributions are deductible under section 170 with respect to a subordinate organization in a section 501(c)(3) group exemption ruling? *Donors should consult IRS Publication 78, Cumulative List of Organizations described in Section 170(c) of the Internal Revenue Code of 1986, or obtain a copy of the group exemption letter from the central organization. The central organization's listing in Publication 78 will indicate that contributions to its subordinate organizations covered by the group exemption ruling are also deductible, even though most subordinate organizations are not separately listed in Publication 78 or on the EO Business Master File. Donors should then verify with the central organization, by either of the methods indicated above, whether the particular subordinate is included in the central organization's group ruling. The subordinate organization need not itself be listed in Publication 78 or on the EO Business Master File. Donors may rely upon central organization verification with respect to deductibility of contributions to subordinates covered in a section 501(c)(3) group exemption ruling.* – Publication 4573, page 4

Enclosed is a copy of the IRS Letter of Determination for the Group Exemption Ruling.

Please only use the FEIN for Girls on the Run Girls on the Run Greater Tampa Bay. (82-1793509). The FEIN listed in the enclosed Letter of Determination is only for Girls on the Run International and should not be used for local council purposes other than verifying our group exemption status.

Questions about this exemption should be directed to Heather Blake – hblake@girlsontherun.org.

Sincerely,

Heather Blake

Heather Blake
CFO
Girls on the Run International

Enclosure

Girls on the Run International

801 East Morehead Street
Suite 201
Charlotte, NC 28202

704-376-9817

www.girlsontherun.org

Girls on the run

Internal Revenue Service
P. O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: June 13, 2017

Person to Contact:
K. Gleason #0203083
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:
56-2201835
Group Exemption Number:
[redacted]

GIRLS ON THE RUN INTERNATIONAL
801 EAST MOREHEAD STREET SUITE 201
CHARLOTTE NC 28202

Dear Sir or Madam:

This is in response to your request dated May 26, 2017, for information about your tax-exempt status.

Our records indicate we issued a determination letter to you in October 2000, and that you're currently exempt under Internal Revenue Code (IRC) Section 501(c)(3).

[redacted]

For federal income tax purposes, donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106 and 2522.

[redacted]

Please refer to www.irs.gov/charities for information about filing requirements. Specifically, IRC Section 6033(j) provides that, if you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

In addition, each subordinate organization is subject to automatic revocation if it doesn't file a required return or notice for three consecutive years. Subordinate organizations can file required returns or notices individually or as part of a group return.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

Sincerely yours,

Stephen A. Martin

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

2019 Fall Season Report for City of St. Petersburg

st.petersburg
www.stpete.org

Detail by Entity Name

Florida Not For Profit Corporation
GIRLS ON THE RUN GREATER TAMPA BAY, INC.

Filing Information

Document Number	N17000006989
FEI/EIN Number	82-1793509
Date Filed	07/06/2017
Effective Date	08/01/2017
State	FL
Status	ACTIVE

Principal Address

1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Mailing Address

801 EAST MOREHEAD STREET
SUITE 201
CHARLOTTE, NC 28202

Registered Agent Name & Address

MOORE, LAURA
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Officer/Director Detail

Name & Address

Title Treasurer

Berger, Erin
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Chairman

Bruner, Christie
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Agler, Jeremy, Dr.
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Barber, Melissa
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Burns, Kelli
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Blouvet, Kristy
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Howey, Jean
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Nehls, Courtney
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Noordstar, Christina
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Washington, Kim

1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

McGraw, Keara
2519 N MCMULLEN BOOTH ROAD
SUITE 510145
Clearwater, FL 33761

Title Director

Lamore, Katie
2519 N MCMULLEN BOOTH ROAD
SUITE 510145
Clearwater, FL 33761

Title Secretary

Collins, Jill
2519 N MCMULLEN BOOTH ROAD
SUITE 510145
Clearwater, FL 33761

Title CFO - Girls on the Run International

Blake, Heather
801 E. Morehead Street
Suite 201
Charlotte, NC 28202

Annual Reports

Report Year	Filed Date
2018	02/01/2018
2019	05/14/2019

Document Images

05/14/2019 -- ANNUAL REPORT	View image in PDF format
02/01/2018 -- ANNUAL REPORT	View image in PDF format
07/06/2017 -- Domestic Non-Profit	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 29270
Date: 17 Jan 2020

User: JSBENNIN
Status: Firm

GIRLS ON THE RUN INTERNATIONAL GOTR TA
LAURA MOORE
2519 N MCMULLEN BOOTH STE 510-145
CLEARWATER FL 33761 USA

Primary #: (813) 832-2826
Secondary #: (727)
Other #: ()

Purpose of Use: GIRLS ON THE RUN 5K - 2020 FALL

Expected: 2,500

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 04 Dec 20 12:00 am** **Ending: Sat 05 Dec 20 11:59 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Special Programs	Fri	04 Dec 2020	12:00 AM	$0.00	$200.00	$0.00	$200.00
Special Event		05 Dec 2020	11:59 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	$30.00	$0.00	$30.00
				$30.00

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Permit Fee	47:59	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
17 Jan 2020	$30.00	Check	Rental	3508987
17 Jan 2020	$200.00	Check	Rental	3508987

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By:(Sign Name) _____

(Print Name) **LAURA MOORE**

GIRLS ON THE RUN INTERNATIONAL GOTR TA
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name): _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

Supervisor II / Foreman	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1/16/20
Check or Cash:
Application #: 9
Packet: C
Permit #: 29273

Event Title: Girls on the Run 5K - 2021 Spring Phone No.: (813) 832-2826 Fax No.:

Entity Name: Girls on the Run Greater Tampa Bay Federal I.D. Number: 82-1793509

Event Date(s): May 1, 2021 Location:

Day 1 of Event: 5/1/2021 Time Gates Open: 7 AM Ending Time: 11 AM

Day 2 of Event: Time Gates Open: Ending Time:

Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared by: Laura Moore Phone: (813) 832-2826

Title: Executive Director Cell Phone: (314) 359-9392

Address: 2519 N McMullen Booth, Suite 510145 City: Clearwater State: FL Zip: 33761

Email Address: laura.moore@girlsontherun.org

Additional Contact Person: Jill Collins, Board of Directors Chair Day Phone: (727) 294-1474

What month/year were you incorporated as nonprofit? 2008

List all 501(c)3 entities that will benefit from this event. Girls on the Run Greater Tampa Bay

Name of the for-profit entity? n/a

Describe your event with details.

The Girls on the Run 5K Series is the largest 5K series in the country, with over 350 5k events held by GOTR Councils each year across the country! Our local Girls on the Run 5k is the most joyful 5k around! Held twice p the culmination of our 10 week program and is open to the public for EVERYONE: girls, boys, young and old, a encourage walking, running, skipping, cartwheeling even dancing! to move forward. Wea nticipate over 900 GC Running Buddies, and over 400 Community Runners to joyfully cross our Finish Line at EACH EVENT. In addit will draw hundreds of spectators including families, GOTR coaches, and friends, as well as community volunte supporters.

Describe what economic benefit and impact this event will bring to St. Petersburg.

All funds raised from the GOTR 5K go into our Scholarship Fund, so that all girls have the opportunity to participate in our life-changing program. In our 2019 Fall Season, over 50% of our 809 girls received scholarships. By providing this financial assistance, we remove the financial burden from participants, roughly one-third of which live in Pinellas County and include the following St. Pete schools: Sanderlin, Meadowlawn, Perkins, Woodlawn, Canterbury, Admiral Farragut, and Lakewood. The GOTR 5K brings participants from 70+ locations across Greater Tampa Bay (Hillsborough, Pasco, Pinellas and Sarasota Counties) to St. Pete, where many stay overnight in hotels, eat in restaurants, shop in local stores, visit local attractions and pay for street parking. We intentionally promote the city to our participants and their families to take advantage of all that St. Pete has to offer when they come for our event.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? ☒ YES ☐ NO How much? $1,000,000 each occurance

Are there plans to sell or distribute beer/wine at your event? ☐ YES ☒ NO

Will there be an admission / registration fee? ☒ YES ☐ NO Advanced Fee: $30 Day of: $30

Please provide the website address for your event. www.gotrtampa.org/5K

Please provide a phone number that can be advertised to the public. (813) 832-2826

What is the estimated attendance for this event? Spectators 800 Participants 2000 Last Year's Total Attendance 2500

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) No

Bleacher(s) needed. Each bleacher approx. 180 people) 1

Tables (6 ft) # needed 55 Chairs # needed 0

Public Address System 0

# of portable risers needed (4 in. x 8 in. x 16 in. sections) 0

Special Events Facilities

- ☐ Mahaffey Theater
- ☐ Coliseum
- ☐ Sunken Gardens
- ☐ Boyd Hill

☐ Non-City Locations

Which Location?

Albert Whitted Park

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE:	Public Safety Personnel, Marine Services
TRAFFIC:	Personnel, Equipment (cones, barricades, no parking signs)
FIRE:	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES:	On-site Presence, Logistics Help, Liaison with Other Ddepartments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name:	Laura Moore	Title:	Executive Director	Date:	1/13/20
Co-Sign:		Title:		Date:	

NOTE:

a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 10-12	
☐ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☐ Erecting Tents - Larger than 10ft x 12ft	How many?	Temporary Structure Permit
☐ Fence Installation	What type?	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☐ Staging	☐ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☐ Performers ☐ Announcement Only	
☐ Security	☐ Daytime - Private ☐ Overnight - Private ☐ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 20 Disabled Units 2 Hand Washing 9	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

☒ Invitations	☐ Radio	**City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.**
☒ Posters / Flyers	☐ Television	
☒ Newspaper / Internet	☐ Remote Broadcast	

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☐ YES ☒ NO

If YES, check all that apply. ☐ RV'S ☐ Coffee Vendors ☐ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☐ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

n/a

Will you supply your own generators? ☐ YES ☒ NO

Will your event have a licensed electrician on-site during the event? ☐ YES ☒ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

No

If City permits, licenses, or services are required for event, who will pay for them?

Name: Girls on the Run Greater Tampa Bay Phone: (813) 832-2826

Address (including zip): 2519 N McMullen Booth, Suite 510145, Clearwater, FL 33761

Type of music, # of stages, and # of bands.

We will have a DJ with speakers playing radio-friendly Top 40 hits

List Vending Products. Name & Provider.

Tampa Bay Rays - Mascot Raymond, Tampa Bay Lightning- Street Team, Tampa Bay Rowdies - Street Team, FOX Sports Sun, PowerCrunch, Go Go Squeez, MedExpress, Pure Barre and additional pending.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

n/a

Explain subject/purpose of all speeches/demonstrations which will occur.

GOTR will make an opening speech to welcome participants to event, honor selected Volunteer Coaches and invite 1-2 sponsors to also welcome the participants. GOTR will address the crowd again at the start of the 5k and once more at the end of the event thanking all for attending.

Discuss your load in/load out parking needs, include times and dates.

GOTR will beging set up our Race Village (including Registration, Packet Pick Up Tents, etc.) and our Start/Finish Chute (barricades, signage, truss) on Friday 4/30. We will finish the set up on Saturday morning 5/1 (starting at 4:30 AM) to be ready for our participants at 7 AM. The event will be entirely cleaned up by 1 pm on 5/1.

ıher Comments: Please describe your fee structure.

The GOTR 5k Registration fee is $30, which includes entry, medal, t-shirt and swag bag. We offer a $5 discount to parents/guardians that have a girl currently enrolled in the program to encourage early online registration. Discount codes are not accepted on race morning.

Other comments:

Girls on the Run inspires girls to recognize their inner strength and celebrate what makes them one of a kind. Trained coaches lead small teams through our research-based curricula which includes dynamic discussions, activities and running games. Over the course of the ten-week season, girls in 3rd-8th grade develop essential skills to help them navigate their worlds and establish a lifetime appreciation for health and fitness. Each season culminates with girls positively impacting their communities through a service project and being physically and emotionally prepared to complete the Girls on the Run 5K. Completing the 5Kgives the girls a tangible sense of achievement as well as a framework for setting and achieving life goals - making the seemingly impossible, possible.

We have hosted our last SEVEN 5k events in St. Petersburg (getting bigger each season!) and have been absolutely THRILLED with our experience! The venue consistently exceeds both ours and our participant highest expectations. As we work towards our goal of a Disney-calibur race, we believe that the City of St. Pete is our partner and the most incredible home for our event!

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Laura Moore Title: Executive Director Date: 1/13/20

Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g.,1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* **The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.**

* **Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.**

* **All first time entities requesting events will be required to complete a credit application.**

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Girls on the Run Greater Tampa Bay

Name of Responsible Party (President or CEO ONLY): Laura Moore

Title of Responsible Party: Executive Director

Physical Address of Responsible Party: 2519 N McMullen Booth, Suite 510145, Clearwater, FL 33761

Phone Number of Responsible Party: (813) 832-2826

Email Address of Responsible Party: laura.moore@girlsontherun.org

Nonprofit (Employee Identification Number): 82-1793509

Name of the **For-profit** Corporation: n/a

Name of Responsible Party (President or CEO ONLY): n/a

Title of Responsible Party: n/a

Physical Address of Responsible Party: n/a

Phone Number of Responsible Party: n/a

Email Address of Responsible Party: n/a

For-profit (Employee Identification Number) n/a

Please include a copy of the the current IRS Nonprofit Affidavit / For Profit

What method of invoicing would your organization prefer?

☐ BY Mail

Contact Name

Address

City, State, Zip

☒ BY EMAIL

Email Address: laura.moore@girlsontherun.org

APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: Girls on the Run 5K -2020 Fall
Date(s) of Event: 5/1/2021

I. REVENUE SOURCES (attach sheet if more space is needed)	Amount
1. Registration Fees	$23,000.00
2. Individual Donations	$1,200.00
3. GOTR Merch	$6,000.00
4 In-Kind Donations	$500.00
5. Sponsors	$10,000.00
6.	
7.	
8.	
TOTAL GROSS REVENUE	$40,700.00

II. EXPENSES (attach sheet if more space is needed)	
1. Race Village Supplies	$2,800.00
2. T-Shirts	$4,000.00
3. Medals	$2,800.00
4 Bibs	$800.00
5. DJ	$500.00
6. Rentals (Port-O-Lets, Barricades, Cones, Tables, etc.)	$4,000.00
7. Marketing	$500.00
8. Police/Permits	$9,000.00
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	$24,400.00
TOTAL NET INCOME	$16,300.00

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)	
1. Girls on the Run Scholarships	$16,300.00
2.	
3.	
4.	
5.	
6.	
TOTAL ALLOCATION OF NET INCOME	$16,300.00

Prepared by: Laura Moore Date: Jan 13, 2020

Print Application

Submit Application by Email

2021 SPRING EVENT

January 13, 2020

Dear Co-Sponsor Committee,

We are so excited to apply to host our Girls on the Run 5K 2021 Spring event again in the gorgeous City of St. Petersburg! Enclosed are the following items:

- Co-Sponsor Event Application
- 5K Route
- Race Village Map
- Event Timeline
- 501(c)3 Letter of Determination
- Application Fee Check
- Park Permit Fee Check

Thank you for being our Partner in inspiring girls to be joyful, healthy and confident.

Sincerely,

Laura Moore
Executive Director

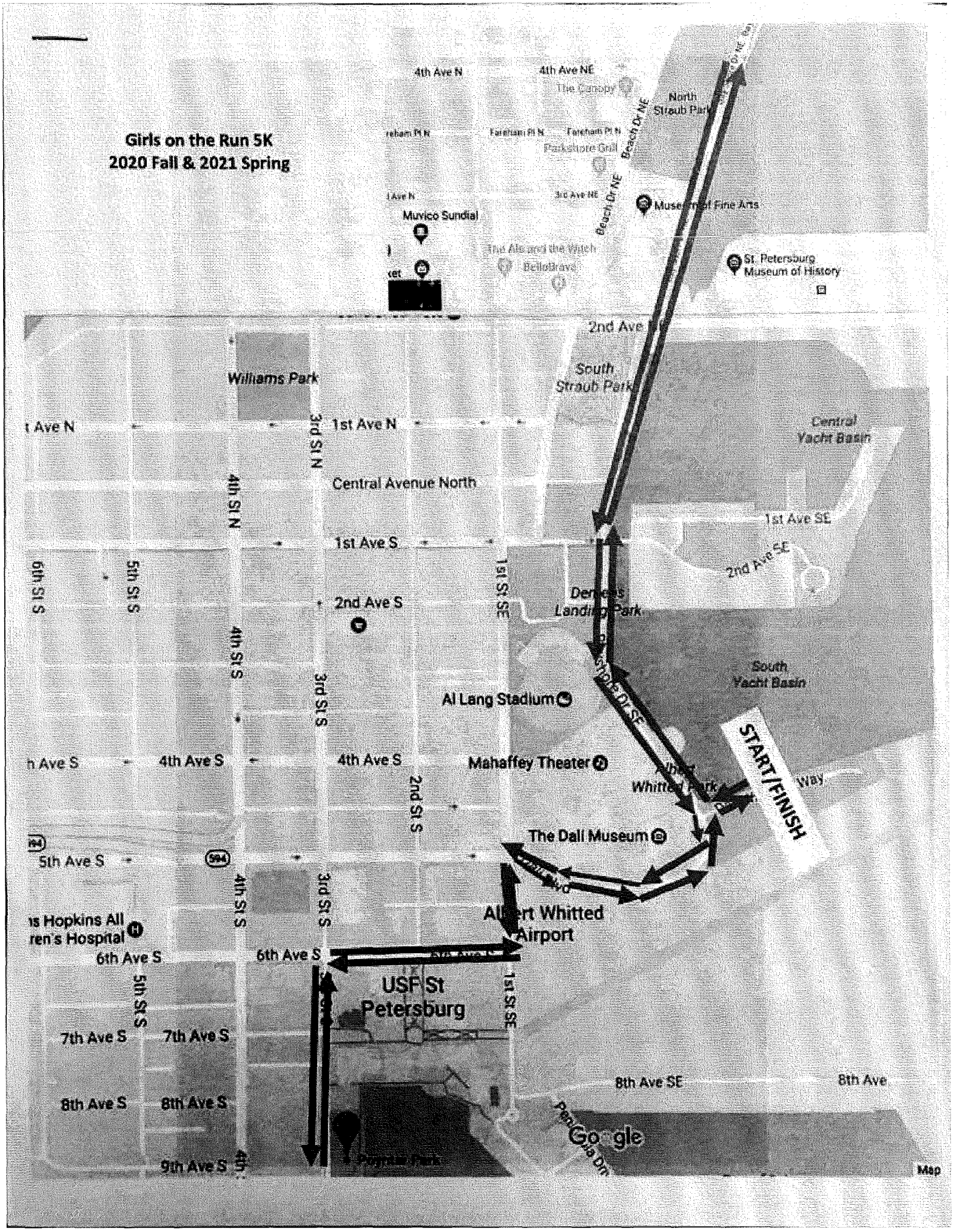
Girls on the Run Greater Tampa Bay

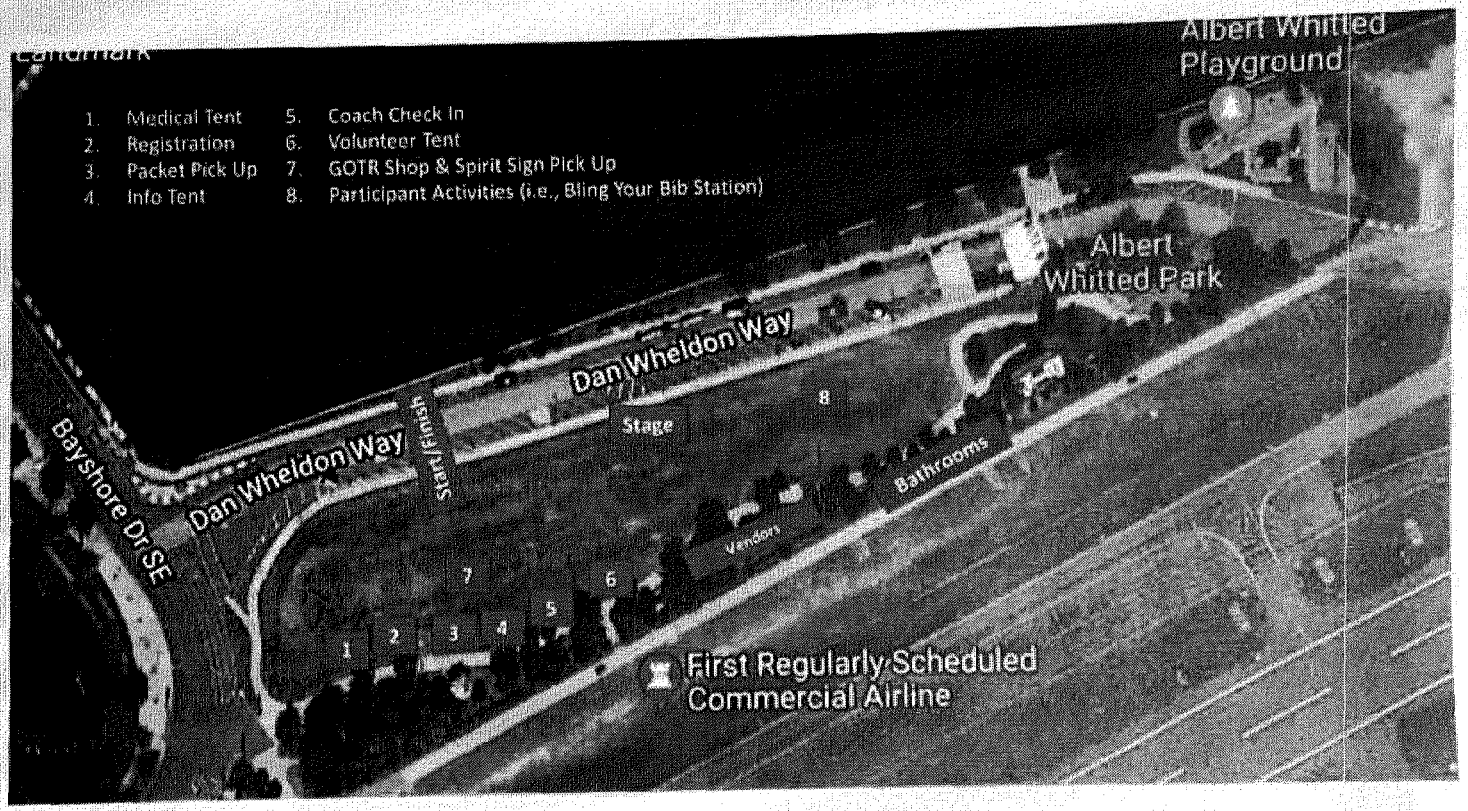
2519 N McMullen Booth Road
Suite 510145
Clearwater, FL 33761

(813) 832-2826

www.gotrtampa.org

Girls on the Run


Girls on the Run 5K
2020 Fall & 2021 Spring
4th Ave N
4th Ave NE
The Canopy
North Straub Park
Parkshore Grill
Beach Dr NE
Museum of Fine Arts
Muvico Sundial
St. Petersburg Museum of History
2nd Ave
Williams Park
South Straub Park
1st Ave N
3rd St N
Central Yacht Basin
Central Avenue North
4th St N
1st Ave SE
1st Ave S
2nd Ave SE
6th St S
5th St S
1st St SE
2nd Ave S
Demens Landing Park
4th St S
South Yacht Basin
3rd St S
Al Lang Stadium
4th Ave S
Mahaffey Theater
Albert Whitted Park
START/FINISH
2nd St S
The Dali Museum
5th Ave S
Albert Whitted Airport
6th Ave S
USF St Petersburg
7th Ave S
8th Ave SE
8th Ave S
9th Ave S
Google
Map


Landmark
1. Medical Tent
2. Registration
3. Packet Pick Up
4. Info Tent
5. Coach Check In
6. Volunteer Tent
7. GOTR Shop & Spirit Sign Pick Up
8. Participant Activities (i.e., Bling Your Bib Station)
Albert Whitted Playground
Albert Whitted Park
Dan Wheldon Way
Dan Wheldon Way
Bayshore Dr SE
Start/Finish
Stage
Vendors
Bathrooms
First Regularly Scheduled Commercial Airline

Girls on the Run 5K Run of Show

Friday 12/4

12:00 PM	Port-O-Lets delivered
1:00 PM	Barricades & Truss Set Up
3:00 PM	Race Village tents and Stage set up

Saturday 12/5

Time	Action
4:30 AM	Arrive, walkies/gear handed out, break into Village and Course teams
4:40 AM	Set up Race Village
6:00 AM	Volunteers/Vendors begin arriving
6:45 AM	Committee Captains and Volunteers in place at stations
7:00 AM	Race Village opens
7:15 AM	Course Marshal volunteers arrive
7:30 AM	Course Marshals handed off to Course team for safety briefing and placement
8:30 AM	Opening Ceremony
8:50 AM	Teams lined up in chute
9:00 AM	5K begins
9:10 AM	Transition from Start to Finish
9:20 AM	First runner crosses
10:15 AM	Final runner crosses Immediately begin truss breakdown and re-opening of street
10:45 AM	Participants leave, venue is cleaned up
1:00 PM	Clean up complete, exit venue

November 12, 2019

Girls on the Run Greater Tampa Bay
2519 N McMullen Booth
Suite 510145
Clearwater, FL 33761

RE: EIN 82-1793509

To Whom It May Concern:

This letter is to verify that Girls on the Run Greater Tampa Bay is a subordinate organization in good standing and is covered under Girls on the Run International's Federal Group Tax Exemption Number 6150 as described in Section 501(c)(3) of the Internal Revenue Code. Detailed information regarding the group exemption process is available in IRS Publication 557 (entitled "Tax-Exempt Status for Your Organization" and is available on the IRS website at www.irs.gov/pub/irs-pdf/p557.pdf) and IRS Publication 4573 (entitled "Group Exemptions" and available on the IRS website at www.irs.gov/pub/irs-pdf/p4573.pdf).

How do donors verify that contributions are deductible under section 170 with respect to a subordinate organization in a section 501(c)(3) group exemption ruling? *Donors should consult IRS Publication 78, Cumulative List of Organizations described in Section 170(c) of the Internal Revenue Code of 1986, or obtain a copy of the group exemption letter from the central organization. The central organization's listing in Publication 78 will indicate that contributions to its subordinate organizations covered by the group exemption ruling are also deductible, even though most subordinate organizations are not separately listed in Publication 78 or on the EO Business Master File. Donors should then verify with the central organization, by either of the methods indicated above, whether the particular subordinate is included in the central organization's group ruling. The subordinate organization need not itself be listed in Publication 78 or on the EO Business Master File. Donors may rely upon central organization verification with respect to deductibility of contributions to subordinates covered in a section 501(c)(3) group exemption ruling.* – Publication 4573, page 4

Enclosed is a copy of the IRS Letter of Determination for the Group Exemption Ruling.

Girls on the Run International

801 East Morehead Street
Suite 201
Charlotte, NC 28202

704-376-9817

www.girlsontherun.org

Girls on the Run

Please only use the FEIN for Girls on the Run Girls on the Run Greater Tampa Bay. (82-1793509). The FEIN listed in the enclosed Letter of Determination is only for Girls on the Run International and should not be used for local council purposes other than verifying our group exemption status.

Questions about this exemption should be directed to Heather Blake – hblake@girlsontherun.org.

Sincerely,

Heather Blake

Heather Blake
CFO
Girls on the Run International

Enclosure

Girls on the Run International

801 East Morehead Street
Suite 201
Charlotte, NC 28202

704-376-9817

www.girlsontherun.org

Internal Revenue Service
P. O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: June 13, 2017

Person to Contact:
K. Gleason #0203083
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:
56-2201835
Group Exemption Number:
[redacted]

GIRLS ON THE RUN INTERNATIONAL
801 EAST MOREHEAD STREET SUITE 201
CHARLOTTE NC 28202

Dear Sir or Madam:

This is in response to your request dated May 26, 2017, for information about your tax-exempt status.

Our records indicate we issued a determination letter to you in October 2000, and that you're currently exempt under Internal Revenue Code (IRC) Section 501(c)(3).

[redacted]

For federal income tax purposes, donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106 and 2522.

[redacted]

Please refer to www.irs.gov/charities for information about filing requirements. Specifically, IRC Section 6033(j) provides that, if you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

In addition, each subordinate organization is subject to automatic revocation if it doesn't file a required return or notice for three consecutive years. Subordinate organizations can file required returns or notices individually or as part of a group return.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

Sincerely yours,

Stephen A. Martin

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Detail by Entity Name

Florida Not For Profit Corporation
GIRLS ON THE RUN GREATER TAMPA BAY, INC.

Filing Information

Document Number	N17000006989
FEI/EIN Number	82-1793509
Date Filed	07/06/2017
Effective Date	08/01/2017
State	FL
Status	ACTIVE

Principal Address

1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Mailing Address

801 EAST MOREHEAD STREET
SUITE 201
CHARLOTTE, NC 28202

Registered Agent Name & Address

MOORE, LAURA
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Officer/Director Detail

Name & Address

Title Treasurer

Berger, Erin
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Chairman

Bruner, Christie
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Agler, Jeremy, Dr.
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Barber, Melissa
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Burns, Kelli
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Blouvet, Kristy
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Howey, Jean
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Nehls, Courtney
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Noordstar, Christina
1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

Washington, Kim

1550 NORTH MCMULLEN BOOTH ROAD
SUITE F3 #145
CLEARWATER, FL 33759

Title Director

McGraw, Keara
2519 N MCMULLEN BOOTH ROAD
SUITE 510145
Clearwater, FL 33761

Title Director

Lamore, Katie
2519 N MCMULLEN BOOTH ROAD
SUITE 510145
Clearwater, FL 33761

Title Secretary

Collins, Jill
2519 N MCMULLEN BOOTH ROAD
SUITE 510145
Clearwater, FL 33761

Title CFO - Girls on the Run International

Blake, Heather
801 E. Morehead Street
Suite 201
Charlotte, NC 28202

Annual Reports

Report Year	Filed Date
2018	02/01/2018
2019	05/14/2019

Document Images

05/14/2019 -- ANNUAL REPORT	View image in PDF format
02/01/2018 -- ANNUAL REPORT	View image in PDF format
07/06/2017 -- Domestic Non-Profit	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 29273
Date: 17 Jan 2020

User: JSBENNIN
Status: Firm

GIRLS ON THE RUN INTERNATIONAL GOTR TA
LAURA MOORE
2519 N MCMULLEN BOOTH STE 510-145
CLEARWATER FL 33761 USA

Primary #: (813) 832-2826
Secondary #: (727)
Other #: ()

Purpose of Use: GIRLS ON THE RUN 5K - 2021 SPRING

Expected: 5,000

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 30 Apr 21 12:00 am** **Ending: Sat 01 May 21 11:59 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Special Programs	Fri	30 Apr 2021	12:00 AM	$0.00	$200.00	$0.00	$200.00
Special Event		01 May 2021	11:59 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	$30.00	$0.00	$30.00
				$30.00

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Permit Fee	47:59	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
17 Jan 2020	$30.00	Check	Rental	3508987
17 Jan 2020	$200.00	Check	Rental	3508987

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By:(Sign Name) _____

(Print Name) **LAURA MOORE**

GIRLS ON THE RUN INTERNATIONAL GOTR TA
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name): _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

_____ Supervisor II / Foreman	☐ Approved or	☐ Rejected	Date: _____
_____ Manager	☐ Approved or	☐ Rejected	Date: _____
_____ Manager	☐ Approved or	☐ Rejected	Date: _____

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1/16/20
Check or Cash:
Application #: 10
Packet: A
Permit #: 29274

Event Title: Savor St. Pete Phone No.: 8134776111 Fax No.:

Entity Name: Floridata capital Assets Group, INc. Federal I.D. Number: 59-3328318

Event Date(s): November 7-8, 2020 Location: North Straub Park

Day 1 of Event: November 7 Time Gates Open: 12n Ending Time: 4p

Day 2 of Event: November 8 Time Gates Open: 2n Ending Time: 4p

Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared by: Tammy Gail Phone: 813-477-6111

Title: President Cell Phone: 813-477-6111

Address: 2085 CR 753 S. City: Webster State: FL Zip: 33597

Email Address: tammyg@floridata.net

Additional Contact Person: Jeannette Adelman Day Phone: 813-777-0113

What month/year were you incorporated as nonprofit? N/A

List all 501(c)3 entities that will benefit from this event. Art Institute of Tampa Foundation

Name of the for-profit entity? Floridata Capital Assets Group, Inc.

Describe your event with details.

This sensual and exotic culinary event has become the talk of Florida's foodie community – a market where food and libations are an integral part of the social scene of downtown St. Pete.

Savor St. Pete will excite the palate and senses with 180 degree views of stunning Tampa Bay, artfully blending local chef rock stars with national brand partners offering tastes and sips to please every appetite.
Guests will enjoy a weekend of great food, wine, and microbrews while tantalizing your taste buds and soothing your soul. Stay for the weekend and explore all the exciting facets of downtown St. Petersburg. A percentage of ticket sales from the event will benefit The Art Institute of Tampa.

Describe what economic benefit and impact this event will bring to St. Petersburg.

The study of the 2019 Savor St. Pete Festival was implemented to document the economic impact of the event. Attendance estimates provided by event organizers indicate that some 3,900 people attended Savor St. Pete over November 2 - 3, 2019. Based on these attendance statistics, the total economic impact of out-of-county visitors to the 2019 event is estimated to be $1,007,400.
This estimate includes the spending of tourist/visitors, people staying with friends and relatives, and day-trippers who traveled to Pinellas for the event.
Event attendees average 41.9 years of age. Respondents report median household incomes of $138,424.

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: $75/$100 Day of: $85/$125

Please provide the website address for your event. www.SavortTheBurg.com

Please provide a phone number that can be advertised to the public. N/A

What is the estimated attendance for this event? Spectators NA Participants 3700 Last Year's Total Attendance 3700

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 100 Chairs # needed 100

Public Address System Yes

# of portable risers needed (4 in. x 8 in. x 16 in. sections) 6

Special Events Facilities

- ☐ Mahaffey Theater
- ☐ Coliseum
- ☐ Sunken Gardens
- ☐ Boyd Hill

☐ Non-City Locations

Which Location?

TBD

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE:	Public Safety Personnel, Marine Services
TRAFFIC:	Personnel, Equipment (cones, barricades, no parking signs)
FIRE:	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES:	On-site Presence, Logistics Help, Liaison with Other Ddepartments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name:	Tammy Gail	Title:	President	Date:	1/6/2020
Co-Sign:		Title:		Date:	

NOTE:

a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,
727-893-7766 or EMAIL: StPeteEvents@stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☐ Vending Product / Merchandise Sales		Occupational License
☐ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 90	
☒ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 3	Temporary Structure Permit
☒ Fence Installation	What type? city-owned bike barricades	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☒ VIP Area		
☒ Staging	☐ Professional ☐ Showmobile ☒ Other	
☒ Amplified Sound	☐ Performers ☐ Announcement Only	
☒ Security	☒ Daytime - Private ☐ Overnight - Private ☒ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 12 Disabled Units 2 Hand Washing 2	
☒ Off-site Parking / Shuttle		
☒ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

- ☒ Invitations
- ☒ Posters / Flyers
- ☒ Newspaper / Internet
- ☒ Radio
- ☒ Television
- ☐ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☐ YES ☒ NO

If YES, check all that apply. ☐ RV'S ☐ Coffee Vendors ☐ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☐ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Will you supply your own generators? ☒ YES ☐ NO

Will your event have a licensed electrician on-site during the event? ☐ YES ☒ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

No

If City permits, licenses, or services are required for event, who will pay for them?

Name: Tammy Gail Phone: 813-477-6111

Address (including zip): 2085 CR 753 S., WEbster FL 33597

Type of music, # of stages, and # of bands.

DJ and cooking stage

List Vending Products. Name & Provider.

no vendors will be selling at event

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

Art Institute of Tampa -

Explain subject/purpose of all speeches/demonstrations which will occur.

Cooking demonstrations with national and local chefs

Discuss your load in/load out parking needs, include times and dates.

Tent set up - November 2nd 8am - Break down - November 8th by 12noon. Parking spaces needed from November 5th-7th at 10pm

Other Comments: Please describe your fee structure.

GA Tickets - $&5
VIP - $100

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: Tammy Gail Title: President Date: 1-6-20

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: Art Institute of Tampa

Name of Responsible Party (President or CEO ONLY): Clyde Tanner

Title of Responsible Party: Director

Physical Address of Responsible Party: 4401 N Himes Ave #150, Tampa, FL 33614

Phone Number of Responsible Party: 813-393-5391

Email Address of Responsible Party: crtanner@ail.edu

Nonprofit (Employee Identification Number): 81-5126041

Name of the **For-profit** Corporation: Floridata Capital Assets Group, Inc.

Name of Responsible Party (President or CEO ONLY): Tammy Gail

Title of Responsible Party: President

Physical Address of Responsible Party: 2085 CR 753 South, Webster, FL 33597

Phone Number of Responsible Party: 813-477-6111

Email Address of Responsible Party: tammyg@floridata.net

For-profit (Employee Identification Number) 59-3328318

Please include a copy of the the current IRS Nonprofit Affidavit / For Profit

What method of invoicing would your organization prefer?

☒ BY Mail

Contact Name: Floridata Cpital Assets Group, Inc.

Address: 2085 CR 753 South

City, State, Zip: Webster, FL 33597

☒ BY EMAIL

Email Address: tammyg@floridata.net

APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: Svor St Pete
Date(s) of Event: 11/7/2020 - 11/8/2020

I. REVENUE SOURCES (attach sheet if more space is needed)

		Amount
1.	Sponsorships	$175,000.00
2.	Tickets	$165,000.00
3.		
4.		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$340,000.00

II. EXPENSES (attach sheet if more space is needed)

1.	Tents/Tables/chairs/equipment rentals	$37,000.00
2.	Labor	$35,000.00
3.	Charitable donation	$10,000.00
4	Marketing/Media	$35,000.00
5.	Publix in-store campaign (150 Publix stores)	$50,000.00
6.	Branded Giveaways (wine glasses, tote bags, lanyards, etc)	$18,000.00
7.		
8.		
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$185,000.00
	TOTAL NET INCOME	$155,000.00

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

1.		
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	

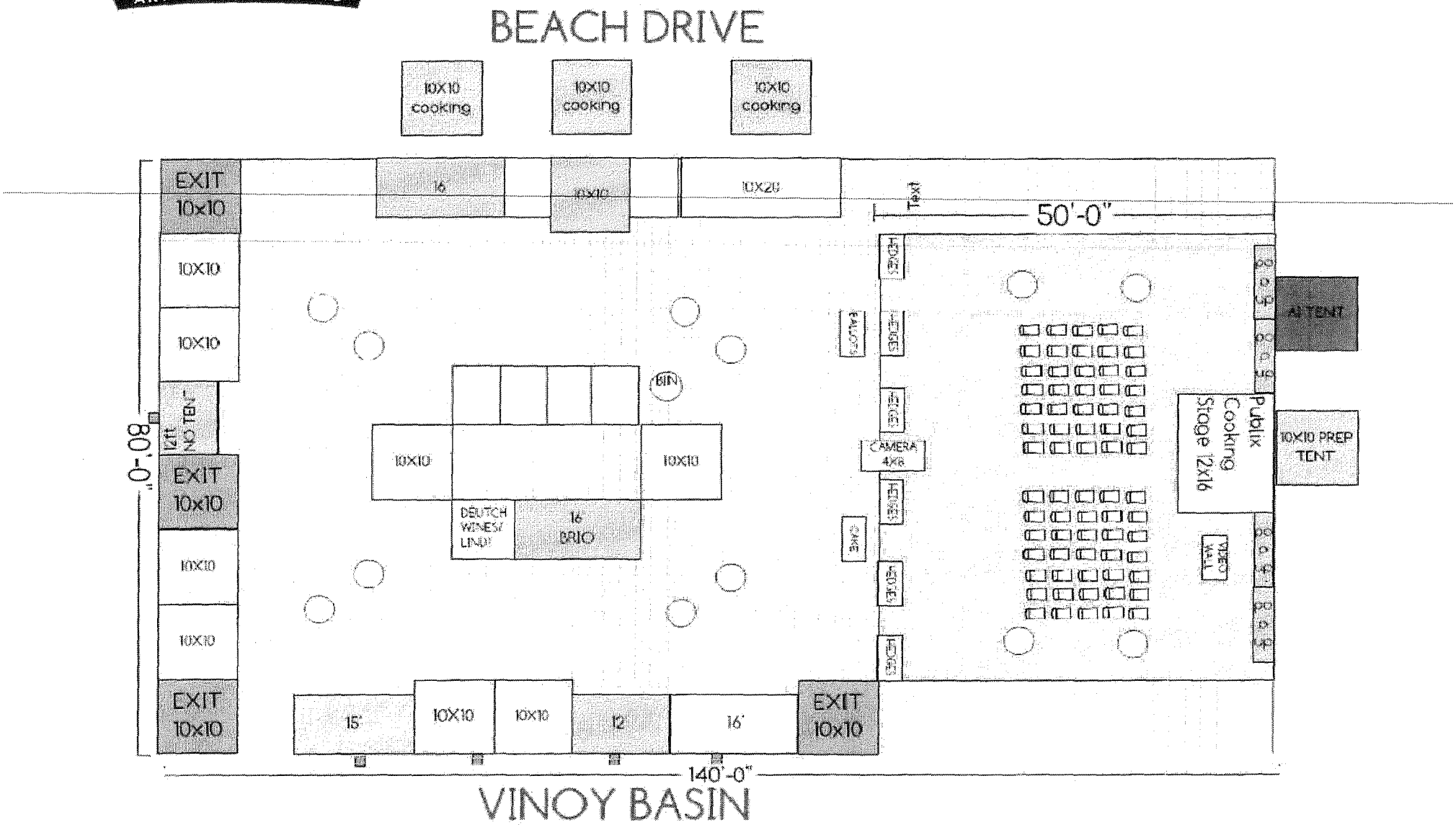
Prepared by: Tammy Gail Date: Jan 16, 2020

Print Application

Submit Application by Email

SAVOR ST. PETE Festival
ARTS · EATS · BEATS

GRAND TASTING TENT A

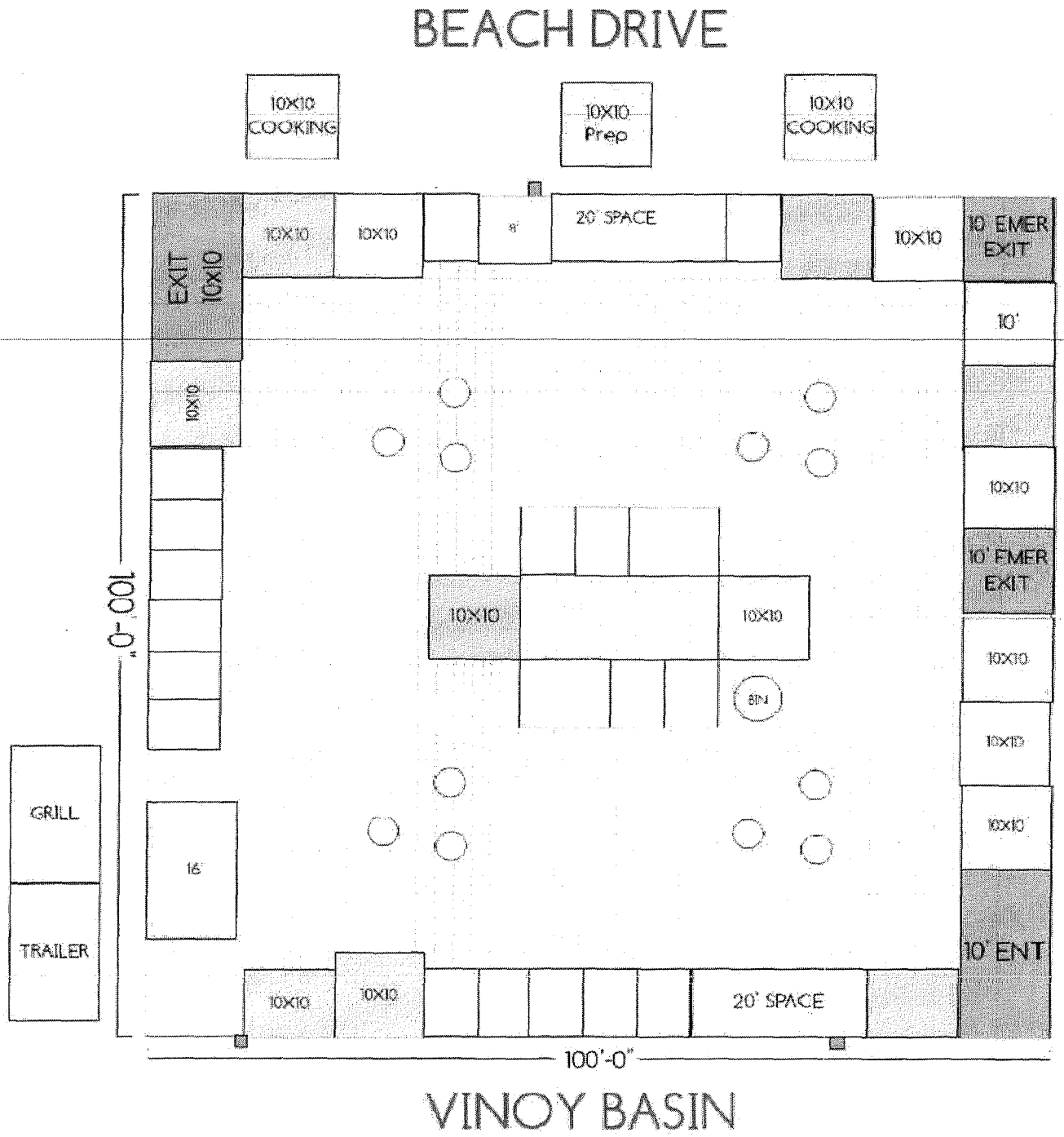


FLORIDATA CONTACT:
Jeannette Adelman - 813.777.0113

OPERATIONS CONTACT:
Gary Hallas - 561.789.3699

SAVOR ST. PETE Festival
ARTS · EATS · BEATS

GRAND TASTING - TENT B

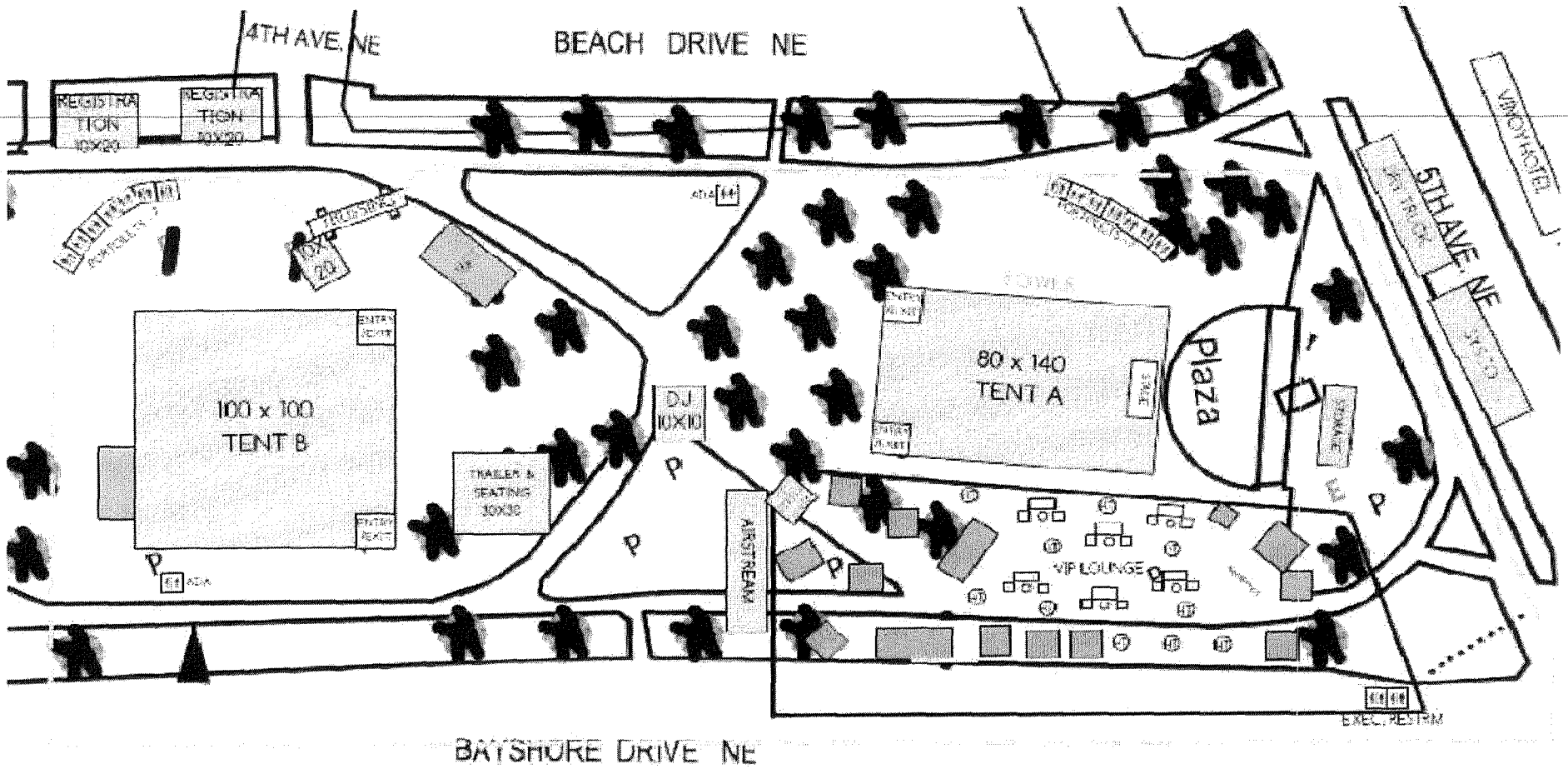


FLORIDATA CONTACT:
Jeannette Adelman - 813.777.0113

OPERATIONS CONTACT:
Gary Hallas - 561.789.3699

SAVOR ST. PETE Festival
ARTS • EATS • BEATS

OVERALL SITE MAP



FLORIDATA CONTACT:
Jeannette Adelman - 813.777.0113

OPERATIONS CONTACT:
Gary Hallas - 561.789.3699

Detail by Entity Name

Florida Profit Corporation
FLORIDATA CAPITAL ASSETS GROUP, INC.

Filing Information

Document Number	P95000060025
FEI/EIN Number	59-3328318
Date Filed	08/03/1995
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	04/01/2019
Event Effective Date	NONE

Principal Address

2085 COUNTY RD 753 SOUTH
WEBSTER, FL 33597

Changed: 01/30/2001

Mailing Address

2085 COUNTY RD 753 SOUTH
WEBSTER, FL 33597

Changed: 01/30/2001

Registered Agent Name & Address

Gail, Tammy
2085 COUNTY RD 753 S
WEBSTER, FL 33597

Name Changed: 01/23/2018

Address Changed: 01/30/2001

Officer/Director Detail

Name & Address

Title P

GAIL, TAMMY
2085 CR 753 S
WEBSTER, FL 33597

Annual Reports

Report Year	Filed Date
2017	01/10/2017
2018	01/23/2018
2019	02/11/2019

Document Images

04/01/2019 -- Amendment	View image in PDF format
02/11/2019 -- ANNUAL REPORT	View image in PDF format
01/23/2018 -- ANNUAL REPORT	View image in PDF format
01/10/2017 -- ANNUAL REPORT	View image in PDF format
03/05/2016 -- ANNUAL REPORT	View image in PDF format
03/11/2015 -- ANNUAL REPORT	View image in PDF format
01/16/2014 -- ANNUAL REPORT	View image in PDF format
01/29/2013 -- ANNUAL REPORT	View image in PDF format
02/11/2012 -- ANNUAL REPORT	View image in PDF format
02/16/2011 -- ANNUAL REPORT	View image in PDF format
01/11/2010 -- ANNUAL REPORT	View image in PDF format
12/08/2009 -- Amendment	View image in PDF format
03/05/2009 -- ANNUAL REPORT	View image in PDF format
02/20/2008 -- ANNUAL REPORT	View image in PDF format
01/12/2007 -- ANNUAL REPORT	View image in PDF format
03/21/2006 -- ANNUAL REPORT	View image in PDF format
02/03/2005 -- ANNUAL REPORT	View image in PDF format
01/27/2004 -- ANNUAL REPORT	View image in PDF format
01/10/2003 -- ANNUAL REPORT	View image in PDF format
03/03/2002 -- ANNUAL REPORT	View image in PDF format
01/30/2001 -- ANNUAL REPORT	View image in PDF format
12/18/2000 -- Reg. Agent Change	View image in PDF format
01/21/2000 -- ANNUAL REPORT	View image in PDF format
04/22/1999 -- Reg. Agent Change	View image in PDF format
02/23/1999 -- ANNUAL REPORT	View image in PDF format
04/14/1998 -- ANNUAL REPORT	View image in PDF format
04/17/1997 -- ANNUAL REPORT	View image in PDF format
03/07/1996 -- ANNUAL REPORT	View image in PDF format
08/03/1995 -- DOCUMENTS PRIOR TO 1997	View image in PDF format

Detail by Entity Name

Florida Limited Liability Company
THE ART INSTITUTE OF TAMPA, LLC

Filing Information

Document Number	L17000065679
FEI/EIN Number	82-1504077
Date Filed	03/23/2017
State	FL
Status	ACTIVE
Last Event	LC NAME CHANGE
Event Date Filed	12/17/2019
Event Effective Date	NONE

Principal Address

4401 N. HIMES AVE., STE. 150
STE 150
TAMPA, FL 33614-7086

Changed: 07/31/2017

Mailing Address

615 McMichael Road
Pittsburgh, PA 15205

Changed: 03/11/2019

Registered Agent Name & Address

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHSSSEE, FL 32301

Name Changed: 07/31/2017

Address Changed: 07/31/2017

Authorized Person(s) Detail

Name & Address

Title MBR

DC MIAMI INTERNATIONAL UNIVERSITY OF ART
& DESIGN, LLC 1501 BISCAYNE BLVD, STE 100
MIAMI, FL 33132

Annual Reports

Report Year	Filed Date
2018	03/05/2018
2019	03/11/2019

Document Images

12/17/2019 -- LC Name Change	View image in PDF format
03/11/2019 -- ANNUAL REPORT	View image in PDF format
03/05/2018 -- ANNUAL REPORT	View image in PDF format
07/31/2017 -- CORLCRACHG	View image in PDF format
03/23/2017 -- Florida Limited Liability	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 29274
Date: 17 Jan 2020

User: JSBENNIN
Status: Firm

FLORIDATA CAPITAL ASSETS GROUP
TAMMY GAIL
2085 CR 753 S
WEBSTER FL 33597 USA

Primary #: (813) 477-6111
Secondary #: ()
Other #: ()

Purpose of Use: SAVOR ST. PETE

Expected: 4,000

Co-Sponsored Event

Contract Balance $430.00

Conditions of Use: Insurance Required

Other Information:

Use of beer and wine	Yes
Use of fencing	Yes
Use of liquor	Yes

Date(s) and Time(s) of Use: **Starting: Mon 02 Nov 20 06:00 am** **Ending: Mon 09 Nov 20 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
North Straub Park	Mon	02 Nov 2020	06:00 AM	$0.00	$400.00	$0.00	$400.00
Park		09 Nov 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	183:00	2	$400.00	$0.00	$400.00
		2	$400.00	$0.00	$400.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$430.00	$0.00	$430.00	$0.00	$0.00	$430.00	$430.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By:(Sign Name) _____

(Print Name) **TAMMY GAIL**

FLORIDATA CAPITAL ASSETS GROUP
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name): _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

Supervisor II / Foreman	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1/16/20
Check or Cash:
Application #: 11
Packet: A
Permit #: 29275

Event Title: Making Strides Against Breast Cancer | Phone No.: 813-349-5080 | Fax No.: 813-349-4431

Entity Name: American Cancer Society | Federal I.D. Number: 13-1788491

Event Date(s): October 17, 2020 | Location: Albert Whitted Park or Vinoy Park

Day 1 of Event: October 16 | Time Gates Open: 8 AM | Ending Time: 7 PM

Day 2 of Event: October 17 | Time Gates Open: 6 AM | Ending Time: 12 PM

Day 3 of Event: | Time Gates Open: | Ending Time:

Application Prepared by: Cindi Crisci | Phone: 727-432-1622

Title: Sr. Community Development Manager | Cell Phone: 727-432-1622

Address: 3709 West Jetton Avenue | City: Tampa | State: FL | Zip: 33629

Email Address: cindi.crisci@cancer.org

Additional Contact Person: Liz Evans | Day Phone: 248-703-7290

What month/year were you incorporated as nonprofit? May/1913

List all 501(c)3 entities that will benefit from this event. American Cancer Society

Name of the for-profit entity? n/a

Describe your event with details.

Making Strides is our community's opportunity to honor breast cancer survivors and those fighting the disease, educate the public about breast cancer prevention and early detection, and raise funds and awareness for the fight against breast cancer. We are celebrating 22 years in downtown St. Petersburg. Thank you City of St. Petersburg

Describe what economic benefit and impact this event will bring to St. Petersburg.

Event participants pay to park, meet for breakfast and lunch, visit the Saturday Morning Market, shop downtown and stay in hotels in downtown St. Petersburg.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? ☒ YES ☐ NO How much? 1,000,000

Are there plans to sell or distribute beer/wine at your event? ☐ YES ☒ NO

Will there be an admission / registration fee? ☐ YES ☒ NO Advanced Fee: Day of:

Please provide the website address for your event. www.MakingStridesWalk.org/Pinellas

Please provide a phone number that can be advertised to the public. 1-800-227-2345

What is the estimated attendance for this event? Spectators | Participants 6000 | Last Year's Total Attendance 4000

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) Yes

Bleacher(s) needed. Each bleacher approx. 180 people)

Tables (6 ft) # needed Chairs # needed

Public Address System

# of portable risers needed (4 in. x 8 in. x 16 in. sections)

Special Events Facilities

- ☐ Mahaffey Theater
- ☐ Coliseum
- ☐ Sunken Gardens
- ☐ Boyd Hill

☐ Non-City Locations

Which Location?

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE:	Public Safety Personnel, Marine Services
TRAFFIC:	Personnel, Equipment (cones, barricades, no parking signs)
FIRE:	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES:	On-site Presence, Logistics Help, Liaison with Other Ddepartments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name:	Cynthia Crisci	Title:	Sr. Dev. Community Manager	Date:	1/15/20
Co-Sign:		Title:		Date:	

NOTE:

a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☐ Vending Product / Merchandise Sales		Occupational License
☐ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 1 - 10 Vendors / Exhibitors	
☐ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 2	Temporary Structure Permit
☐ Fence Installation	What type?	Temporary Structure Permit
☒ Other Structures	What structure? 10 by 10 Tents	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☒ Staging	☐ Professional ☒ Showmobile ☒ Other	
☒ Amplified Sound	☐ Performers ☒ Announcement Only	
☒ Security	☐ Daytime - Private ☒ Overnight - Private ☒ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 10 Disabled Units 2 Hand Washing 2	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

☒ Invitations	☒ Radio
☒ Posters / Flyers	☒ Television
☒ Newspaper / Internet	☒ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☐ YES ☒ NO

If YES, check all that apply. ☐ RV'S ☐ Coffee Vendors ☒ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☒ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

We will have an ice cooler on site and may have food trucks at the event this year. Food trucks have not been confirmed

Will you supply your own generators? ☐ YES ☒ NO

Will your event have a licensed electrician on-site during the event? ☐ YES ☒ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

Parade permit will be needed from Police

If City permits, licenses, or services are required for event, who will pay for them?

Name: American Cancer Society Phone: 813-253-0541

Address (including zip): 3709 West Jetton Avenue, Tampa, FL 33629

Type of music, # of stages, and # of bands.

Deejay
Requesting Showmobile for this event if available
One band - PAL Drumline at the start/finish line

List Vending Products. Name & Provider.

Complimentary giveaways, snacks and water provided by event sponsors

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

n/a

Explain subject/purpose of all speeches/demonstrations which will occur.

Community education on breast cancer and how donor dollars are used in our community

Discuss your load in/load out parking needs, include times and dates.

All day set up on Friday before Saturday morning event: Tent, tables and sign/banner set up on Friday before. Portable toilets, water and ice to be delivered on Friday as well. Storage Unit (POD) delivered on Friday. Sponsors to unload (some on Friday) and prior to the event on Saturday (7AM).

Other Comments: Please describe your fee structure.

Donations/Fundraising Event. No fee to participate

Other comments:

We have been in downtown St. Petersburg the last 21 years. Our walkers love being downtown.
We are requesting Albert Whitted or Vinoy Park (where we have held the event the last several years). Preferences on dates would be Oct. 16/17 or Oct. 23/24. Thank you for being an awesome partner.

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Cynthia (Cindi) Crisci Title: Sr. Community Dev. Manager Date: 1/15/20

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: American Cancer Society

Name of Responsible Party (President or CEO ONLY): Gary Reedy

Title of Responsible Party: CEO

Physical Address of Responsible Party: 250 Williams Street NW, Atlanta, GA 30303

Phone Number of Responsible Party: 813-349-5080

Email Address of Responsible Party: cindi.crisci@cancer.org

Nonprofit (Employee Identification Number): 13-1788491

Name of the **For-profit** Corporation: n/a

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

Please include a copy of the the current IRS Nonprofit Affidavit / For Profit

What method of invoicing would your organization prefer?

☐ BY Mail

Contact Name

Address

City, State, Zip

☒ BY EMAIL

Email Address: cindi.crisci@cancer.org

APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: Making Strides Against Breast Cancer
Date(s) of Event: Nov 8, 2019 - Nov 8, 2019

I. REVENUE SOURCES (attach sheet if more space is needed)

		Amount
1.	Sponsorship	$70,550.00
2.	Teams/Individual Walkers	$185,177.55
3.	General Donations	$1,143.51
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$256,871.06

II. EXPENSES (attach sheet if more space is needed)

1.	Portable Toilets	$940.00
2.	Print Materials and Event T-shirts	$3,504.47
3.	Rentals: Tents/Tables/Chairs	$3,630.75
4	Entertainment: DJ	$400.00
5.	Logistics: Site Fees/City	$5,386.07
6.	Decorations	$300.00
7.	Signage	$370.02
8.		
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$14,531.31
	TOTAL NET INCOME	$242,339.75

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

1.		
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	

Prepared by: Cynthia Crisci Date: Jan 15, 2020

Print Application

Submit Application by Email

Detail by Entity Name

Foreign Not For Profit Corporation
AMERICAN CANCER SOCIETY, INC.

Filing Information

Document Number	F01000002790
FEI/EIN Number	13-1788491
Date Filed	05/24/2001
State	NY
Status	ACTIVE
Last Event	CORPORATE MERGER
Event Date Filed	08/30/2012
Event Effective Date	09/01/2012

Principal Address

250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Changed: 03/19/2019

Mailing Address

250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Changed: 03/19/2019

Registered Agent Name & Address

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name Changed: 12/13/2012

Address Changed: 12/13/2012

Officer/Director Detail

Name & Address

Title Director

Crozier, Jennifer R.

250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Joyce, Gareth T.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Kean, Jeffrey L.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Kumar, Amit
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Lopez, Jorge Luis
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Marlow, Brian A.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Marquardt, Michael T.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Meuller, Scarlott K.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Naylor, Joseph M.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Novelli, William D.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Agresta, Joseph A., Jr.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Secretary, Treasurer

Alfonso, John
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Barron, Bruce N.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Benz, Edward J.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Pemberton, Gregory L.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Assistant Secretary

Philips, Timothy B.

250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Title Director

Shedlin, Gary S.
250 Williams Street, NW
Suite 400
Atlanta, GA 30303-1034

Annual Reports

Report Year	Filed Date
2017	04/07/2017
2018	04/09/2018
2019	03/19/2019

Document Images

03/19/2019 -- ANNUAL REPORT	View image in PDF format
04/09/2018 -- ANNUAL REPORT	View image in PDF format
04/07/2017 -- ANNUAL REPORT	View image in PDF format
04/06/2016 -- ANNUAL REPORT	View image in PDF format
03/30/2015 -- ANNUAL REPORT	View image in PDF format
04/03/2014 -- ANNUAL REPORT	View image in PDF format
03/22/2013 -- ANNUAL REPORT	View image in PDF format
12/13/2012 -- Reg. Agent Change	View image in PDF format
08/30/2012 -- Merger	View image in PDF format
03/14/2012 -- ANNUAL REPORT	View image in PDF format
03/03/2011 -- ANNUAL REPORT	View image in PDF format
02/23/2010 -- ANNUAL REPORT	View image in PDF format
03/30/2009 -- ANNUAL REPORT	View image in PDF format
04/08/2008 -- ANNUAL REPORT	View image in PDF format
04/06/2007 -- ANNUAL REPORT	View image in PDF format
04/14/2006 -- ANNUAL REPORT	View image in PDF format
09/10/2005 -- ANNUAL REPORT	View image in PDF format
06/28/2005 -- Reg. Agent Change	View image in PDF format
11/05/2004 -- REINSTATEMENT	View image in PDF format
07/14/2003 -- ANNUAL REPORT	View image in PDF format
09/03/2002 -- ANNUAL REPORT	View image in PDF format
04/09/2002 -- Reg. Agent Change	View image in PDF format
05/24/2001 -- Foreign Non-Profit	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 29275
Date: 17 Jan 2020

User: JSBENNIN
Status: Firm

AMERICAN CANCER SOCIETY
CINDI CRISCI
3709 W JETTON AVE
TAMPA FL 33629 5111 USA

Primary #: (813) 349-5080
Secondary #: ()
Other #: ()

Purpose of Use: MAKING STRIDES AGAINST BREAST CANCER

Expected: 6,000

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 16 Oct 20 06:00 am — Ending: Sat 17 Oct 20 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Fri	16 Oct 2020	06:00 AM	$0.00	$200.00	$0.00	$200.00
Mole		17 Oct 2020	09:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	$30.00	$0.00	$30.00
				$30.00

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Permit Fee	39:00	1	$200.00	$0.00	$200.00
		1	$200.00	$0.00	$200.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$230.00	$0.00	$230.00	$0.00	$230.00	$0.00	$0.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
16 Jan 2020	$230.00	Visa/MasterCard	Rental	3508393

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By:(Sign Name) _____

(Print Name) CINDI CRISCI

AMERICAN CANCER SOCIETY
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name): _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

Supervisor II / Foreman	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1/16/20
Check or Cash:
Application #: 12
Packet: A
Permit #: 29277

Event Title: The Florida Orchestra Pops in the Park | Phone No.: 727.362.5466 | Fax No.:

Entity Name: The Florida Orchestra | Federal I.D. Number: 591223691

Event Date(s): 10.17.20 | Location: Vinoy Park

Day 1 of Event: 10.17.20 | Time Gates Open: 3 | Ending Time: 9:30

Day 2 of Event: | Time Gates Open: | Ending Time:

Day 3 of Event: | Time Gates Open: | Ending Time:

Application Prepared by: Kelly Edwards | Phone: 7273625466

Title: Operations Manager | Cell Phone: 609.649.3440

Address: 244 2nd Ave. N. Suite 420 | City: St. Petersburg | State: FL | Zip: 33701

Email Address: kedwards@floridaorchestra.org

Additional Contact Person: Edward Parsons | Day Phone: 727.362.5470

What month/year were you incorporated as nonprofit? 1967

List all 501(c)3 entities that will benefit from this event. Tampa Bay Harvest, Saturday Morning Market, Great Explorations

Name of the for-profit entity? none

Describe your event with details.

TFO's Pops in the Park is a one-of-a-kind annual event that brings live symphonic music to the public for free in an outdoor concert.

Describe what economic benefit and impact this event will bring to St. Petersburg.

This cultural event unites the people and businesses of St. Petersburg, and helps St. Pete be a vibrant and attractive place to visit and live.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? ☒ YES ☐ NO How much? $1 million

Are there plans to sell or distribute beer/wine at your event? ☐ YES ☒ NO

Will there be an admission / registration fee? ☐ YES ☒ NO Advanced Fee: Day of:

Please provide the website address for your event. floridaorchestra.org

Please provide a phone number that can be advertised to the public. 727.892.3337

What is the estimated attendance for this event? Spectators 14000 Participants 150 Last Year's Total Attendance n/a

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) No

Bleacher(s) needed. Each bleacher approx. 180 people)

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:	Kelly Edwards	Title:	Operations Manager	Date:	01/14/19
Co-Sign:	Kelly Edwards	Title:		Date:	

NOTE: a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☐ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 21 - 30 Vendors / Exhibitors	
☐ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☐ Erecting Tents - Larger than 10ft x 12ft	How many?	Temporary Structure Permit
☒ Fence Installation	What type? bike racks only	Temporary Structure Permit
☒ Other Structures	What structure? large stage w/roof	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☒ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☒ VIP Area		
☒ Staging	☒ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☒ Performers ☐ Announcement Only	
☒ Security	☒ Daytime - Private ☐ Overnight - Private ☒ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 26 Disabled Units 4 Hand Washing 5	
☒ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

☐ Invitations	☒ Radio
☒ Posters / Flyers	☒ Television
☒ Newspaper / Internet	☐ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☒ YES ☐ NO

If YES, check all that apply. ☐ RV'S ☐ Coffee Vendors ☐ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☐ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Power 100 amp single phase w/ camlocks

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? Union crew/city provides

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: The Florida Orchestra Phone: 727.362.5466

Address (including zip): 244 2nd Ave. N. Suite 420, St. Petersburg, FL 33701

Type of music, # of stages, and # of bands.

Classical orchestra w/3-4 opening local groups

List Vending Products. Name & Provider.

A variety of food and non-alcoholic beverage providers arranged through partnership with Saturday Morning Market and Gulf to Bay Food Truck association

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.

Thanking sponsors, introducing orchestra and other performers

Discuss your load in/load out parking needs, include times and dates.

Load in for stage beginning 10.15.20. TFO Truck and ESI truck load in on 10.17.20 in the morning. Vendors load in 10.17.20 until street closures.

Other Comments: Please describe your fee structure.

Free concert, no tickets, open seating.

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: Kelly Edwards Title: Operations Manager Date: 01.14.20

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: The Florida Orchestra

Name of Responsible Party (President or CEO ONLY): Mark Cantrell

Title of Responsible Party: President

Physical Address of Responsible Party: 244 2nd Ave. N. Suite 420, St. Petersburg, FL 33701

Phone Number of Responsible Party: 727.362.5440

Email Address of Responsible Party: mcantrell@floridaorchestra.org

Nonprofit (Employee Identification Number): 59-1223691

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: kedwards@floridaorchestra.org

APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: The Florida Orchestra Pops in the Park
Date(s) of Event: 10.17.20 -

I. REVENUE SOURCES (attach sheet if more space is needed) **Amount**

1.	See attached project income statement	
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: Kelly Edwards Date: 01.14.20

Print Application

Submit Application by Email

Account Groupings description	Vinoy Park
401 - Earned Revenue	
403 - Other Revenue	-532.78
501 - Artist & Conductor	$47
502 - Contract Musician Wages & Benefits	14148.89
503 - Non-Contract Musicians	5250.36
504 - Hall Expenses	67573.53
505 - Other Direct Expense	398.51
507 - Single Ticket Marketing	51.5
510 - Administrative	328.73
512 - Travel	
Grand Total Expenses	**87265.90**

Detail by Entity Name

Florida Not For Profit Corporation
THE FLORIDA ORCHESTRA, INC.

Filing Information

Document Number	713571
FEI/EIN Number	59-1223691
Date Filed	11/02/1967
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	06/12/2017
Event Effective Date	NONE

Principal Address

244 2ND AVENUE N
SUITE 420
ST PETERSURG, FL 33701

Changed: 04/13/2009

Mailing Address

244 2ND AVENUE N
SUITE 420
ST PETERSURG, FL 33701

Changed: 04/13/2009

Registered Agent Name & Address

GARCIA, MIGUEL ANGEL, CFO
244 2ND AVE N
SUITE 420
ST PETERSURG, FL 33701

Name Changed: 01/12/2017

Address Changed: 04/13/2009

Officer/Director Detail

Name & Address

Title C

PAROO, JANET

180 BEACH DRIVE NE
UNIT 1501
SAINT PETERSBURG, FL 33701

Title PCEO

CANTRELL, JOHN MARK
244 2ND AVENUE N
SUITE 420
ST PETERSURG, FL 33701

Title Secretary

SALAMONE, RON
1 BEACH DRIVE SE
#2603
ST PETERSBURG, FL 33701

Title CFO

GARCIA, MIGUEL ANGEL, CFO
6219 GREENWICH DRIVE
TAMPA, FL 33647

Title Treasurer

NURSE, KARL
176 21st AVENUESE
ST. PETERSBURG, FL 33705

Title VC

GREG, YADLEY
2907 RUBIDEAUX STREET
TAMPA, FL 33629

Annual Reports

Report Year	Filed Date
2018	04/02/2018
2018	08/01/2018
2019	04/03/2019

Document Images

04/03/2019 -- ANNUAL REPORT	View image in PDF format
08/01/2018 -- AMENDED ANNUAL REPORT	View image in PDF format
04/02/2018 -- ANNUAL REPORT	View image in PDF format
10/31/2017 -- AMENDED ANNUAL REPORT	View image in PDF format
06/12/2017 -- Amendment	View image in PDF format
01/12/2017 -- ANNUAL REPORT	View image in PDF format
05/17/2016 -- AMENDED ANNUAL REPORT	View image in PDF format
03/10/2016 -- ANNUAL REPORT	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 29277
Date: 17 Jan 2020

User: JSBENNIN
Status: Firm

FLORIDA ORCHESTRA
KELLY EDWARDS
244 2ND AVE N STE 420
ST PETERSBURG FL 33701 USA

Primary #: (727) 362-5466
Secondary #: ()
Other #: ()

Purpose of Use: THE FLORIDA ORCHESTRA POPS IN THE PARK

Expected: 15,000

Co-Sponsored Event

Contract Balance $330.00

Conditions of Use: Insurance Required

Other Information:

Use of beer and wine	No
Use of fencing	No
Use of liquor	No

Date(s) and Time(s) of Use: **Starting: Mon 12 Oct 20 06:00 am** **Ending: Mon 19 Oct 20 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Mon	12 Oct 2020	06:00 AM	$0.00	$300.00	$0.00	$300.00
Park		19 Oct 2020	09:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	$30.00	$0.00	$30.00
				$30.00

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Permit Fee (Vinoy)	183:00	1	$300.00	$0.00	$300.00
		1	$300.00	$0.00	$300.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$330.00	$0.00	$330.00	$0.00	$0.00	$330.00	$330.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By: (Sign Name) _____

(Print Name) **KELLY EDWARDS**

FLORIDA ORCHESTRA
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.

PROCEDURE FOR ISSUING STREET CLOSURE PERMITS

The Chief of Police and/or his/her designee will have the authorization for issuing, amending, rescinding, or denying **Street Closure Permits** for events such as block parties, street dances or other **not-for-profit** events **where a street closure is necessary for public safety**. Applications for such permits can be obtained at the Police Department, 1300 First Avenue North, St. Petersburg, Florida, 33705. Applications must be submitted to the Special Events Unit of the St. Petersburg Police Department **at least ten (10) business days prior (weekends and holidays are not counted)** to the scheduled event. This time is necessary as other City Departments must approve the closure, order, and schedule the delivery of the barricades. **THERE WILL BE NO EXCEPTIONS TO THIS TIME REQUIREMENT.** A completed application will include the following:

1. Name(s) of the person, group or not-for-profit organization sponsoring the event.

2. Date, time and duration of event. (In accordance with City Ordinances governing excessive noise, events associated with an approved Street Closure must end by 11:00 PM. Other City Ordinances and Florida Statutes governing noise, alcohol, traffic, parking, and disorderly conduct will still be in effect and will be enforced.)

3. Desired location (including a map).

4. Abutting property owner(s) approval.

5. A check or Money Order in the amount of **$30.00** (change effective 10/1/07) payable to: **The City of St. Petersburg.** Cash will not be accepted as payment. This covers the cost for barricades, which are required for the street closure. The cost could be higher as determined by the Department of Transportation and Parking Services if more than the usual number of barricades are needed.

6. If Alcoholic Beverages are to be sold or served, proof of Liquor Liability Insurance will be required.

Applicants will provide adequate supervision for the activity, insuring the safety of the participants and the protection of City property. Applicants will also be responsible for cleaning-up the affected area after the event. The applicant will also insure that the event complies with City Ordinances and Florida State Statutes, and that there will be **NO** vending (sale of foods, beverages, etc.) without the proper City permits and/or licenses.
Barricades will be dropped at the designated locations and it will be the responsibility of the applicant to place the barricades across the street during the event and removal at the conclusion.

Should the location for the event be determined to be unsuitable, an alternate site may be recommended. If approved, the applicant will be mailed a copy of the Street Closure permit as well as an instruction sheet regarding the delivery of barricades. The applicant should retain this approved coy until the event has concluded. The original permit and check will be sent by the Special Events Unit to the Department of Transportation and Parking Services. Staff, in this department, are responsible for delivery of the barricades and depositing the check. If the application is denied, the applicant will be notified of the denial and its justification.

The City may deny an application, or amend or revoke an approved application at any time. Reasons for denial may include, but not be limited to: submission after the 10 business day limit, incomplete application, problems with previous closures, or another event which takes precedence. Reasons for amendment or revocation may include, but not be limited to: numerous or repeated complaints regarding the closure, violations of any statute or ordinance, falsification of the application, or another event which takes precedence.

KEEP THIS SHEET FOR YOUR RECORDS

APPLICATION FOR STREET CLOSURE PERMIT

In accordance with the provisions set forth by the Mayor of the City of St. Petersburg, the undersigned hereby applies for a Street Closure Permit, and provides the following information and represents that it is true and correct, and accepts that the City may at any time, amend or revoke this application:

1. NAME OF PERSON OR ORGANIZATION SPONSORING STREET CLOSURE

a). Name: Kelly Edwards

Address: 244 2nd Ave. N. Suite 420

City/State: St. Petersburg, FL Zip: 33701

Phone No.: Work: 727-362-5466 Home: _____

b). *Name of Person Applying For This Permit* [if same as above, indicate "SAME")

Name: SAME

Address: _____

City/State: _____ Zip : _____

Phone No.: Work: _____ Home: _____

2. EVENT INFORMATION

a. Date of Event: Saturday, October 17, 2020

b. Time Event Begins: 3:00pm Ends: 9:00pm

c. Street to Be Closed: see site map

d. Purpose of Event: orchestra concert

e. Estimated Attendance: 17,500

f. Will beer, wine or any alcoholic beverages be served or sold as part of this event? No
If yes, proof of Liquor Liability Insurance must be included with application.

3. The applicant, for himself, and for other persons, organizations, firms and corporation, if any listed in Section 1(a) of this application does hereby contract and agree that he (and they) will, jointly and severally, indemnify and hold the City of St. Petersburg, Florida, harmless against liability for any and all claims for damage to property, or injury to, or death of persons, arising out of, or resulting from the issuance of this permit, or the conduct of the event or its participants.

01/14/20, 2020
Date of Signature

Signature of Applicant

Sworn before me and subscribed in my presence
this _____ day of _____, 20_____

Notary Public

Approval: _____
Chief of Police or Designee **Date Approved**

Application for Street Closure Permit
SPPD Special Events Unit

Property Owner Approval Sheet

We, the undersigned property owners in the City of St. Petersburg, Florida, **have no objections** to the street abutting our property being temporarily closed for the time span indicated below:

STREET(S) TO BE CLOSED: _____ BETWEEN _____ & _____

DATE OF REQUESTED CLOSURE: _____ TIME SPAN: From _____ to _____

PRINTED NAME	SIGNATURE	ADDRESS

SPPD Special Events Unit

Site Map

Please complete a map indicating the area you wish to have closed. Be sure to label the streets to be closed and include surrounding streets, alleys and any other vehicular accesses to the area. Please also provide any other details which need to be considered in approving this application.

Drawn by: _____ Date: _____

STREET CLOSURE APPLICATION CHECKLIST

KEEP THIS SHEET FOR YOUR RECORDS

Be sure to review the following items prior to returning your Application for Street Closure Permit:

__ Completed section 1 - Name(s) of the person or group sponsoring the event.

__ Completed section 2 - Date, time, duration, location and estimated attendance of the event. Please be as specific as possible when listing the location you are requesting to be closed. Example: 25th Avenue North between 1st and 2nd Streets, or the 3200 block of 9th Avenue South.

__ Completed section 3 (Page 1) - Must be completed by a Notary Public. The application may be notarized at the front desk of the Police station. Please make sure that the information on the top of the Property Owner Approval Sheet matches that in Section 2 of the Application.

__ Completed - **Property Owner Approval Sheet (Page 2)**. NOTE: any vacant residence or property for sale must be indicated on this sheet. If you encounter difficulty in getting all signatures, please contact the Special Events Office as soon as possible (893-7154).

__ Completed site map (Page 3) - signed and dated.

__ Provide proof of Liquor Liability Insurance, if alcoholic beverages are to be sold or served.

St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

Procedures for Issuing Outdoor Assembly Permits

The Chief of Police or his/her designee shall be the authorized agent for issuing, tendering an alternative, rescinding or denying **Outdoor Assembly Permits.** Applications for such permits can be obtained at the St. Petersburg Police Department or electronically via email or online on the Department's website. Applications must be submitted to the Special Events Unit of the St. Petersburg Police Department **at least thirty (30) days prior** to the scheduled event, **but not more than 180 days** prior to the event. This time is necessary as other City Departments are involved in the permitting process. Event organizers are encouraged to contact the Special Events Unit prior to completing this application to discuss the specifics of their event. A completed application should include the following:

1. The name or names of the person or organization sponsoring the event.
2. The date, time and duration of the event.
3. A check or money order in the amount of **$30.00** made payable to **"The City of St. Petersburg."** Cash will not be accepted as payment. This non-refundable application fee is required by Section 25-75 of the City Code and is to be paid at the time of the filing of this application. Actual event costs will be in addition to this application fee and shall be determined prior to the date of the event.
4. If alcoholic beverages are to be sold or served, proof of Liquor Liability Insurance will be required.

Applicants will provide adequate supervision for the event, ensuring the safety of all participants and the protection of any City property. Applicants are responsible for cleaning-up the affected area after the event. The applicant will also ensure that the event complies with all City Ordinances and Florida State Statutes and that there will be **NO** vending (sale of foods, beverages, etc.) without the proper City permits and/or licenses.

Should the location for the event be determined to be unsuitable, an alternate site may be recommended. If the permit is approved, the applicant will be provided a copy of the permit for their records. The applicant should retain this approved copy until the event has concluded. The original permit will be retained by the Special Events Unit. If the application is denied, the applicant will be notified of the denial and its justification.

The City may deny an application, tender an alternative permit or revoke an approved permit at any time. Reasons for denial may include, but are not limited to: submission after the 30 day limit, an incomplete application, traffic control and/or public safety concerns, failure of the applicant to secure adequate City services or another event which takes precedence. Reasons for tendering an alternative permit may include, but are not limited to: traffic control and/or public safety concerns or another event which takes precedence. Reasons for revocation may include, but are not limited to: falsification of the application, violation of one or more of the conditions or standards for issuance, or when a public emergency arises where the police resources are required for that emergency.

KEEP THIS SHEET FOR YOUR RECORDS

St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

Event Information					
Name of Event:	The Florida Orchestra Pops in the Park				
Date of Event:	10.17.20				
Assembly Time:	3pm	**Start Time:**	7pm	**End Time:**	9pm

Event Specifics

Specify the purpose of the outdoor assembly and provide a general description of the proposed event, to include the activities that will take place during the event:
The main event is an orchestra concert, which begins at 7pm. Opening performances begin around 4pm. Public arrives beginning 3pm.
Food trucks load in until just before road closures and stay throughout duration of event.
Community booths and activities set up along Bayshore.

Proposed Route to include Assembly Area, Start and End Points and Dispersal Area. Attach Route Map.
All activities take place in Vinoy Park and the surrounding sidewalks, and streets.

Specify any Public Facilities, Parks and/or Equipment to be used:
Vinoy Park

Provide a description of all recording equipment, signs, banners, etc. This should include a description of the materials used for any of these items.
Signage and banners for sponsors (TBC), in addition to The Florida Orchestra signage and banners.

Will alcoholic beverages be **SOLD** or **CONSUMED** as part of this event? _____ Yes __X__ No

Estimated number of people taking part is the event. 17500

Estimated number and type of animals taking part in the event. none; service animals allowed

Will this event take place in the roadway? __X__ Yes _____ No
If Yes, will the entire event be in the roadway or just a portion of the event? food trucks and community booths on Bayshore

Will this event take place on the sidewalks? __X__ Yes _____ No
If Yes, will the entire event be on the sidewalks or just of portion of the event? foot traffic, port-o-lets, food trucks, community booths

Estimated number of volunteers or Parade Marshals that will be assisting with this event. none

Parades, Sporting Events and other similar types of events typically disrupt the normal flow of traffic and inconvenience area businesses and/or residents. The City will endeavor to assist the event organizers and promoters in notifying the community about the event; however the responsibility for informing the public and affected commerce rests with the applicant.

What steps will the applicant(s) take to ensure the community is properly notified?
We will take whatever steps are recommended by the City.

St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

Event Fees, Costs and Insurance Requirements

A non-refundable application fee of **Thirty Dollars ($30.00)** is required by Section 25-75 of the City Code. It is to be paid at the time of filing the application. The costs of all City services for the event shall be paid by the applicant (or person responsible). A certificate of insurance is required by Section 25-76 of the City Code and should also be included with the application at the time of filing. The City of St. Petersburg shall be named as an additional insured party on all insurance certificates.

Waiver Request for Fees, Costs and Insurance Requirements

If the applicant is indigent and is engaged in **public issue speech or conduct**, as defined in Section 25-37 of the City Code, the application fee, City services costs and insurance requirements may be waived. The applicant shall apply to the City, and the City Administrator or the designee thereof, the City Attorney or the designee thereof, and the Administrator of Parks or the designee thereof shall determine if the applicant fulfills the public issue and indigency requirement, in order to receive a waiver of costs of the processing fee and City services. This application process will require a financial disclosure. The City Administrator shall make a recommendation to City Council who shall approve or deny the waiver. The applicant shall be notified of the council action.

Do you wish to apply to the City for a claim of indigence and request a waiver of fees, costs and insurance requirements?

_____ **Yes** __X__ **No**

Organization Sponsoring Event Information

Applicant						
Name:	Kelly Edwards					
Address:	244 2nd Ave. N. Suite 420 St. Petersburg, FL 33701					
Email:	kedwards@floridaorchestra.org					
Phone:	Cell:	609.649.3440	Home:		Work:	
Organization						
Name:	The Florida Orchestra					
Address:	244 2nd Ave. N. Suite 420 St. Petersburg, FL 33701					
Email:	kedwards@floridaorchestra.org					
Phone:	Cell:	609.649.3440	Home:		Work:	727.362.5466
President or Head of Organization						
Name:	Mark Cantrell					
Address:	244 2nd Ave. N. Suite 420 St. Petersburg, FL 33701					
Email:	mcantrell@floridaorchestra.org					
Phone:	Cell:		Home:		Work:	(727) 362-5454
Person or Entity Responsible for Payment of City Services						
Name:	Kelly Edwards					
Address:						
Email:						
Phone:	Cell:		Home:		Work:	
Person Responsible for Event Conduct						
Name:	Kelly Edwards					
Address:						
Email:						
Phone:	Cell:		Home:		Work:	

St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

Signature and Notary

I, Kelly Edwards, for himself/herself and for the other persons, organizations, firms and corporations listed in the **Organization Sponsoring Event Information** section of this application, do hereby contract and agree that they will jointly and severally indemnify and hold the City of St. Petersburg, Florida harmless against liability for any and all claims for damage or injury to or death of persons arising out of or resulting from the issuance of this permit, or the conduct of the event or its participants.

The event and expected conduct of the participants will conform to all requirements of law, including all ordinances of the City of St. Petersburg.

Kelly _____ 01.14.20

Applicant Signature (Authorized Representative) Date

The foregoing instrument was acknowledged before me this _____ day of _____,

20____, by _____, who is personally known to me or who has produced

_____ as proper identification.

Notary Public: _____

Permit Approval

The application for this Outdoor Assembly Permit is hereby granted subject to the applicant's acknowledgement that they will abide by all laws of the State of Florida and all ordinances of the City of St. Petersburg and Pinellas County. Further the applicant acknowledges they are responsible for the conduct of **ALL** participants of the event they have sponsored.

_____ _____

Authorized Signature (Police Department) Date of Approval

st.petersburg
www.stpete.org

CITY OF ST. PETERSBURG/COMMUNITY AFFAIRS DIVISION

ACCESSIBILITY CHECKLIST AND EVENT APPLICATION

Event Name: The Florida Orchestra: Pops in the Park **Event Date(s):** 10/17/20

Event Location: Vinoy Park

Event Representative: Kelly Edwards

Address: 244 2nd Ave. N. Suite 420, St. Petersburg, FL 33701

Phone: 727-362-5466 **Fax:** _____ **E-Mail:** kedwards@floridaorchestra.org

Event Website: floridaorchestra.org

---

1. **Parking:**
   a. If you expect that participants will be parking in city-owned parking facilities for your event, have you contacted the parking manager in the Department of Transportation and Parking to discuss your needs?

      Yes. _____ No. X not yet N/A _____

   b. If you are using private property for additional parking, you will need to follow the guidelines below:

      **The number of accessible parking spaces per lot or parking facility shall comply with the table below:

Total Spaces in Parking Lot				Accessible Spaces Required
1	to	25	-	1
26	to	50	-	2
51	to	75	-	3
76	to	100	-	4
101	to	150	-	5
151	to	200	-	6
201	to	300	-	7
301	to	400	-	8
401	to	500	-	9
501	to	1,000	-	2% of total
	Over	1,000	-	20 plus 1 for each 100 over 1000

**Please note that there are also specific size requirements and signage requirements for parking spaces that can be found in Ch. 553.5041 of the Florida Statutes or Chapter 11 of the Florida Building Code.

   c. Are your private parking facilities in compliance with Ch. 553.5041 of the Florida Statutes or the Florida Building Code?

      Yes. _____ No. _____ N/A X

2. **Portable Toilet Units:**

For single user portable toilet or bathing units clustered at a single location, **at least five percent (5%) but no less than one accessible toilet unit shall be installed in each grouping and they should be placed on an accessible route. If only one is provided in a location, it should be accessible.

a. Total Number of Portable Units: 26

b. Total Number of Accessible Portable Units: 4

c. Is there at least one accessible unit in each group including accessible hand washing facilities (even if the group is a single unit)?

Yes. X No. _____ N/A _____

3. **Accessible Routes:**

a. Do you plan to have any entrance or exit areas to the event, or is the event open to the public with no restricted access?

Open: X Restricted/Ticketed: _____

b. If restricted, are your entrances and exits (means of egress, including emergency exits) at least 44 inches wide and free from barriers to provide an accessible route? In addition, the "gate" or entry "door" must provide a minimum of a 32" clear opening.

Yes. _____ No. _____

* If any of your entrances and/or exits do not have the 32-inch minimum clearance, please document the reasons for the restriction and whether you have alternative entrances and exits that are marked with signs.

_____

c. If you have a passenger loading/unloading zone, is it accessible?

Yes. X No. _____ N/A _____

d. Is the route of travel through the event stable, firm, free from obstructions, slip resistant and at least 36 inches wide?

Yes. X No. _____

*If you are using ancillary ramps to provide access, please document that below (all ramps shall be at a ratio of no more than 1:12 ' - 1 inch incline to each foot in length):

Check Here: _____

* City of St. Petersburg Parks and Recreation Department have for your use the following for an additional fee to install by city staff: **Mobi-Mats** – They are used to create an equal access pathway for all recreational users if needed.

4. **Vendors and Activities:**

**The tops of accessible tables and counters should be between 28 – 34 inches above the finished floor or ground and should be on an accessible route.

a. Are all of the vendors and planned activities accessible to persons with disabilities?

Yes. X No. _____

*If no, please provide a necessary reason why they are not all located on an accessible pathway or do not have displays that conform to guidelines.

_____

_____

b. Will your food and other counters/vendors have accessible displays?

Yes. X No. _____ N/A _____

c. Is there any seating available for dining?

Yes. _____ No. X

d. If yes, is at least 5% of the seating accessible? (For example, has space available for a wheelchair; table has at least 27 inches of knee clearance.)

Yes. _____ No. _____

e. Do you plan to have any seating available for viewing concerts or other performances?

Yes. _____ No. X N/A _____

f. If yes, do you have a section reserved with accessible, unobstructed viewing for persons with disabilities and their companions?

Yes. _____ No. _____

g. Do you plan to have sign-language interpreters or any other auxiliary aids or services available for persons with disabilities?

Yes. _____ No. X N/A _____

*If yes, please provide details about those below:

_____

_____

h. KE (Please initial here.) Yes, I am prepared and willing to grant all reasonable requests for accommodations for this event.

** All reasonable requests for accommodations must be granted pursuant to applicable laws, unless a request would result in a fundamental alteration in the nature of services or activities, or would result in undue financial and administrative burdens. Prior to denying any request for accommodation, you must contact the Community Affairs Division for a review of compliance with applicable laws.

5. <u>Signage and Marketing</u>:

**Appropriately sized signs with the international symbol of accessibility illustrated below help people identify facilities that are accessible at your event. Directional signs should be provided in highly contrasting colors, such as white on black or black on white. The characters on the signs should be at least between 5/8 and 2 inches in length, and the signs should be highly visible and not blocking accessible routes of travel.

a. Will you have appropriate, visible signage to inform people with disabilities about all accessible facilities at your event?

Yes. X No. _____ N/A _____

***Please add the following language or similar language to event marketing materials, including your Web site.**

"This event was designed to provide equal opportunity for enjoyment by all participants. If you would like to request any particular aids or services <u>pursuant to disability laws</u>, please contact the event planner at (*<u>EVENT PHONE NUMBER</u>*) <u>or</u> City of St Petersburg Community Affairs Division at (727) 893-7345 or (727) 892-5259 TDD/TTY"

b. Will you have appropriate, visible signage to inform people with disabilities about all accessible facilities at your event?

Yes. X No. _____ N/A _____

c. KE (Please initial here.) Printed and/or Web event announcements created by the organization/event I represent will include accessibility language similar to that noted above.

Please list a contact name and phone number for someone who will be present during the event and can respond to requests related to accessibility issues:

Contact Name: Kelly Edwards Phone: 727-362-5466

Email Address: kedwards@floridaorchestra.org Fax: _____

Thank you for completing this form. Please return it to the Community Affairs Division with your event accessibility layout diagram/map for signature no later than 15 days prior to your event.

Please note that compliance with this checklist/application may not ensure compliance with all of the applicable laws, regulations, ordinances or codes addressing accessibility. These guidelines are provided to enhance accessibility and usability for citizens with disabilities. For more information about accessibility guidelines, please refer to Chapter 553 of the Florida Statutes, Chapter 11 of the Florida Building Code or contact us at 727-893-7345. We look forward to working with you on this event!

I certify that the answers above are true to the best of my knowledge and intentions:

Kelly

Signature, Event Representative

01.14.20

Date:

Kelly Edwards

Print Name, Event Representative

This event has been approved by the Community Affairs Division:

ADA Coordinator

Date

PLEASE RETURN THIS FORM WITH YOUR EVENT LAYOUT MAP TO:

City of St. Petersburg
Community Affairs Division
P.O. Box 2842, St. Petersburg, FL 33731-2842
Phone: 727-893-7345 Fax: 727-551-3247
E-Mail: Lendel.Bright@stpete.org

Additional copies of this form can be found on our Web site at www.stpete.org/caforms.htm

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1/17/20
Check or Cash:
Application #: 13
Packet: A
Permit #: 29278

Event Title: SPIFFS 46th Annual International Folk Fair | Phone No.: 727-552-1896 | Fax No.: 727-552-1781

Entity Name: St. Petersburg International Folk Fair Society,Inc. (SPIFFS) | Federal I.D. Number: 59-1674088

Event Date(s): October 22-25, 2020 | Location: Vinoy Park

Day 1 of Event: | Time Gates Open: 9 am | Ending Time: 3 pm

Day 2 of Event: | Time Gates Open: 9 am | Ending Time: 3 pm

Day 3 of Event: | Time Gates Open: 10 am | Ending Time: 8 pm

Application Prepared by: Lotta Baumann | Phone: 727-552-1896

Title: Executive Director | Cell Phone: 727-804-3492

Address: 330 Fifth Street North | City: St. Petersburg | State: FL | Zip: 33701

Email Address: folkfair@ij.net

Additional Contact Person: | Day Phone:

What month/year were you incorporated as nonprofit? 1975

List all 501(c)3 entities that will benefit from this event. SPIFFS

Name of the for-profit entity? N/A

Describe your event with details.

Folk Fair is a trip around the world, with individual villages set up by the many SPIFFS member groups. Each village has cultural displays, gift items and food for sale, all representing the different cultures and countries. Folk dancing and music take place on two stages. The first two days are exclusively for area students, with the weekend for the general public. Students are given a passport, which they get stamped in the various villages. Folk Fair has for many years been an authorized field trip for Pinellas County schools.

Describe what economic benefit and impact this event will bring to St. Petersburg.

Folk Fair draws 10-15,000 visitors each year. About half of them are students from the Tampa Bay area.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? ☒ YES ☐ NO How much? $1,000,000

Are there plans to sell or distribute beer/wine at your event? ☒ YES ☐ NO

Will there be an admission / registration fee? ☒ YES ☐ NO Advanced Fee: | Day of: 10.00

Please provide the website address for your event.

Please provide a phone number that can be advertised to the public. 727-552-1896

What is the estimated attendance for this event? Spectators 10,000 Participants 1,000 Last Year's Total Attendance 12,000

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) No

Bleacher(s) needed. Each bleacher approx. 180 people)

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:	Lotty Bauwens	Title:	Executive Director	Date:	1/17/2020
Co-Sign:		Title:		Date:	

NOTE: a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 40+	
☒ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 40+	Temporary Structure Permit
☒ Fence Installation	What type? Chain link	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☒ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☐ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☒ Staging	☒ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☒ Performers ☐ Announcement Only	
☒ Security	☒ Daytime - Private ☒ Overnight - Private ☒ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 26 Disabled Units 6 Hand Washing 6	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

- ☒ Invitations
- ☒ Posters / Flyers
- ☒ Newspaper / Internet
- ☒ Radio
- ☒ Television
- ☐ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☐ YES ☒ NO

If YES, check all that apply. ☐ RV'S ☐ Coffee Vendors ☐ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☐ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Will you supply your own generators? ☐ YES ☒ NO

Will your event have a licensed electrician on-site during the event? ☐ YES ☒ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

If City permits, licenses, or services are required for event, who will pay for them?

Name: SPIFFS Phone: 727-552-1896

Address (including zip): 330 Fifth Street North, St. Petersburg, FL 33701

Type of music, # of stages, and # of bands.

International/ethnic folk music on two stages. 30-40 performing groups and 7-8 bands.

List Vending Products. Name & Provider.

SPIFFS member groups

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

SPIFFS

Explain subject/purpose of all speeches/demonstrations which will occur.

Discuss your load in/load out parking needs, include times and dates.

Our tent contractor needs to start setting up on Saturday, October 17, 2020, in order to complete set-up by afternoon Tuesday, October 21, when our members begin set-up of their villages. Tear-down will be completed by Tuesday, October 27, 2020.

Other Comments: Please describe your fee structure.

Students: 6.00
Children under6: Free
Adults: $10.00
Military: $6.00

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: Lotte Bannister | Title: Executive Director | Date: 1/17/2020

Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g.,1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* **The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.**

* **Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.**

* **All first time entities requesting events will be required to complete a credit application.**

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: St. Petersburg International Folk Fair Society, Inc. (SPIFFS)

Name of Responsible Party (President or CEO ONLY): Lotta Baumann

Title of Responsible Party: Executive Director

Physical Address of Responsible Party: 330 Fifth Street North, St. Petersburg, FL 33701

Phone Number of Responsible Party: 727-552-1896

Email Address of Responsible Party: folkfair@ij.net

Nonprofit (Employee Identification Number): 59-1674880

Name of the **For-profit** Corporation:

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

Please include a copy of the the current IRS Nonprofit Affidavit / For Profit

What method of invoicing would your organization prefer?

☐ BY Mail

Contact Name

Address

City, State, Zip

☒ BY EMAIL

Email Address: folkfair@ij.net

APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: SPIFFS 45th Annual International Folk Fair
Date(s) of Event: October 24-27, 201 -

I. REVENUE SOURCES (attach sheet if more space is needed)

		Amount
1.	Grants/Sponssorships	$12,577.00
2.	Ticket sales	$61,349.00
3.	Souvenir program	$4,665.00
4	Village space	$22,465.00
5.	Outside vendors	$1,875.00
6.	Beverage sales	$17,231.00
7.	Miscellaneous	$3,034.00
8.		
	TOTAL GROSS REVENUE	$123,196.00

II. EXPENSES (attach sheet if more space is needed)

1.	Admin/Office	$1,020.00
2.	Equipment/Park	$20,856.00
3.	Stage/Sound	$16,004.00
4	Private security	$4,833.00
5.	Marketing/printing	$11,812.00
6.	Liability insurance	$2,695.00
7.	Beverages/Ice	$7,700.00
8.	Student awards	$500.00
9.	Park rental	$32,781.00
10.	Miscellaneous	$2,164.00
11.		
12.		
	TOTAL OPERATING EXPENSES	$100,365.00
	TOTAL NET INCOME	$22,831.00

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

1.	Operating funds for SPIFFS	$22,831.00
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	$22,831.00

Prepared by: Lotta Baumann Date: 1/16/2020

Print Application

Submit Application by Email

Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248222118
Jan. 11, 2008 LTR 4168C E0
59-1674088 000000 00 000
00009534
BODC: TE

ST PETERSBURG INTERNATIONAL FOLK
FAIR SOCIETY INC
530 5TH ST N
ST PETERSBURG FL 33701-2812300

Employer Identification Number: 59-1674088
Person to Contact: MS. EPLING
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your request of Jan. 02, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in FEBRUARY, 1981, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

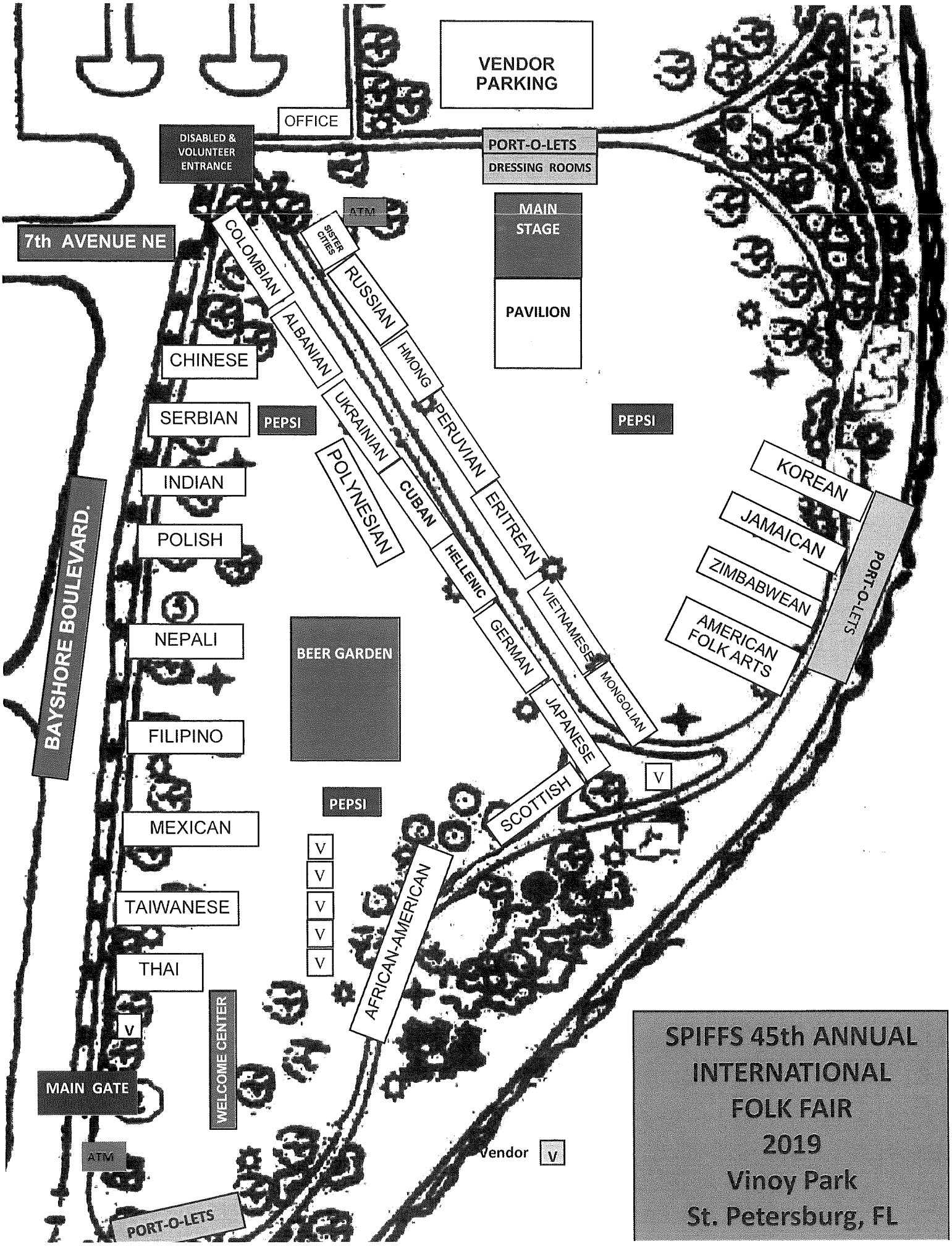
Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr,
Accounts Management Operations I


VENDOR PARKING
OFFICE
DISABLED & VOLUNTEER ENTRANCE
PORT-O-LETS
DRESSING ROOMS
ATM
MAIN STAGE
PAVILION
7th AVENUE NE
SISTER CITIES
COLOMBIAN
RUSSIAN
ALBANIAN
HMONG
CHINESE
UKRAINIAN
PERUVIAN
SERBIAN
PEPSI
PEPSI
POLYNESIAN
CUBAN
ERITREAN
KOREAN
INDIAN
JAMAICAN
POLISH
HELLENIC
VIETNAMESE
ZIMBABWEAN
PORT-O-LETS
BAYSHORE BOULEVARD.
GERMAN
AMERICAN FOLK ARTS
NEPALI
BEER GARDEN
MONGOLIAN
JAPANESE
FILIPINO
V
PEPSI
SCOTTISH
MEXICAN
V
V
AFRICAN-AMERICAN
TAIWANESE
V
V
THAI
V
WELCOME CENTER
MAIN GATE
ATM
Vendor
V
PORT-O-LETS
SPIFFS 45th ANNUAL INTERNATIONAL FOLK FAIR 2019 Vinoy Park St. Petersburg, FL

Detail by Entity Name

Florida Not For Profit Corporation

ST. PETERSBURG INTERNATIONAL FOLK FAIR SOCIETY, INC.

Filing Information

Document Number	734390
FEI/EIN Number	59-1674088
Date Filed	11/20/1975
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	09/23/2019
Event Effective Date	NONE

Principal Address

559 MIRROR E LAKE
SHUFFLE BOARD BLDG
SAINT PETERSBURG, FL 33701

Changed: 06/02/2003

Mailing Address

330 FIFTH ST N
SAINT PETERSBURG, FL 33701

Changed: 05/30/2001

Registered Agent Name & Address

Parsons, William H
330 5TH STREET N
ST PETERSBURG, FL 33701

Name Changed: 05/16/2016

Address Changed: 04/22/2011

Officer/Director Detail

Name & Address

Title P

WHITE, GEORGE, VP
4511-67TH AVENUE N
PINELLAS PARK, FL 33781

Title T

KEARNEY, ILSE
5039 35TH AVE. NO
SAINT PETERSBURG, FL 33710

Title ED

BAUMANN, MAJ-CHARLOTTE
342 Boca Ciega Drive
Madeira Beach, FL 33708

Title S

HO, JANET
1412 STEWART BLVD
CLEARWATER, FL 33764

Title D

JOHNSON, FRED
4322 4TH AVENUE SOUTH
ST. PETERSBURG, FL 33711

Annual Reports

Report Year	Filed Date
2017	02/13/2017
2018	03/19/2018
2019	04/09/2019

Document Images

09/23/2019 -- Amendment	View image in PDF format
04/09/2019 -- ANNUAL REPORT	View image in PDF format
03/19/2018 -- ANNUAL REPORT	View image in PDF format
02/13/2017 -- ANNUAL REPORT	View image in PDF format
05/16/2016 -- ANNUAL REPORT	View image in PDF format
04/12/2015 -- ANNUAL REPORT	View image in PDF format
04/01/2014 -- ANNUAL REPORT	View image in PDF format
04/22/2013 -- ANNUAL REPORT	View image in PDF format
03/20/2012 -- ANNUAL REPORT	View image in PDF format
04/22/2011 -- ANNUAL REPORT	View image in PDF format
01/04/2010 -- ANNUAL REPORT	View image in PDF format
05/01/2009 -- ANNUAL REPORT	View image in PDF format
05/27/2008 -- ANNUAL REPORT	View image in PDF format
08/17/2007 -- ANNUAL REPORT	View image in PDF format
05/08/2007 -- ANNUAL REPORT	View image in PDF format
08/14/2006 -- ANNUAL REPORT	View image in PDF format
04/20/2005 -- ANNUAL REPORT	View image in PDF format
05/03/2004 -- ANNUAL REPORT	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 29278
Date: 17 Jan 2020

User: JSBENNIN
Status: Firm

ST PETERSBURG INTERNATIONAL FOLK FAIR
LOTTA BAUMANN
330 5TH ST N
ST PETERSBURG FL 33701 2812 USA

Primary #: (727) 552-1896
Secondary #: ()
Other #: ()

Purpose of Use: SPIFFS 46TH ANNUAL INTERNATIONAL FOLK FAIR

Expected: 12,000

Co-Sponsored Event

Contract Balance $0.00

Conditions of Use: Insurance Required

Other Information:

Use of beer and wine	Yes
Use of fencing	Yes
Use of liquor	No

Date(s) and Time(s) of Use: Starting: Tue 20 Oct 20 06:00 am Ending: Mon 26 Oct 20 09:00 pm

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Tue	20 Oct 2020	06:00 AM	$0.00	$900.00	$0.00	$900.00
Vinoy Park		26 Oct 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	$930.00	$0.00	($299.50)

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
02 Dec 2019	$84.00	Check	Rental	3477897
10 Jan 2020	$245.50	Check	Rental	3504483
17 Jan 2020	$600.50	Check	Rental	3509012

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By: (Sign Name)

(Print Name) LOTTA BAUMANN

ST PETERSBURG INTERNATIONAL FOLK FAIR
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name):
Parks and Recreation Superintendent

(Print Name)
Parks and Recreation Department

Supervisor II / Foreman	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1/17/20
Check or Cash:
Application #: 14
Packet: A
Permit #: 29279

Event Title: St. Petersburg Power & Sailboat Show | Phone No.: 954-463-6762 | Fax No.: 954-676-1858

Entity Name: Yachting Promotions Inc. | Federal I.D. Number: 59-1652459

Event Date(s): December 3 - 6 | Location: 400 1st Street South, St. Petersburg, FL 33701

Day 1 of Event: Dec 3 | Time Gates Open: 10:00AM | Ending Time: 7:00PM

Day 2 of Event: Dec 4 | Time Gates Open: 10:00AM | Ending Time: 7:00PM

Day 3 of Event: Dec 5 - 6 | Time Gates Open: 10:00AM | Ending Time: 7:00PM

Application Prepared by: Jacqueline Deffler | Phone: 954-676-1858

Title: Executive Administrative Assistant | Cell Phone: 954-599-2126

Address: 1650 SE 17th Street, Suite 412 | City: Fort Lauderdal | State: FL | Zip: 33304

Email Address: Jacqueline.Deffler@Informa.com

Additional Contact Person: Dand Christopher Fleming | Day Phone: 561-312-2998

What month/year were you incorporated as nonprofit? May 1978

List all 501(c)3 entities that will benefit from this event. The Brothers Project

Name of the for-profit entity? Yachting Promotions Inc.

Describe your event with details.

To bring the best products and saving to the community to shop and buy and enjoy our best natural resource, the water.

Describe what economic benefit and impact this event will bring to St. Petersburg.

There will be a 30 million dollar economic impact in services such as hotels, restaurants and taxes.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? ☒ YES ☐ NO How much? 9,000,000.00

Are there plans to sell or distribute beer/wine at your event? ☒ YES ☐ NO

Will there be an admission / registration fee? ☒ YES ☐ NO Advanced Fee: Day of:

Please provide the website address for your event. www.stpeteboatshow.com

Please provide a phone number that can be advertised to the public. 954-463-6762

What is the estimated attendance for this event? Spectators Participants Last Year's Total Attendance 20,000+

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) No

Bleacher(s) needed. Each bleacher approx. 180 people) No

Tables (6 ft) # needed N/A Chairs # needed N/A

Public Address System No

# of portable risers needed (4 in. x 8 in. x 16 in. sections) N/A

Special Events Facilities

- ☐ Mahaffey Theater
- ☐ Coliseum
- ☐ Sunken Gardens
- ☐ Boyd Hill

☐ Non-City Locations

Which Location?

Albert Whitted Park

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE:	Public Safety Personnel, Marine Services
TRAFFIC:	Personnel, Equipment (cones, barricades, no parking signs)
FIRE:	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES:	On-site Presence, Logistics Help, Liaison with Other Ddepartments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name:	Dane Christopher Fleming	Title:	Director of Business Developm	Date:	1/16/19
Co-Sign:	Earl Wayne Powell	Title:	President	Date:	1/16/19

NOTE:

a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,
727-893-7766 or EMAIL: StPeteEvents@stpete.org

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☐ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 260	
☐ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 20	Temporary Structure Permit
☒ Fence Installation	What type? Chain Link	Temporary Structure Permit
☐ Other Structures	What structure? Floating Docks	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☐ Staging	☐ Professional ☐ Showmobile ☐ Other	
☐ Amplified Sound	☐ Performers ☐ Announcement Only	
☒ Security	☐ Daytime - Private ☐ Overnight - Private ☐ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units ☐ Disabled Units ☐ Hand Washing Yes	
☒ Off-site Parking / Shuttle		
☒ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

☒ Invitations	☐ Radio
☐ Posters / Flyers	☐ Television
☒ Newspaper / Internet	☐ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☒ YES ☐ NO

If YES, check all that apply. ☐ RV'S ☐ Coffee Vendors ☐ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☐ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

We use the existing transformers that are on site at Albert Whitted Park. They are 750 KVA each as 400 Amp disconnects.

Will you supply your own generators? ☒ YES ☐ NO

Will your event have a licensed electrician on-site during the event? ☒ YES ☐ NO If YES, who? Show Management Electric

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

No

If City permits, licenses, or services are required for event, who will pay for them?

Name: Yachting Promotions Inc. Phone: 954-463-6762

Address (including zip): 1650 SE 17th Street, Suite 412 Fort Lauderdale FL 33316

Type of music, # of stages, and # of bands.

Light music on floating cocktail barge from noon to 7PM.

List Vending Products. Name & Provider.

Marine Accesories and boats on display

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

The Brothers Project - 8298 SW 173rd Terrace Miami, FL 3315. Phone 305-796-3495

Explain subject/purpose of all speeches/demonstrations which will occur.

N/A

Discuss your load in/load out parking needs, include times and dates.

Dock Install - 11/23 - 12/2
Dock Removal - 12/8
Boat Move In - 12/1 - 12/2
Boat Move Out - 12/7

Other Comments: Please describe your fee structure.

Adults $ 17.00 And Children 15 and under are free

Other comments:

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Dane Christopher Fleming Title: Director of Business Developm Date: 1/16/20

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation:	The Brothers Project
Name of Responsible Party (President or CEO ONLY):	Earl Wayne Powell
Title of Responsible Party:	President
Physical Address of Responsible Party:	8298 SW 173rd Terrace, Miami FL 33157
Phone Number of Responsible Party:	305-796-3495
Email Address of Responsible Party:	Ewp@thebrothersproject.org
Nonprofit (Employee Identification Number):	

Name of the **For-profit** Corporation:	Yachting Promotions Inc.
Name of Responsible Party (President or CEO ONLY):	Andrew Doole
Title of Responsible Party:	President
Physical Address of Responsible Party:	1650 SE 17th Street, Suite 412 Fort Lauderdale, FL 33316
Phone Number of Responsible Party:	954-463-6762
Email Address of Responsible Party:	Andrew.Doole@Informa.Com
For-profit (Employee Identification Number)	59-1652459

Please include a copy of the the current IRS Nonprofit Affidavit / For Profit

What method of invoicing would your organization prefer?

☒ BY Mail

Contact Name	Dana Centifanti
Address	1650 SE 17th Street, Suite 412
City, State, Zip	Fort Lauderdale, FL 33316

☒ BY EMAIL

Email Address:	Dana.Centifanti@Informa.com

APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: St. Petersburg Power & Sailboat Show
Date(s) of Event: Dec 3 - Dec 6

I. REVENUE SOURCES (attach sheet if more space is needed)

		Amount
1.	10 X 10 Booths	$24,365.25
2.	In Water	$13,125.00
3.		
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$37,490.25

II. EXPENSES (attach sheet if more space is needed)

1.	Association Fees	$87,550.00
2.		
3.		
4		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$87,550.00
	TOTAL NET INCOME	($50,059.75)

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

1.	Travel & Lodging	$8,547.93
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	$8,547.93

Prepared by: Jacqueline Deffler Date: Jan 16, 2020

Print Application

Submit Application by Email

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 11-26-2018

Employer Identification Number:
83-2615814

Form: SS-4

Number of this notice: CP 575 E

BROTHERS PROJECT
8298 SW 173 TERRACE
MIAMI, FL 33157

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-2615814. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is BROT. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. Thank you for your cooperation.

Keep this part for your records. CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

9999999999

Your Telephone Number
( ) -

Best Time to Call

DATE OF THIS NOTICE: 11-26-2018
EMPLOYER IDENTIFICATION NUMBER: 83-2615814
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

BROTHERS PROJECT
8298 SW 173 TERRACE
MIAMI, FL 33157

Detail by Entity Name

Florida Profit Corporation
YACHTING PROMOTIONS, INC.

Filing Information

Document Number	498855
FEI/EIN Number	59-1652459
Date Filed	03/15/1976
State	FL
Status	ACTIVE
Last Event	CORPORATE MERGER
Event Date Filed	12/14/2006
Event Effective Date	01/01/2007

Principal Address

1650 S. E. 17th Street, Ste. 412
FORT LAUDERDALE, FL 33316

Changed: 03/19/2019

Mailing Address

101 Paramount Drive, Ste. 100
Sarasota, FL 34232

Changed: 04/03/2017

Registered Agent Name & Address

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHSSEE, FL 32301

Name Changed: 04/04/2017

Address Changed: 04/04/2017

Officer/Director Detail

Name & Address

Title Director, President

McCurdy, Charles
5 Howick Place
London SW1P 1WG GB

Title Director, Senior Vice President, Secretary

Etter, Thomas C.
605 3rd Avenue, 21st Floor
New York, NY 10158

Title VP

Levine, Marc
101 Paramount Drive, Ste. 100
Sarasota, FL 34232

Title Asst. Secretary

Peter, Patricia
605 3rd Avenue, 21st Floor
New York, NY 10158

Title VP

McAvoy, Ken
1650 S. E. 17th Street, Ste. 412
FORT LAUDERDALE, FL 33316

Annual Reports

Report Year	Filed Date
2017	04/03/2017
2018	04/13/2018
2019	03/19/2019

Document Images

03/19/2019 -- ANNUAL REPORT	View image in PDF format
04/13/2018 -- ANNUAL REPORT	View image in PDF format
04/04/2017 -- Reg. Agent Change	View image in PDF format
04/03/2017 -- ANNUAL REPORT	View image in PDF format
04/28/2016 -- ANNUAL REPORT	View image in PDF format
04/30/2015 -- ANNUAL REPORT	View image in PDF format
04/30/2014 -- ANNUAL REPORT	View image in PDF format
06/12/2013 -- ANNUAL REPORT	View image in PDF format
03/21/2012 -- ANNUAL REPORT	View image in PDF format
04/27/2011 -- ANNUAL REPORT	View image in PDF format
04/23/2010 -- ANNUAL REPORT	View image in PDF format
11/17/2009 -- Reg. Agent Change	View image in PDF format
04/30/2009 -- ANNUAL REPORT	View image in PDF format
04/29/2008 -- ANNUAL REPORT	View image in PDF format
05/04/2007 -- ANNUAL REPORT	View image in PDF format
12/14/2006 -- Merger	View image in PDF format
09/28/2006 -- ANNUAL REPORT	View image in PDF format
05/12/2006 -- Reg. Agent Change	View image in PDF format

Detail by Entity Name

Florida Not For Profit Corporation
THE BROTHERS' PROJECT, INC.

Filing Information

Document Number	N18000012494
FEI/EIN Number	83-2615814
Date Filed	11/27/2018
Effective Date	01/01/2019
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	05/06/2019
Event Effective Date	NONE

Principal Address

8298 SW 173 TERRACE
MIAMI, FL 33157

Mailing Address

8298 SW 173 TERRACE
MIAMI, FL 33157

Registered Agent Name & Address

POWELL, EARL W
8298 SW 173 TERRACE
MIAMI, FL 33157

Officer/Director Detail

Name & Address

Title P

POWELL, EARL W
8298 SW 173 TERRACE
MIAMI, FL 33157

Title VP

POWELL, COLETTE
8298 SW 173 TERRACE
MIAMI, FL 33157

Title SEC

POWELL, COURTNEY
8298 SW 173 TERRACE
MIAMI, FL 33157

Annual Reports

No Annual Reports Filed

Document Images

05/06/2019 -- Amendment	View image in PDF format
11/27/2018 -- Domestic Non-Profit	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 29279
Date: 17 Jan 2020

User: JSBENNIN
Status: Firm

YACHTING PROMOTIONS INC
JACQUELINE DEFFLER
1650 SE 17TH ST STE 412
FORT LAUDERDALE FL 33316 USA

Primary #: (954) 764-7642
Secondary #: ()
Other #: ()

Purpose of Use: ST. PETERSBURG POWER & SAILBOAT SHOW

Expected: 20,000

Co-Sponsored Event

Contract Balance $0.00

Conditions of Use: Insurance Required

Other Information:

Use of beer and wine	Yes
Use of fencing	Yes
Use of liquor	Yes

Date(s) and Time(s) of Use: **Starting: Mon 23 Nov 20 06:00 am** **Ending: Thu 10 Dec 20 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Mon	23 Nov 2020	06:00 AM	$0.00	$600.00	$0.00	$600.00
Park		10 Dec 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	423:00	3	$600.00	$0.00	$600.00
		3	$600.00	$0.00	$600.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$630.00	$0.00	$630.00	$0.00	$630.00	$0.00	($30.00)

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
05 Feb 2019	$30.00	Check	Rental	3239942
17 Jan 2020	$600.00	Check	Rental	3509015

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By:(Sign Name) _____

(Print Name) **JACQUELINE DEFFLER**

YACHTING PROMOTIONS INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name): _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

Supervisor II / Foreman	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.

St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

Event Fees, Costs and Insurance Requirements

A non-refundable application fee of **Thirty Dollars ($30.00)** is required by Section 25-75 of the City Code. It is to be paid at the time of filing the application. The costs of all City services for the event shall be paid by the applicant (or person responsible). A certificate of insurance is required by Section 25-76 of the City Code and should also be included with the application at the time of filing. The City of St. Petersburg shall be named as an additional insured party on all insurance certificates.

Waiver Request for Fees, Costs and Insurance Requirements

If the applicant is indigent and is engaged in **public issue speech or conduct**, as defined in Section 25-37 of the City Code, the application fee, City services costs and insurance requirements may be waived. The applicant shall apply to the City, and the City Administrator or the designee thereof, the City Attorney or the designee thereof, and the Administrator of Parks or the designee thereof shall determine if the applicant fulfills the public issue and indigency requirement, in order to receive a waiver of costs of the processing fee and City services. This application process will require a financial disclosure. The City Administrator shall make a recommendation to City Council who shall approve or deny the waiver. The applicant shall be notified of the council action.

Do you wish to apply to the City for a claim of indigence and request a waiver of fees, costs and insurance requirements?

_____ Yes _____ No

Organization Sponsoring Event Information

Applicant						
Name:	The Brothers Project					
Address:	8298 SW 173 Terrace, Miami FL 33157					
Email:	Ewp@thebrothersproject.org					
Phone:	Cell:	305-796-3495	Home:		Work:	
Organization						
Name:	Yachting Promotions Inc.					
Address:	1650 SE 17th Street, Suite 412 Fort Lauderdale, FL 33316					
Email:	Jacqueline.Deffler@Informa.com					
Phone:	Cell:	954-599-2126	Home:		Work:	954-676-1858
President or Head of Organization						
Name:	Andrew Doole					
Address:	1650 SE 17th Street, Suite 412 Fort Lauderdale, FL 33316					
Email:	Andrew.Doole@Informa.com					
Phone:	Cell:	954-325-6552	Home:		Work:	954-676-1858
Person or Entity Responsible for Payment of City Services						
Name:	Dana Centifanti					
Address:	1650 SE 17th Street, Suite 412 Fort Lauderdale, FL 33316					
Email:	Dana.Centifanti@Informa.com					
Phone:	Cell:	954-847-1567	Home:		Work:	954-463-6762
Person Responsible for Event Conduct						
Name:	Dane Christopher Fleming					
Address:	1650 SE 17th Street, Suite 412 Fort Lauderdale, FL 33316					
Email:	Chris.Fleming@Informa.com					
Phone:	Cell:	561-312-2998	Home:		Work:	954-463-6762

St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

Event Information					
Name of Event:	St. Petersburg Power & Sailboat Show				
Date of Event:	December 3 - December 6				
Assembly Time:		**Start Time:**	10:00AM	**End Time:**	7:00PM

Event Specifics

Specify the purpose of the outdoor assembly and provide a general description of the proposed event, to include the activities that will take place during the event:

Proposed Route to include Assembly Area, Start and End Points and Dispersal Area. Attach Route Map.

Specify any Public Facilities, Parks and/or Equipment to be used:

Provide a description of all recording equipment, signs, banners, etc. This should include a description of the materials used for any of these items.

Will alcoholic beverages be **SOLD** or **CONSUMED** as part of this event? X Yes ____ No

Estimated number of people taking part is the event. 20,000

Estimated number and type of animals taking part in the event. N/A

Will this event take place in the roadway? ____ Yes X No
If Yes, will the entire event be in the roadway or just a portion of the event? ____

Will this event take place on the sidewalks? X Yes ____ No
If Yes, will the entire event be on the sidewalks or just of portion of the event? Just a portion

Estimated number of volunteers or Parade Marshals that will be assisting with this event. 0

Parades, Sporting Events and other similar types of events typically disrupt the normal flow of traffic and inconvenience area businesses and/or residents. The City will endeavor to assist the event organizers and promoters in notifying the community about the event; however the responsibility for informing the public and affected commerce rests with the applicant.

What steps will the applicant(s) take to ensure the community is properly notified?
Advertisement and Social Media

St. Petersburg Police Department
Outdoor Assembly Permit Application

St. Petersburg Police Department, 1300 1st Avenue North, St. Petersburg, FL 33705, Office (727) 893-7154, Fax (727) 892-5587

Signature and Notary

I, Andrew Doole, for himself/herself and for the other persons, organizations, firms and corporations listed in the **Organization Sponsoring Event Information** section of this application, do hereby contract and agree that they will jointly and severally indemnify and hold the City of St. Petersburg, Florida harmless against liability for any and all claims for damage or injury to or death of persons arising out of or resulting from the issuance of this permit, or the conduct of the event or its participants.

The event and expected conduct of the participants will conform to all requirements of law, including all ordinances of the City of St. Petersburg.

Applicant Signature (Authorized Representative) Date 1/16/20

The foregoing instrument was acknowledged before me this 16 day of January, 2020, by Andrew Doole, who is personally known to me or who has produced _____ as proper identification.

NOTARY PUBLIC STATE OF FLORIDA
JACQUELINE DEFFLER
MY COMMISSION # GG 232360
EXPIRES: June 26, 2022
Bonded Thru Notary Public Underwriters

Notary Public: Jacqueline Deffler

Permit Approval

The application for this Outdoor Assembly Permit is hereby granted subject to the applicant's acknowledgement that they will abide by all laws of the State of Florida and all ordinances of the City of St. Petersburg and Pinellas County. Further the applicant acknowledges they are responsible for the conduct of **ALL** participants of the event they have sponsored.

Authorized Signature (Police Department) Date of Approval

CITY OF ST. PETERSBURG/COMMUNITY AFFAIRS DIVISION
ACCESSIBILITY CHECKLIST AND EVENT APPLICATION

Event Name: St. Petersburg Power & Sailboat Show **Event Date(s):** DEC 3 to DEC 6

Event Location: Albert Whitted Park - 400 1st Street South, St. Petersburg FL 33701

Event Representative: Dane Christopher Fleming

Address: 1650 SE 17th Street, Suite 412 Ft. Lauderdale, FL 33316

Phone: 954-463-6762 **Fax:** 954-462-4142 **E-Mail:** Chris.Fleming@Informa.com

Event Website: www.St.Peteboatshow.com

---

1. **Parking:**
   a. If you expect that participants will be parking in city-owned parking facilities for your event, have you contacted the parking manager in the Department of Transportation and Parking to discuss your needs?

      Yes. _____ No. _____ N/A ✓

   b. If you are using private property for additional parking, you will need to follow the guidelines below:

      **The number of accessible parking spaces per lot or parking facility shall comply with the table below:

Total Spaces in Parking Lot	Accessible Spaces Required
1 to 25	1
26 to 50	2
51 to 75	3
76 to 100	4
101 to 150	5
150 to 200	6
201 to 300	7
301 to 400	8
401 to 500	9
501 to 1000	2% of total
1001 and Over	20 Plus 1 for Each 100 Over 1000

**Please note that there are also specific size requirements and signage requirements for parking spaces that can be found in Ch. 553.5041 of the Florida Statutes or Chapter 11 of the Florida Building Code.

   c. Are your private parking facilities in compliance with Ch. 553.5041 of the Florida Statues or the Florida Building Code?

      Yes. _____ No. _____ N/A ✓

b. Will your food and other counters/vendors have accessible displays?

Yes ✓ No _____ N/A _____

c. Is there any seating available for dining?

Yes ✓ No _____

d. If yes, is at least 5% of the seating accessible? (For example, has space available for a wheelchair; table has at least 27 inches of knee clearance.)

Yes ✓ No _____

e. Do you plan to have any seating available for viewing concerts or other performances?

Yes _____ No _____ N/A ✓

f. If yes, do you have a section reserved with accessible, unobstructed viewing for persons with disabilities and their companions?

Yes _____ No _____

g. Do you plan to have sign-language interpreters or any other auxiliary aids or services available for persons with disabilities?

Yes _____ No _____ N/A ✓

*If yes, please provide details about those below:

_____

_____

h. _____ (Please initial here.) Yes, I am prepared and willing to grant all reasonable requests for accommodations for this event.

** All reasonable requests for accommodations must be granted pursuant to applicable laws, unless a request would result in a fundamental alteration in the nature of services or activities, or would result in undue financial and administrative burdens. Prior to denying any request for accommodation, you must contact the Community Affairs Division for a review of compliance with applicable laws.

5. <u>Signage and Marketing</u>:

**Appropriately sized signs with the international symbol of accessibility illustrated below help people identify facilities that are accessible at your event. Directional signs should be provided in highly contrasting colors, such as white on black or black on white. The characters on the signs should be at least between 5/8 and 2 inches in length, and the signs should be highly visible and not blocking accessible routes of travel.

a. Will you have appropriate, visible signage to inform people with disabilities about all accessible facilities at your event?

Yes _____ No _____ N/A ✓

***Please add the following language or similar language to event marketing materials, including your Web site.**

"This event was designed to provide equal opportunity for enjoyment by all participants. If you would like to request any particular aids or services <u>pursuant to disability laws</u>, please contact the event planner at **(<u>EVENT PHONE NUMBER</u>)** or City of St Petersburg Community Affairs Division at (727) 893-7345 or (727) 892-5259 TDD/TTY"

APPLICATION FOR STREET CLOSURE PERMIT

In accordance with the provisions set forth by the Mayor of the City of St. Petersburg, the undersigned hereby applies for a Street Closure Permit, and provides the following information and represents that it is true and correct, and accepts that the City may at any time, amend or revoke this application:

1. NAME OF PERSON OR ORGANIZATION SPONSORING STREET CLOSURE

a). Name: Yachting Promotions Inc.

Address: 1650 SE 17th Avenue, Suite 412

City/State: Fort Lauderdale, FL Zip: 33316

Phone No.: Work: 954-463-6762 Home: 954-850-6085

b). *Name of Person Applying For This Permit* [if same as above, indicate "SAME")

Name: Same

Address: _____

City/State: _____ Zip : _____

Phone No.: Work: _____ Home: _____

2. EVENT INFORMATION

a. Date of Event: December 3 to December 6

b. Time Event Begins: 10:00AM Ends: 7:00PM

c. Street to Be Closed: Bayshore Drive - Sunday, November 29th to Monday, December 7

d. Purpose of Event: St. Petersburg Power and Sailboat Show

e. Estimated Attendance: 20,000

f. Will beer, wine or any alcoholic beverages be served or sold as part of this event? Yes
If yes, proof of Liquor Liability Insurance must be included with application.

3. The applicant, for himself, and for other persons, organizations, firms and corporation, if any listed in Section 1(a) of this application does hereby contract and agree that he (and they) will, jointly and severally, indemnify and hold the City of St. Petersburg, Florida, harmless against liability for any and all claims for damage to property, or injury to, or death of persons, arising out of, or resulting from the issuance of this permit, or the conduct of the event or its participants.

January 16, 2020
Date of Signature

Signature of Applicant

JACQUELINE DEFFLER
MY COMMISSION # GG 232360
EXPIRES: June 26, 2022
Bonded Thru Notary Public Underwriters

Sworn before me and subscribed in my presence this 16 day of January, 2020

Notary Public

Approval: _____

Chief of Police or Designee **Date Approved**

Application for Street Closure Permit
SPPD Special Events Unit

Property Owner Approval Sheet

We, the undersigned property owners in the City of St. Petersburg, Florida, **have no objections** to the street abutting our property being temporarily closed for the time span indicated below:

STREET(S) TO BE CLOSED: Bayshore Drive BETWEEN 1st Ave & Dali Blvd

DATE OF REQUESTED CLOSURE: Nov 29 to Dec 7 TIME SPAN: From 24th to _____

PRINTED NAME	SIGNATURE	ADDRESS

SPPD Special Events Unit

Site Map

Please complete a map indicating the area you wish to have closed. Be sure to label the streets to be closed and include surrounding streets, alleys and any other vehicular accesses to the area. Please also provide any other details which need to be considered in approving this application.

Drawn by: David Paternina Date: 1/16/20

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA, INC.
501 MERRITT 7
NORWALK, CT 06856-6010

CN102991220-YPI-GAUWL-19-21

CONTACT NAME:
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : XL Insurance America, Inc.	24554
INSURER B : Navigators Insurance Company	42307
INSURER C : Twin City Fire Insurance Company	29459
INSURER D : XL Insurance Company	24554
INSURER E :	
INSURER F :	

INSURED
Yachting Promotions, Inc.
1650 SE 17 Street Suite
Ft Lauderdale, FL 33316

COVERAGES **CERTIFICATE NUMBER:** NYC-010811431-01 **REVISION NUMBER:** 0

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			US00081988LI20A	01/01/2020	01/01/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY			FA16BAP02010404	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / X SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB / OCCUR			US00081989LI20A	01/01/2020	01/01/2021	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB / CLAIMS-MADE			EXCLUDES LIQUOR LIABILITY			AGGREGATE	$ 5,000,000
	DED / X RETENTION $ 10,000							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			13 WE AC1HMF	10/01/2019	10/01/2020	X PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N / A					E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
D	LIQUOR LIABILITY			IEG0072462LI20A	01/01/2020	01/01/2021	Limit:	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: St. Petersburg Power and Sailboat Show. City of St. Petersburg is included as additional insured where required by written contract with respects to the general liability policy.

CERTIFICATE HOLDER

City of St. Petersburg
PO Box 2842
St. Petersburg, FL 33731

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Manasi Mukherjee

© 1988-2016 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1/17/20
Check or Cash:
Application #: 15
Packet: A
Permit #: 29280

Event Title: Bungalow Fest Phone No.: 941-350-7531 Fax No.:
Entity Name: Historic Kenwood Neighborhood Association (HKNA) Federal I.D. Number: 57-0953652
Event Date(s): November 7th, 2020 Location: Seminole Park
Day 1 of Event: 11/7/20 Time Gates Open: 10am Ending Time: 4 pm
Day 2 of Event: Time Gates Open: Ending Time:
Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared by: Nicole Carlisle Phone: 941-350-7531
Title: President Cell Phone: same
Address: P.O. Box 15134 City: St. Pete State: FL Zip: 33733
Email Address: president@historickenwood.org
Additional Contact Person: Darrel Gordon Day Phone: 772-485-6712
What month/year were you incorporated as nonprofit? October 2010
List all 501(c)3 entities that will benefit from this event. HKNA
Name of the for-profit entity?

Describe your event with details.

Annual home tour in Historic Kenwood that showcases our ongoing home and neighborhood improvements. We usually have around 800 people come through the tour each year.

Describe what economic benefit and impact this event will bring to St. Petersburg.

One of HKNA's biggest fundraisers. Helps support our many events, projects, and programs.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? ☑ YES ☐ NO How much? $1,000,000
Are there plans to sell or distribute beer/wine at your event? ☐ YES ☑ NO
Will there be an admission / registration fee? ☑ YES ☐ NO Advanced Fee: $20 Day of: $25
Please provide the website address for your event. www.bungalowfest.org
Please provide a phone number that can be advertised to the public. n/a
What is the estimated attendance for this event? Spectators 800 Participants 50 Last Year's Total Attendance 850

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) no

Bleacher(s) needed. Each bleacher approx. 180 people) no

Tables (6 ft) # needed no Chairs # needed no

Public Address System no

# of portable risers needed (4 in. x 8 in. x 16 in. sections) no

Special Events Facilities

- ☐ Mahaffey Theater
- ☐ Coliseum
- ☐ Sunken Gardens
- ☐ Boyd Hill

☐ Non-City Locations

Which Location?

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE:	Public Safety Personnel, Marine Services
TRAFFIC:	Personnel, Equipment (cones, barricades, no parking signs)
FIRE:	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES:	On-site Presence, Logistics Help, Liaison with Other Ddepartments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name:	Nicole Carlisle	Title:	President	Date:	1/17/20
Co-Sign:		Title:		Date:	

NOTE: a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

Condition		Obligation
☑ Public Invited		General Liability Insurance
☑ Located in Park		Park Permit
☐ Vending Product / Merchandise Sales		Occupational License
☐ Vending Food / Beverage		Health Inspection
☐ Vendors / Exhibitors	How many?	
☐ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☐ Erecting Tents - Larger than 10ft x 12ft	How many?	Temporary Structure Permit
☐ Fence Installation	What type?	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☐ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☐ Staging	☐ Professional ☐ Showmobile ☐ Other	
☐ Amplified Sound	☐ Performers ☐ Announcement Only	
☐ Security	☐ Daytime - Private ☐ Overnight - Private ☐ Event Time Frame - SPPD	
☑ Sanitary Facilities - Port-O-Lets	Regular Units \ Disabled Units (Hand Washing \	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

- ☑ Invitations
- ☑ Posters / Flyers
- ☑ Newspaper / Internet
- ☑ Radio
- ☑ Television
- ☐ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☐ YES ☐ NO

If YES, check all that apply. ☐ RV'S ☐ Coffee Vendors ☐ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☐ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

n/a

Will you supply your own generators? ☐ YES ☐ NO

Will your event have a licensed electrician on-site during the event? ☐ YES ☐ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

n/a

If City permits, licenses, or services are required for event, who will pay for them?

Name: HVNA Phone: 941-350-7531

Address (including zip): P.O. Box 15134 St. Pete, FL 33733

Type of music, # of stages, and # of bands.

n/a

List Vending Products. Name & Provider.

n/a

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

n/a

Explain subject/purpose of all speeches/demonstrations which will occur.

n/a

Discuss your load in/load out parking needs, include times and dates.

n/a

Other Comments: Please describe your fee structure.

$20 advanced tickets
$25 day-of tickets
ad sales for the event brochure

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: Nicole Carlisle Title: President Date: 1/20/20

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: Historic Kenwood Neighborhood Association

Name of Responsible Party (President or CEO ONLY): Nicole Carlisle

Title of Responsible Party: President

Physical Address of Responsible Party: 3210 7th Ave N St. Pete, FL 33713

Phone Number of Responsible Party: 941-350-7531

Email Address of Responsible Party: president@historickenwood.org

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: Bungalow Fest 2019
Date(s) of Event: 11/2/19

I. REVENUE SOURCES (attach sheet if more space is needed)

		Amount
1.	Ticket sales	$ 14,905
2.	Brochure ad sales	$ 2650
3.	~~Donations/Sponsorships~~	
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$ 17,555

II. EXPENSES (attach sheet if more space is needed)

1.	Portable sanitation	$ 275.00
2.	T-shirts	$ 925.00
3.	Brochures and postcards	$ 2671.50
4	Social media	$ 400.00
5.	Volunteer lunch / thank-you party	$ 400.00
6.	Homeowner reception	$ 375.00
7.	Homeowner plaques	$ 375.00
8.	Supplies	$ 150.00
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$ 5571.00
	TOTAL NET INCOME	$ 11,984

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

1.	HKNA projects, programs, and activities	$ 11,984
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	

Prepared by: Nicole Carlisle
Date: 1/27/20

Print Application

Submit Application by E

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAY 18 2011

HISTORIC KENWOOD NEIGHBORHOOD
ASSOCIATION INC
PO BOX 15134
ST PETERSBURG, FL 33733-5134

Employer Identification Number:
57-0953652
DLN:
17053258328010
Contact Person:
JEFFREY GAUNCE ID# 31614
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
September 10, 2010
Contribution Deductibility:
Yes
Addendum Applies:
Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

HISTORIC KENWOOD NEIGHBORHOOD

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC

HISTORIC KENWOOD NEIGHBORHOOD

ADDENDUM

The effective date of your exemption under IRC 501(c)(3) begins September 10, 2010, the postmark date of your application for exemption. Donations made prior to this date are not deductible to the donor.

Detail by Entity Name

Florida Not For Profit Corporation
HISTORIC KENWOOD NEIGHBORHOOD ASSOCIATION, INC.

Filing Information

Document Number	N38463
FEI/EIN Number	57-0953652
Date Filed	06/01/1990
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	01/18/2011
Event Effective Date	NONE

Principal Address

2750 BURLINGTON AVE. N.
ST. PETERSBURG, FL 33713

Changed: 03/07/2019

Mailing Address

POST OFFICE BOX 15134
ST. PETERSBURG, FL 33733-5134

Changed: 04/08/2005

Registered Agent Name & Address

Aude, Kay W
2750 Burlington Ave.N
ST. PETERSBURG, FL 33713

Name Changed: 04/09/2019

Address Changed: 04/09/2019

Officer/Director Detail

Name & Address

Title PRES

Carlisle, Caroline Nicole
POST OFFICE BOX 15134
ST. PETERSBURG, FL 33733-5134

Title VP

Burnett, Sara-Ellen
POST OFFICE BOX 15134
ST. PETERSBURG, FL 33733-5134

Title SEC

Baker, MJ
POST OFFICE BOX 15134
ST. PETERSBURG, FL 33733-5134

Title TRES

Aude, Kay W
POST OFFICE BOX 15134
ST. PETERSBURG, FL 33733-5134

Annual Reports

Report Year	Filed Date
2017	01/06/2017
2018	02/14/2018
2019	04/09/2019

Document Images

04/09/2019 -- ANNUAL REPORT	View image in PDF format
02/14/2018 -- ANNUAL REPORT	View image in PDF format
01/06/2017 -- ANNUAL REPORT	View image in PDF format
01/06/2016 -- ANNUAL REPORT	View image in PDF format
01/10/2015 -- ANNUAL REPORT	View image in PDF format
01/04/2014 -- ANNUAL REPORT	View image in PDF format
01/19/2013 -- ANNUAL REPORT	View image in PDF format
01/11/2012 -- ANNUAL REPORT	View image in PDF format
01/18/2011 -- Amendment	View image in PDF format
01/17/2011 -- ANNUAL REPORT	View image in PDF format
01/04/2010 -- ANNUAL REPORT	View image in PDF format
02/05/2009 -- ANNUAL REPORT	View image in PDF format
01/18/2008 -- ANNUAL REPORT	View image in PDF format
10/19/2007 -- Amendment	View image in PDF format
04/15/2007 -- ANNUAL REPORT	View image in PDF format
04/28/2006 -- ANNUAL REPORT	View image in PDF format
04/08/2005 -- ANNUAL REPORT	View image in PDF format
08/13/2004 -- ANNUAL REPORT	View image in PDF format
04/21/2003 -- ANNUAL REPORT	View image in PDF format
03/24/2002 -- ANNUAL REPORT	View image in PDF format
04/30/2001 -- Name Change	View image in PDF format
03/27/2001 -- ANNUAL REPORT	View image in PDF format
01/22/2000 -- ANNUAL REPORT	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 29280
Date: 17 Jan 2020

User: JSBENNIN
Status: Firm

HISTORIC KENWOOD NEIGHBORHOOD ASSOC
NICOLE CARLISLE
PO BOX 15134
ST PETERSBURG FL 33733 5134 USA

Primary #: (813) 712-0796
Secondary #: ()
Other #: ()

Purpose of Use: BUNGALOWFEST **Expected: 800** **Co-Sponsored Event**

Contract Balance $0.00

Conditions of Use: Insurance Required

Other Information:

Use of beer and wine	No
Use of fencing	No
Use of liquor	No

Date(s) and Time(s) of Use: **Starting: Sat 07 Nov 20 06:00 am** **Ending: Sat 07 Nov 20 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Seminole Park	Sat	07 Nov 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
				$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	$60.00	$0.00	($110.00)

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
05 Feb 2019	$30.00	Check	Rental	3239946
27 Feb 2019	$30.00	Check	Rental	3258504

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) **NICOLE CARLISLE**

HISTORIC KENWOOD NEIGHBORHOOD ASSOC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name): _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

Supervisor II / Foreman	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1/12/20
Check or Cash:
Application #: 7
Packet: A
Permit #: 29267

Event Title: St Pete Run Fest Phone No.: 727-417-4294 Fax No.:

Entity Name: EndorFun Sports (owner of St Pete Run Fest) Federal I.D. Number: 04-3590391

Event Date(s): 11/13/20-11/15/20 Location: Albert Whitted Park

Day 1 of Event: 11/13/20 Time Gates Open: 2:00 PM Ending Time: 7:00PM

Day 2 of Event: 11/14/20 Time Gates Open: 5:30 AM Ending Time: 3:00 PM

Day 3 of Event: 11/15/20 Time Gates Open: 5:30 AM Ending Time: 3:00 PM

Application Prepared by: Ryan Jordan Phone: 727-417-4294

Title: Co- Founder Cell Phone: 727-417-4294

Address: PO Box 2106 City: St Petersburg State: FL Zip: 33731

Email Address: ryan@stpeterunfest.org

Additional Contact Person: Keith Jordan Day Phone: 512-608-5857

What month/year were you incorporated as nonprofit? N/A

List all 501(c)3 entities that will benefit from this event. St Pete Free Clinic, American Cancer Society, Jump for Kids, Salvation Army

Name of the for-profit entity? EndorFun Sports

Describe your event with details.

The St Pete Run Fest is 4th year event bringing together the local community and visitors from outside the Tampa Bay area. The event includes running distances of half marathon, 10K, 5K and kids race. By highlighting the local businesses and activities that make St. Pete unique, we will give our participants a one-of-a-kind St. Pete experience. We aim to encourage health/fitness by offering St. Pete residents the opportunity to participate in our running races, as well as our Health & Fitness Expo. (Health & Fitness Expo is free to all) The St. Pete Run Fest will be a great addition to the "Healthy St. Pete" initiative.

Describe what economic benefit and impact this event will bring to St. Petersburg.

The St. Pete Run Fest will draw visitors from outside the Tampa Bay area, filling local hotels and restaurants, and providing an influx of outside money to local businesses. Over 1,000 registered from over 100 miles away in 2019 netting over 1,400 bed nights. Run Fest sources a majority of supplies for event locally.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? ☒ YES ☐ NO How much? $1 million per occ/$2 million 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: varies Day of: varies

Please provide the website address for your event. www.stpeterunfest.org

Please provide a phone number that can be advertised to the public. 727-417-4294

What is the estimated attendance for this event? Spectators 4,000 Participants 6,500 Last Year's Total Attendance 10,000

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) Yes

Bleacher(s) needed. Each bleacher approx. 180 people) No

Tables (6 ft) # needed _____ Chairs # needed _____

Public Address System _____

# of portable risers needed (4 in. x 8 in. x 16 in. sections) 4

Special Events Facilities

- [x] Mahaffey Theater
- [ ] Coliseum
- [ ] Sunken Gardens
- [ ] Boyd Hill

- [ ] Non-City Locations

Which Location? _____

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE:	Public Safety Personnel, Marine Services
TRAFFIC:	Personnel, Equipment (cones, barricades, no parking signs)
FIRE:	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES:	On-site Presence, Logistics Help, Liaison with Other Ddepartments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name:	Ryan Jordan	Title:	Co Founder	Date:	1/9/20
Co-Sign:		Title:	President of Jump Parkour	Date:	1/9/20

NOTE:
a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**
b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**
c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,
727-893-7766 or EMAIL: StPeteEvents@stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? Over 30 Vendors / Exhibitors	
☒ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 5	Temporary Structure Permit
☒ Fence Installation	What type? Barricades, snow fencing, bike racks	Temporary Structure Permit
☒ Other Structures	What structure? Truss, risers, vendor activations	Temporary Structure Permit
☒ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☒ VIP Area		
☒ Staging	☒ Professional ☒ Showmobile ☐ Other	
☒ Amplified Sound	☒ Performers ☐ Announcement Only	
☒ Security	☐ Daytime - Private ☒ Overnight - Private ☒ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 40 Disabled Units 2 Hand Washing 10	
☒ Off-site Parking / Shuttle		
☒ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

☒ Invitations	☒ Radio
☒ Posters / Flyers	☒ Television
☒ Newspaper / Internet	☒ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☒ YES ☐ NO

If YES, check all that apply. ☐ RV'S ☒ Coffee Vendors ☒ Ice Bins ☒ Freezers ☐ Ice Cream Vendors ☒ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Requirements should mirror 2019 needs.

Will you supply your own generators? ☒ YES ☐ NO

Will your event have a licensed electrician on-site during the event? ☐ YES ☒ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

Noise ordinance for course to allow for moderate sounds from on-course entertainment

If City permits, licenses, or services are required for event, who will pay for them?

Name: EndorFun Sports Phone: 727-417-4294

Address (including zip): PO Box 2106, St Petersburg, FL 33731

Type of music, # of stages, and # of bands.

DJ/announcer at finish line with music. Showmobile stage with live music/band at Albert Whitted. Musicians/entertainers along the course.

List Vending Products. Name & Provider.

Complete list to be added later. Products will include Running gear - clothing, shoes, accessories; health/fitness products.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

Jump for Kids, Jeff Pope, info@jumpforkidsfl.org and phone number: 727-512-5679

Explain subject/purpose of all speeches/demonstrations which will occur.

None

Discuss your load in/load out parking needs, include times and dates.

Load in Wednesday, Nov 11 morning starting at 8am at Al Lang Park and along Bayshore Drive. Race start/finish line structure set-up on Bayshore Blvd. Loud out will be on Sunday, afternoon November 15th.

Other Comments: Please describe your fee structure.

Half-marathon, 10K, 5K and Kids Run have different entry fee prices ranging from $15-$120. Health & Wellness expo vendors price is on average $400 for a 10x10 booth space.

Other comments:

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Ryan Jordan Title: Co Founder Date: 1/9/20

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: Jump for Kids, Inc

Name of Responsible Party (President or CEO ONLY): Jeff Pope

Title of Responsible Party: CEO

Physical Address of Responsible Party: 850 21st Avenue North, St Petersburg, FL 33704

Phone Number of Responsible Party: 727-512-5679

Email Address of Responsible Party: info@jumpforkidsfl.org

Nonprofit (Employee Identification Number): 46-2587239

Name of the **For-profit** Corporation: EndorFun Sports

Name of Responsible Party (President or CEO ONLY): Ryan Jordan

Title of Responsible Party: President

Physical Address of Responsible Party: 131 Giralda Blvd NE, St Petersburg, FL 33704

Phone Number of Responsible Party: 727-417-4294

Email Address of Responsible Party: ryan@stpeterunfest.org

For-profit (Employee Identification Number) 04-3590391

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: ryan@stpeterunfest.org

APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: St Pete Run Fest
Date(s) of Event: Nov 15, 2019 - Nov 17, 2019

I. REVENUE SOURCES (attach sheet if more space is needed)

		Amount
1.	Race Registration, Sponsorship and Vendor Fees	$430,110.00
2.		
3.		
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$430,110.00

II. EXPENSES (attach sheet if more space is needed)

1.	City Services, Athlete Amenities, Race Operations, Charity Contributions	$393,626.00
2.		
3.		
4		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$393,626.00
	TOTAL NET INCOME	$36,484.00

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

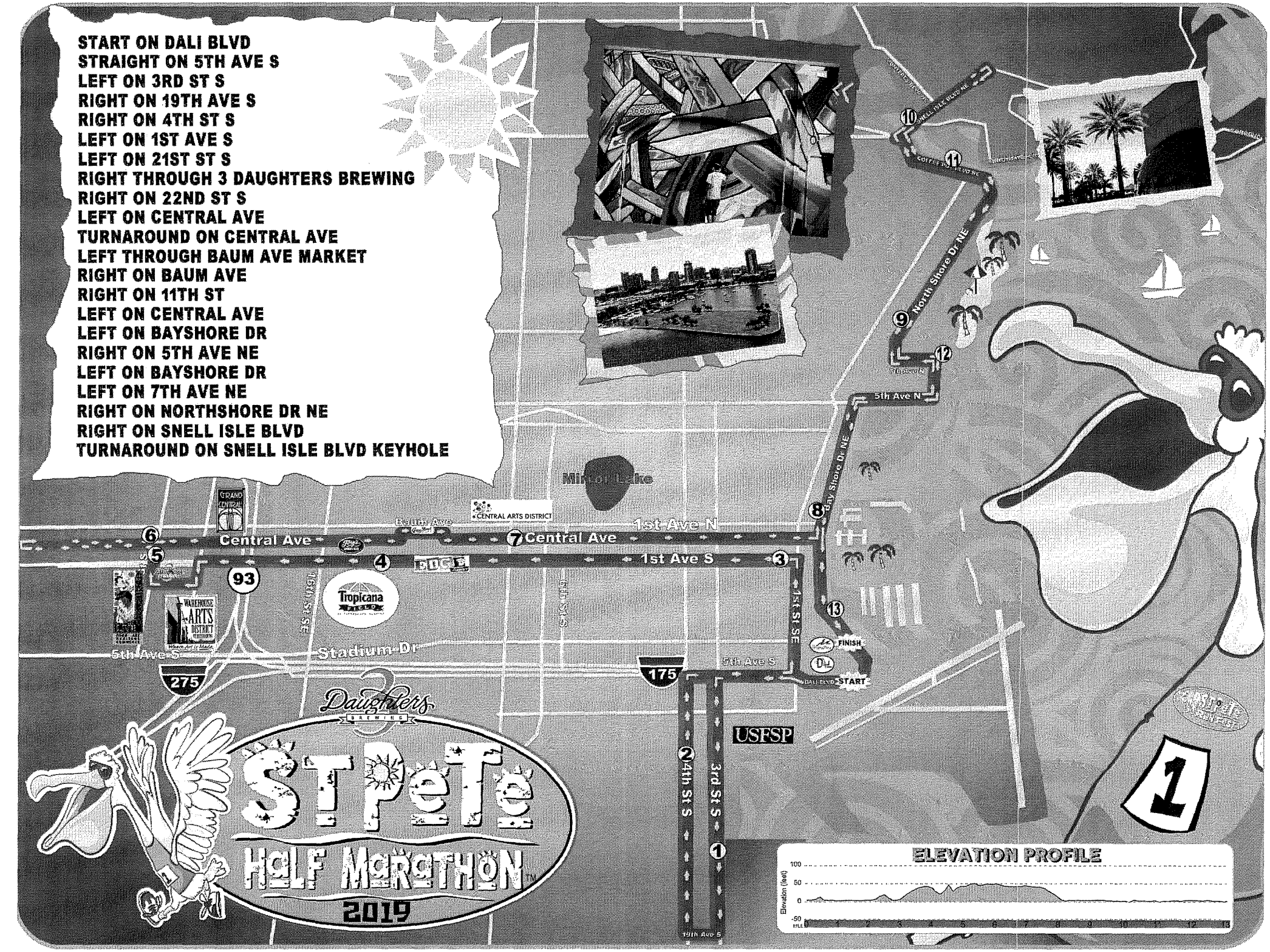
1.	Reinvestment in Event	
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	

Prepared by: Ryan Jordan Date: Jan 9, 2020

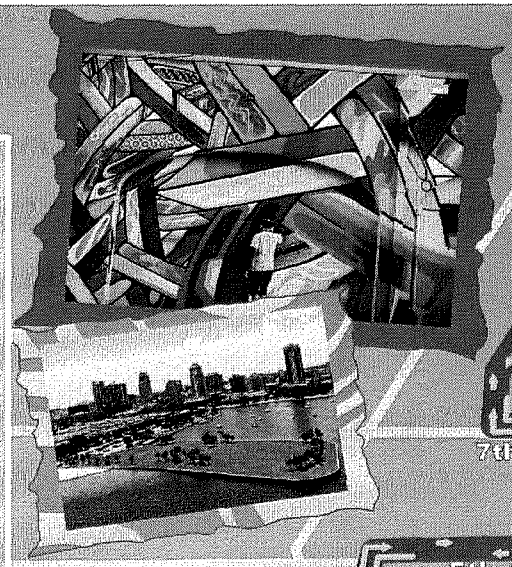
Print Application

Submit Application by Email

START ON DALI BLVD
STRAIGHT ON 5TH AVE S
LEFT ON 3RD ST S
RIGHT ON 19TH AVE S
RIGHT ON 4TH ST S
LEFT ON 1ST AVE S
LEFT ON 21ST ST S
RIGHT THROUGH 3 DAUGHTERS BREWING
RIGHT ON 22ND ST S
LEFT ON CENTRAL AVE
TURNAROUND ON CENTRAL AVE
LEFT THROUGH BAUM AVE MARKET
RIGHT ON BAUM AVE
RIGHT ON 11TH ST
LEFT ON CENTRAL AVE
LEFT ON BAYSHORE DR
RIGHT ON 5TH AVE NE
LEFT ON BAYSHORE DR
LEFT ON 7TH AVE NE
RIGHT ON NORTHSHORE DR NE
RIGHT ON SNELL ISLE BLVD
TURNAROUND ON SNELL ISLE BLVD KEYHOLE



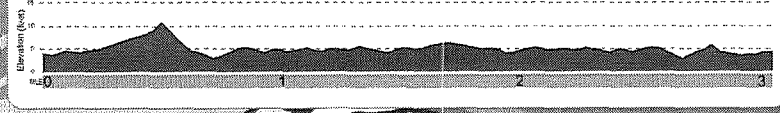
START ON DALI BLVD
RIGHT ON 1ST ST SE
LEFT ON 2ND AVE S
RIGHT ON 3RD ST SE
RIGHT ON CENTRAL AVE
LEFT ON BAYSHORE DR NE
RIGHT ON 5TH AVE N
LEFT ON 7TH AVE N
RIGHT ON NORTH SHORE DR NE
TURNAROUND ON NORTH SHORE DR NE
CONTINUE ON NORTH SHORE DR NE
LEFT ON 7TH AVE N
RIGHT ON 5TH AVE N
LEFT ON BAYSHORE DR NE
FINISH ON BAYSHORE DR NE



North Shore Dr NE
7th Ave N
5th Ave N
Bay Shore Dr NE
2nd Ave N
1st Ave N
Central Ave
1st Ave S
2nd Ave S
1st St SE
5th Ave S
FINISH
START
DALI BLVD
ALBERT WHITTED PARK

OUTBACK STEAKHOUSE®
SUNSHINE CITY 5K
ST PETERSBURG, FL

ELEVATION PROFILE



1

START ON DALI BLVD

RIGHT ON 1st ST S

LEFT ON 2nd Ave S

RIGHT on 3rd ST S

LEFT ON CENTRAL AVE

TURNAROUND AT ROUNDABOUT AT CENTRAL/11th ST

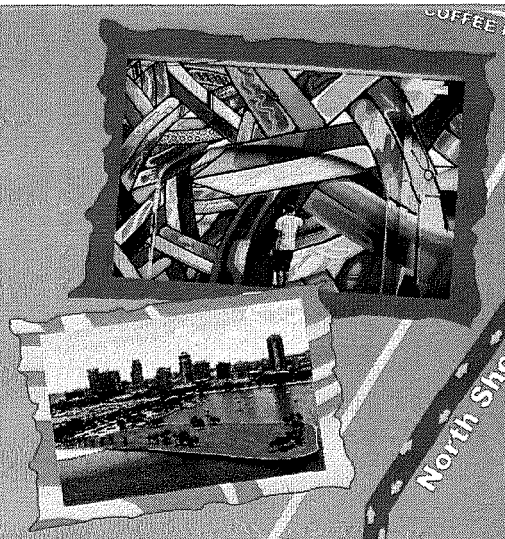
LEFT ON BAYSHORE DR NE

RIGHT ON 5th AVE N

LEFT ON BAYSHORE DR NE

RIGHT ON 7th AVE N

TURNAROUND ON NORTH SHORE DR



COFFEE POT BLVD NE

North Shore Dr NE

7th Ave N

5th Ave N

Bay Shore Dr NE

1st Ave N

Central Ave

Central Ave

1st Ave S

2nd Ave S

8th

1st St SE

ALBERT WHITTED PARK

FINISH

START

DALI BLVD

5th Ave S

175

Rollin' Oats Tropical 10K

Detail by Entity Name

Foreign Limited Liability Company
ENDORFUN SPORTS, LLC

Filing Information

Document Number	M16000008985
FEI/EIN Number	04-3590391
Date Filed	11/07/2016
State	NH
Status	ACTIVE

Principal Address

1200 EDEN ISLE BLVD. NE
ST. PETERSBURG, FL 33704

Mailing Address

1200 EDEN ISLE BLVD. NE
ST. PETERSBURG, FL 33704

Registered Agent Name & Address

Jordan, Paula P
6401 1st Ave S
Ste 2
ST. PETERSBURG, FL 33707

Name Changed: 01/13/2020

Address Changed: 01/13/2020

Authorized Person(s) Detail

Name & Address

Title CEO

JORDAN, KEITH
1200 EDEN ISLE BLVD. NE
ST. PETERSBURG, FL 33704

Title CFO

JORDAN, CLAIRE
1200 EDEN ISLE BLVD. NE
ST. PETERSBURG, FL 33704

Title CBDO

Jordan, Ryan
PO Box 2106
ST. PETERSBURG, FL 33731

Annual Reports

Report Year	Filed Date
2018	02/07/2018
2019	02/11/2019
2020	01/13/2020

Document Images

01/13/2020 – ANNUAL REPORT	View image in PDF format
02/11/2019 – ANNUAL REPORT	View image in PDF format
02/07/2018 – ANNUAL REPORT	View image in PDF format
06/30/2017 – ANNUAL REPORT	View image in PDF format
11/07/2016 – Foreign Limited	View image in PDF format

Detail by Entity Name

Florida Not For Profit Corporation
JUMP FOR KIDS, INC

Filing Information

Document Number	N13000003729
FEI/EIN Number	46-2587239
Date Filed	04/18/2013
Effective Date	04/20/2013
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	01/19/2015

Principal Address

850 21 ave N
St Petersburg, FL 33704

Changed: 01/19/2015

Mailing Address

850 21 ave N
St Petersburg, FL 32225

Changed: 01/19/2015

Registered Agent Name & Address

POPE, JEFFREY M
850 21 ave N
St Petersburg, FL 33704

Name Changed: 01/19/2015

Address Changed: 01/19/2015

Officer/Director Detail

Name & Address

Title President

POPE, JEFFREY
850 21 ave N
St Petersburg, FL 33704

Title Officer

MICOLUCCI, VICTOR
1707 strand st
Neptune Beach, FL 32266

Title Officer

WEBER, SUZIE M
13150 ANNANDLE DR.S
JACKSONVILLE, FL 32225

Title VP

Burger , Andrew Vinh
341 14th avenue NE
St Petersburg, FL 33704

Title Officer

Hughes, Zachary
116 44th AVN NE
St Petersburg, FL 33703

Title Officer

Dianne, Cohors
508 Santa Cruz Place
Unit D
Saint Petersburg, FL 33703

Title Officer

Gerleve, Dominic
2308 Alta Canada Lane
apt 1237
Fort Worth, TX 76177

Annual Reports

Report Year	Filed Date
2017	01/16/2017
2018	01/11/2018
2019	02/11/2019

Document Images

02/11/2019 -- ANNUAL REPORT	View image in PDF format
01/11/2018 -- ANNUAL REPORT	View image in PDF format
01/16/2017 -- ANNUAL REPORT	View image in PDF format
01/07/2016 -- ANNUAL REPORT	View image in PDF format
01/19/2015 -- REINSTATEMENT	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 29267
Date: 17 Jan 2020

User: JSBENNIN
Status: Firm

ENDORFUN SPORTS LLC
CLAIRE JORDAN
1200 EDEN ISLAND BLVD NE
ST PETERSBURG FL 33704 USA

Primary #: (727) 417-4294
Secondary #: (727)
Other #: ()

Purpose of Use: ST PETE RUN FEST

Expected: 10,000

Co-Sponsored Event

Contract Balance $430.00

Conditions of Use: Insurance Required

Other Information:

Use of beer and wine	Yes
Use of fencing	Yes
Use of liquor	No

Date(s) and Time(s) of Use: **Starting: Wed 11 Nov 20 06:00 am** **Ending: Mon 16 Nov 20 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Wed	11 Nov 2020	06:00 AM	$0.00	$400.00	$0.00	$400.00
Park		16 Nov 2020	09:00 PM				
Al Lang Park	Sat	14 Nov 2020	06:00 AM	$0.00	$0.00	$0.00	$0.00
Park		15 Nov 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	135:00	2	$400.00	$0.00	$400.00
		2	$400.00	$0.00	$400.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$430.00	$0.00	$430.00	$0.00	$0.00	$430.00	$660.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By: (Sign Name)

(Print Name) **CLAIRE JORDAN**

ENDORFUN SPORTS LLC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By: (Sign Name):
Parks and Recreation Superintendent

(Print Name)
Parks and Recreation Department

Supervisor II / Foreman	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1/7/20
Check or Cash:
Application #:
Packet: A
Permit #: 29148

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 28-29, 2020 | Location: Vinoy Park

Day 1 of Event: Nov 28 | Time Gates Open: 10 am | Ending Time: 5 pm

Day 2 of Event: Nov 29 | 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 Pete | State: FL | Zip: 33747

Email Address: ester@localshops1.com

Additional Contact Person: Bob Sitten | Day Phone: 727-637-6983

What month/year were you incorporated as nonprofit? LocalShops1 incorporated in 2008; we are not a non-profit

List all 501(c)3 entities that will benefit from this event. First Party Coalition, CONA, and more TBD

Name of the for-profit entity? LocalShops1

Describe your event with details.

Shopapalooza Festival is the biggest Small Business Saturday (and Sunday!) celebration in the Southeast perhaps even in the entire nation. The festival features 250 artists, makers, and other locally owned businesses, plus free live entertainment (stage as well as strolling entertainers), free crafts and other activities for children as well as adults, an outdoor food hall, a neighborhood Christmas tree display, and much more.

Admission is free and open to the public. Shopapalooza 2020 will be the 11th annual celebration!

(We checked yes on beer/wine to keep option open; will let you know if we go ahead with it as event gets closer)

Describe what economic benefit and impact this event will bring to St. Petersburg.

Shopapalooza Festival brings 15,000+ shoppers to downtown St. Petersburg, many traveling from Hillsborough, Sarasota and other surrounding counties, as well, as from throughout Florida, and making a weekend out of it. For many it's their first time in St. Pete!

Results from our vendor survey from Shopapalooza 2019 shows that vendors on average each generated between $1,500 and $7,000 in sales, so we estimate the total money pumped DIRECTLY into the local economy to be at minimum $500,000. That's money going to local businesses, who are re-investing it locally. Many vendors report that Shopapalooza is their most profitable event of the year. In addition, many local businesses are discovered during 'Palooza, and result in new business at our local brick-and-mortars.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? ☒ YES ☐ NO How much? $1 million

Are there plans to sell or distribute beer/wine at your event? ☒ YES ☐ NO

Will there be an admission / registration fee? ☐ YES ☒ NO Advanced Fee: Day of:

Please provide the website address for your event. www.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 15,000 Participants 250 Last Year's Total Attendance 15,000?

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) No

Bleacher(s) needed. Each bleacher approx. 180 people)

Tables (6 ft) # needed Chairs # needed

Public Address System

# of portable risers needed (4 in. x 8 in. x 16 in. sections)

Special Events Facilities

- ☐ Mahaffey Theater
- ☐ Coliseum
- ☐ Sunken Gardens
- ☐ Boyd Hill

☐ Non-City Locations

Which Location?

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE:	Public Safety Personnel, Marine Services
TRAFFIC:	Personnel, Equipment (cones, barricades, no parking signs)
FIRE:	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES:	On-site Presence, Logistics Help, Liaison with Other Ddepartments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name:		Title:	LOCAL SWIPSI PRESIDENT	Date:	12/27/2019
Co-Sign:		Title:	president, First Party Coalition Inc	Date:	12/27/2019

NOTE: a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? Over 30 Vendors / Exhibitors	
☒ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 1	Temporary Structure Permit
☒ Fence Installation	What type? Not sure yet	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☐ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☒ Staging	☒ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☒ Performers ☐ Announcement Only	
☒ Security	☐ Daytime - Private ☒ Overnight - Private ☐ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units 10 Disabled Units 6 Hand Washing 6	
☒ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

- ☒ Invitations
- ☒ Posters / Flyers
- ☒ Newspaper / Internet
- ☒ Radio
- ☐ Television
- ☐ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☑ YES ☒ NO

If YES, check all that apply. ☐ RV'S ☑ Coffee Vendors ☐ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☑ Catering Trucks

☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

4 30 amp connections

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: 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.

Local musicians/bands: Original music and cover bands
DJ: holiday tunes, top 40
Community performances: St Pete Music Factory, other community groups

List Vending Products. Name & Provider.

Local artists, makers and small businesses. List of 2019 vendors is on our website, and will be updated with the 2020 vendors by early summer.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

TBD -- We should know by end of February if we're going ahead with a beer/wine garden, and can update information then.

Explain subject/purpose of all speeches/demonstrations which will occur.

No speeches/demonstrations. This is a fun holiday festival to help our local businesses kick off the season!

Discuss your load in/load out parking needs, include times and dates.

Vendor setup Friday Nov 27, starting early in the morning.

Other Comments: Please describe your fee structure.

Our fee structure:
Vendor fees vary from $175 to $400 for a 10 by 10 space, and that includes a LocalShops1 annual membership ($100 value); sponsorships available starting at $500.

Admission to the event is absolutely free.

Other comments:

Thank you to the City of St Petersburg for hosting Shopapalooza Festival! We're looking forward to celebrating our festival's 11th year downtown!

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: president, LocalShops Date: 12/27/2019

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.**

Check #1564 —
$630 — ATTACHED

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: First Party Coalition, Inc

Name of Responsible Party (President or CEO ONLY): Moises Venouziou

Title of Responsible Party: president

Physical Address of Responsible Party: 234 68th St N, St. Petersburg FL 33710

Phone Number of Responsible Party: 727-686-3565

Email Address of Responsible Party: mvenouziou@gmail.com

Nonprofit (Employee Identification Number): 38-4092094

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: president

Physical Address of Responsible Party: 4913 28th Ave 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

Address

City, State, Zip

☒ BY EMAIL

Email Address: ester@localshops1.com

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 30, 2019 - Dec 1, 2019

I. REVENUE SOURCES (attach sheet if more space is needed) **Amount**

1.	Vendor and Sponsor Fees	40,000
2.		
3.		
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	

II. EXPENSES (attach sheet if more space is needed)

1.		
2.		
3.	TBD-	
4	AWAITING FINAL BILLS	
5.	FROM THE CITY	
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

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: SEP 27 2018

FIRST PARTY COALITION INC
234 68TH ST N
ST PETERSBURG, FL 33710-7610

Employer Identification Number:
38-4092094
DLN:
26053667006508
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
July 04, 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.

FIRST PARTY COALITION INC

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 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
2018	01/19/2018
2019	02/12/2019
2020	01/17/2020

Document Images

01/17/2020 -- ANNUAL REPORT View image in PDF format

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

Detail by Entity Name

Florida Not For Profit Corporation
FIRST PARTY COALITION, INC.

Filing Information

Document Number	N18000007485
FEI/EIN Number	38-4092094
Date Filed	07/09/2018
Effective Date	07/04/2018
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	08/22/2018
Event Effective Date	NONE

Principal Address

234 68TH ST N
ST PETERSBURG, FL 33710

Mailing Address

234 68TH ST N
ST PETERSBURG, FL 33710

Registered Agent Name & Address

VENOUZIOU, MOISES
234 68TH ST N
ST PETERSBURG, FL 33710

Officer/Director Detail

Name & Address

Title President, Secretary

VENOUZIOU, MOISES
234 68TH ST N
ST PETERSBURG, FL 33710

Title VP

BILAL-STRUBLE, DILARA
4039 2ND AVE NE
SEATTLE, WA 98105

Title Treasurer

Brickfield, Neil
3755 46 Ave N
St Petersburg, FL 33714

Annual Reports

Report Year	Filed Date
2019	01/14/2019

Document Images

01/14/2019 – ANNUAL REPORT	View image in PDF format
08/22/2018 – Amendment	View image in PDF format
07/09/2018 – Domestic Non-Profit	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 29148
Date: 09 Jan 2020

User: JSBENNIN
Status: Firm

LOCAL SHOPPER LLC
ESTER VENOUZIOU
4913 28TH AVE S
GULFPORT FL 33707 USA

Primary #: (727) 637-5586
Secondary #: ()
Other #: ()

Purpose of Use: SHOPAPALOOZA FESTIVAL

Expected: 15,000

Co-Sponsored Event

Contract Balance $0.00

Conditions of Use: Insurance Required

Other Information:

Use of beer and wine	Yes
Use of fencing	Yes
Use of liquor	No

Date(s) and Time(s) of Use: **Starting: Fri 27 Nov 20 06:00 am** **Ending: Mon 30 Nov 20 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Fri	27 Nov 2020	06:00 AM	$0.00	$600.00	$0.00	$600.00
Vinoy Park		30 Nov 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)	87:00	2	$600.00	$0.00	$600.00
		2	$600.00	$0.00	$600.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$630.00	$0.00	$630.00	$0.00	$630.00	$0.00	($200.00)

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
19 Feb 2019	$200.00	Check	Rental	3251840
09 Jan 2020	$430.00	Check	Rental	3503744

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By:(Sign Name) _____

(Print Name) **ESTER VENOUZIOU**

LOCAL SHOPPER LLC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name): _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

_____ Supervisor II / Foreman	☐ Approved or	☐ Rejected	Date: _____
_____ Manager	☐ Approved or	☐ Rejected	Date: _____
_____ Manager	☐ Approved or	☐ Rejected	Date: _____

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1/18/20
Check or Cash: $30
Application #: 18
Packet: A
Permit #: 29295

Event Title: St. Petersburg Science Festival (SPSF) and MarineQues Phone No.: 727.873.4332 Fax No.:

Entity Name: St. Pete Innovation District Federal I.D. Number:

Event Date(s): October 16-17, 2020 Location: Poynter Park

Day 1 of Event: October 16 Time Gates Open: 9:00 am Ending Time: 3:00 pm

Day 2 of Event: October 17 Time Gates Open: 10:00 am Ending Time: 4:00 pm

Day 3 of Event: Time Gates Open: Ending Time:

Application Prepared by: Allison Stribling Phone: 727.873.4332

Title: Festival Director Cell Phone: 850.228.8070

Address: 140 7th Ave S, LPH 314 City: St. Petersburg State: FL Zip: 33701

Email Address: info@stpetescifest.org

Additional Contact Person: Alison Barlow Day Phone: 727.873.4332

What month/year were you incorporated as nonprofit?

List all 501(c)3 entities that will benefit from this event. University of South Florida/State of Florida

Name of the for-profit entity? N/A

Describe your event with details.

Public understanding of science and technology is one of the most important challenges of our times. For our nation and its many communities, science and technology are deeply tied to issues of economic competitiveness, industrial advancement, health, justice, environmental protection and social welfare. Acting as an informed consumer, preparing for the demands of the 21st Century workplace, and weighing decisions as an engaged citizen, all require individuals to grapple with the rapid pace of scientific discovery and technological innovation. Developments in science and technology represent the cutting edge of what we know and can do, making their understanding a crucial component of full and meaningful participation in society. Science Festivals make science and technology a part of the cultural calendar in much the same way that art, music, film and sports festivals engage whole communities. The SPSF and MarineQuest posisitions St. Petersburg as the premier epicenter for science in the SE United States.

Describe what economic benefit and impact this event will bring to St. Petersburg.

Festival attendees were also asked about whether they were planning to eat out or do any shopping before, during, or after attending the St. Petersburg Science Festival. The results show that a majority of respondents either already had or were planning to eat out or shop.

Among all of the respondents, a significant part (75%) already had or planned to spend over $20 on food or shopping after the festival. Many (20%) already had or were looking to spend over $50.

Fishing, boating and nature activities generate millions of dollars for the St. Petersburg community. All of these activities rely on a healthy population of fish and wildlife species and conservation of our natural environments.

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.scifest.org

Please provide a phone number that can be advertised to the public. 727.873.4332

What is the estimated attendance for this event? Spectators Participants 20,000 Last Year's Total Attendance 15,000

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) yes

Bleacher(s) needed. Each bleacher approx. 180 people)

Tables (6 ft) # needed TBD Chairs # needed TBD

Public Address System yes

# of portable risers needed (4 in. x 8 in. x 16 in. sections) 8

Special Events Facilities

- ☐ Mahaffey Theater
- ☐ Coliseum
- ☐ Sunken Gardens
- ☐ Boyd Hill

☐ Non-City Locations

Which Location?

Poynter Park

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE:	Public Safety Personnel, Marine Services
TRAFFIC:	Personnel, Equipment (cones, barricades, no parking signs)
FIRE:	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES:	On-site Presence, Logistics Help, Liaison with Other Ddepartments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name:	E. Howard Rutherford	Title:	Festival Co-Chair	Date:	1/17/2020
Co-Sign:	Alison Barlow	Title:	Festival Co-Chair	Date:	1/17/2020

NOTE:

a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,
727-893-7766 or EMAIL: StPeteEvents@stpete.org

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☐ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? Over 30 Vendors / Exhibitors	
☐ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 20	Temporary Structure Permit
☒ Fence Installation	What type? bike racks	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☒ Staging	☐ Professional ☒ Showmobile ☐ Other	
☒ Amplified Sound	☒ Performers ☐ Announcement Only	
☒ Security	☐ Daytime - Private ☒ Overnight - Private ☐ Event Time Frame - SPPD	
☐ Sanitary Facilities - Port-O-Lets	Regular Units ____ Disabled Units ____ Hand Washing ____	
☒ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

- ☐ Invitations
- ☒ Posters / Flyers
- ☒ Newspaper / Internet
- ☒ Radio
- ☒ Television
- ☐ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☐ YES ☒ NO

If YES, check all that apply. ☐ RV'S ☐ Coffee Vendors ☐ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☐ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Will you supply your own generators? ☒ YES ☐ NO

Will your event have a licensed electrician on-site during the event? ☐ YES ☒ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

If City permits, licenses, or services are required for event, who will pay for them?

Name: St. Pete Innovation District Phone: 727.873.4332

Address (including zip): 104 7th Ave S, LPH 314, St. Petersburg, FL 33701

Type of music, # of stages, and # of bands.

one stage (Showmobile) for science demonstrations, small acts and emcee

List Vending Products. Name & Provider.

n/a

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

n/a

Explain subject/purpose of all speeches/demonstrations which will occur.

Science demonstrations

Discuss your load in/load out parking needs, include times and dates.

TBD

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: Alison Barlow Title: Festival Co-Chair Date: 1/17/2020

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: St. Pete Innovation District

Name of Responsible Party (President or CEO ONLY): Alison Barlow

Title of Responsible Party: Executive Director

Physical Address of Responsible Party: 140 7th Ave S, LPH 314, St. Petersburg, FL 33701

Phone Number of Responsible Party: 727.873.4332

Email Address of Responsible Party: abarlow@stpeteinnovationdistrict.com

For-profit (Employee Identification Number) 81-2230884

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: Alison Barlow, St. Pete Innovation District

Address: 140 7th Ave S, LPH 314

City, State, Zip: St. Petersburg, FL 33701

☐ BY EMAIL

Email Address:

APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: St. Petersburg Science Festival and Mari

Date(s) of Event: 10/16/2020 - 10/17/2020

I. REVENUE SOURCES (attach sheet if more space is needed)

		Amount
1.	Cash Sponsorships	$80,000
2.	In-Kind Sponsorships	$150,000
3.		
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	

II. EXPENSES (attach sheet if more space is needed)

1.	Cash Expenditures	$75,000
2.	In-Kind Expenditures	$150,000
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: Allison Stribling Date: 1/17/2020

Print Application

Submit Application by E

Detail by Entity Name

Florida Not For Profit Corporation
ST. PETERSBURG INNOVATION DISTRICT, INC.

Filing Information

Document Number	N16000003743
FEI/EIN Number	81-2230884
Date Filed	04/11/2016
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	08/12/2016
Event Effective Date	NONE

Principal Address

140 7th Avenue South
LPH 314
St. Petersburg, FL 33701

Changed: 04/22/2019

Mailing Address

140 7th Avenue South
LPH 314
St. Petersburg, FL 33701

Changed: 04/22/2019

Registered Agent Name & Address

Barlow, Alison
140 7th Avenue South
LPH 314
St. Petersburg, FL 33701

Name Changed: 03/07/2018

Address Changed: 04/22/2019

Officer/Director Detail

Name & Address

Title Treasurer

RUSSELL, RANDALL

744 6TH AVENUE SOUTH
ST. PETERSBURG, FL 33701

Title President

TADLOCK, MARTIN
140 7TH AVENUE SOUTH
ST. PETERSBURG, FL 33701

Title Executive Director, Secretary

Barlow, Alison
140 7TH AVENUE SOUTH
LPH 314
ST. PETERSBURG, FL 33701

Title VP

Kapusta, Robert, Jr.
100 2ND AVENUE SOUTH
#701
ST. PETERSBURG, FL 33701

Annual Reports

Report Year	Filed Date
2017	02/24/2017
2018	03/07/2018
2019	04/22/2019

Document Images

04/22/2019 – ANNUAL REPORT	View image in PDF format
03/07/2018 – ANNUAL REPORT	View image in PDF format
02/24/2017 – ANNUAL REPORT	View image in PDF format
08/12/2016 – Amendment	View image in PDF format
04/11/2016 -- Domestic Non-Profit	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 29295
Date: 21 Jan 2020

User: JSBENNIN
Status: Firm

ST. PETERSBURG INNOVATION DISTRICT
ALLISON STRIBLING
140 7TH AVE. S., LPH 314
ST PETERSBURG FL 33701 USA

Primary #: (727) 873-4332
Secondary #: ()
Other #: ()

Purpose of Use: ST. PETERSBURG SCIENCE FESTIVAL AND MARINEQUEST

Expected: 20,000

Co-Sponsored Event

Contract Balance $200.00

Conditions of Use: Insurance Required

Other Information:

Use of beer and wine	No
Use of fencing	No
Use of liquor	No

Date(s) and Time(s) of Use: **Starting: Tue 13 Oct 20 06:00 am** **Ending: Mon 19 Oct 20 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Poynter Park	Tue	13 Oct 2020	06:00 AM	$0.00	$200.00	$0.00	$200.00
Park		19 Oct 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	159:00	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
21 Jan 2020	$30.00	Check	Rental	3511012

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) **ALLISON STRIBLING**

ST. PETERSBURG INNOVATION DISTRICT
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name): _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

Supervisor II / Foreman	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1/19/20
Check or Cash:
Application #: 19
Packet: A
Permit #: 29297

Event Title: St. Pete / Tampa Bay Walk to End Hydrocephalus | Phone No.: 863-991-4801 | Fax No.:

Entity Name: Hydrocephalus Association | Federal I.D. Number: 94-3000301

Event Date(s): 11-07-2020 | Location: Elva Rouse Park

Day 1 of Event: | Time Gates Open: 5:30am | Ending Time: 3:00pm

Day 2 of Event: | Time Gates Open: | Ending Time:

Day 3 of Event: | Time Gates Open: | Ending Time:

Application Prepared by: K Ryan Haynes | Phone: 863-991-4801

Title: Chairman | Cell Phone: 863-991-4801

Address: 134 N Ridgewood Dr. | City: Sebring | State: FL | Zip: 33870

Email Address: hydrowarriordad@gmail.com

Additional Contact Person: | Day Phone:

What month/year were you incorporated as nonprofit? 05-1991

List all 501(c)3 entities that will benefit from this event. Hydrocephalus Association

Name of the for-profit entity?

Describe your event with details.

The St. Pete / Tampa Walk to End Hydrocephalus is an event to bring families together whom have been impacted by hydrocephalus. This walk will also help raise awareness for this condition as well as raise funding to further research to find a cure.

Describe what economic benefit and impact this event will bring to St. Petersburg.

The St. Pete / Tampa Walk to End Hydrocephalus will bring families participating in this event from various parts of Florida. The event will high-lite the St. Pete area and local businesses through sponsorship.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? ☒ YES ☐ NO How much? 2,000,000.00

Are there plans to sell or distribute beer/wine at your event? ☐ YES ☒ NO

Will there be an admission / registration fee? ☐ YES ☒ NO Advanced Fee: Day of:

Please provide the website address for your event. support.hydroassoc.org

Please provide a phone number that can be advertised to the public. 863-991-4801

What is the estimated attendance for this event? Spectators 20 Participants 120 Last Year's Total Attendance 140

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) No

Bleacher(s) needed. Each bleacher approx. 180 people) no

Tables (6 ft) # needed 12 Chairs # needed 50

Public Address System

# of portable risers needed (4 in. x 8 in. x 16 in. sections) No

Special Events Facilities

- ☐ Mahaffey Theater
- ☐ Coliseum
- ☐ Sunken Gardens
- ☐ Boyd Hill

☐ Non-City Locations

Which Location?

Elva Rouse Park

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE:	Public Safety Personnel, Marine Services
TRAFFIC:	Personnel, Equipment (cones, barricades, no parking signs)
FIRE:	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES:	On-site Presence, Logistics Help, Liaison with Other Ddepartments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name:	K Ryan Haynes	Title:	Chairman	Date:	12-30-19
Co-Sign:	Kristin Haynes	Title:	Vice Chair	Date:	12-30-19

NOTE:

a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,
727-893-7766 or EMAIL: StPeteEvents@stpete.org

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☐ Vending Product / Merchandise Sales		Occupational License
☐ Vending Food / Beverage		Health Inspection
☐ Vendors / Exhibitors	How many?	
☐ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☐ Erecting Tents - Larger than 10ft x 12ft	How many?	Temporary Structure Permit
☐ Fence Installation	What type?	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☐ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☐ Staging	☐ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☐ Performers ☒ Announcement Only	
☐ Security	☐ Daytime - Private ☐ Overnight - Private ☐ Event Time Frame - SPPD	
☐ Sanitary Facilities - Port-O-Lets	Regular Units ☐ Disabled Units ☐ Hand Washing ☐	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

☒ Invitations
☒ Posters / Flyers
☒ Newspaper / Internet
☒ Radio
☐ Television
☐ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☐ YES ☒ NO

If YES, check all that apply. ☐ RV'S ☐ Coffee Vendors ☐ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☐ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

None 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.

None Needed

If City permits, licenses, or services are required for event, who will pay for them?

Name: St. Pete / Tampa Bay Walk to End Hydrocephalus Phone: 863-991-4801

Address (including zip): 134 N Ridgewood Dr. Sebring, FL. 33870

Type of music, # of stages, and # of bands.

1 small stage for announcement purposes. 1 DJ playing family music. No Bands

List Vending Products. Name & Provider.

None

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

None

Explain subject/purpose of all speeches/demonstrations which will occur.

The maid purpose for all speeches is to thank everyone for their attendance and give brief information about Hydrocephalus.

Discuss your load in/load out parking needs, include times and dates.

11-07-2020 gates need to be open at 5:30am. The event will end by 3:00pm.

Other Comments: Please describe your fee structure.

No fees will be required. Registration will also be free. The event is open to the public.

Other comments:

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: K. Ryan Haynes Title: Chairman Date: 12-30-19

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: Hydrocephalus Association

Name of Responsible Party (President or CEO ONLY): Diana Gray

Title of Responsible Party: President and Chief Executive Officer

Physical Address of Responsible Party: 4340 East West Highway suite 905 Bethesda, MD. 20814

Phone Number of Responsible Party: 1-888-598-3789

Email Address of Responsible Party: randi@hydroassoc.org

Nonprofit (Employee Identification Number): 94-3000301

Name of the **For-profit** Corporation:

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

Please include a copy of the the current IRS Nonprofit Affidavit / For Profit

What method of invoicing would your organization prefer?

☐ BY Mail

Contact Name: K Ryan Haynes

Address: 134 N Ridgewood Dr. Sebring. FL. 33870

City, State, Zip: Sebring, FL. 33870

☒ BY EMAIL

Email Address: hydrowarriordad@gmail.com

APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: St. Pete/Tampa Walk to End Hydrocephalus
Date(s) of Event: 11-07-2020 - 11-07-2020

I. REVENUE SOURCES (attach sheet if more space is needed)

		Amount
1.	No Revenue	
2.		
3.		
4		
5.		
6.		
7.		
8.		
	TOTAL GROSS REVENUE	

II. EXPENSES (attach sheet if more space is needed)

1.	DJ	$180.00
2.	Face Painter	$150.00
3.	Snacks/Food	$250.00
4	Ice	$75.00
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
	TOTAL OPERATING EXPENSES	$655.00
	TOTAL NET INCOME	($655.00)

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

1.	Money Raised/Donations	$26,095.00
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	$26,095.00

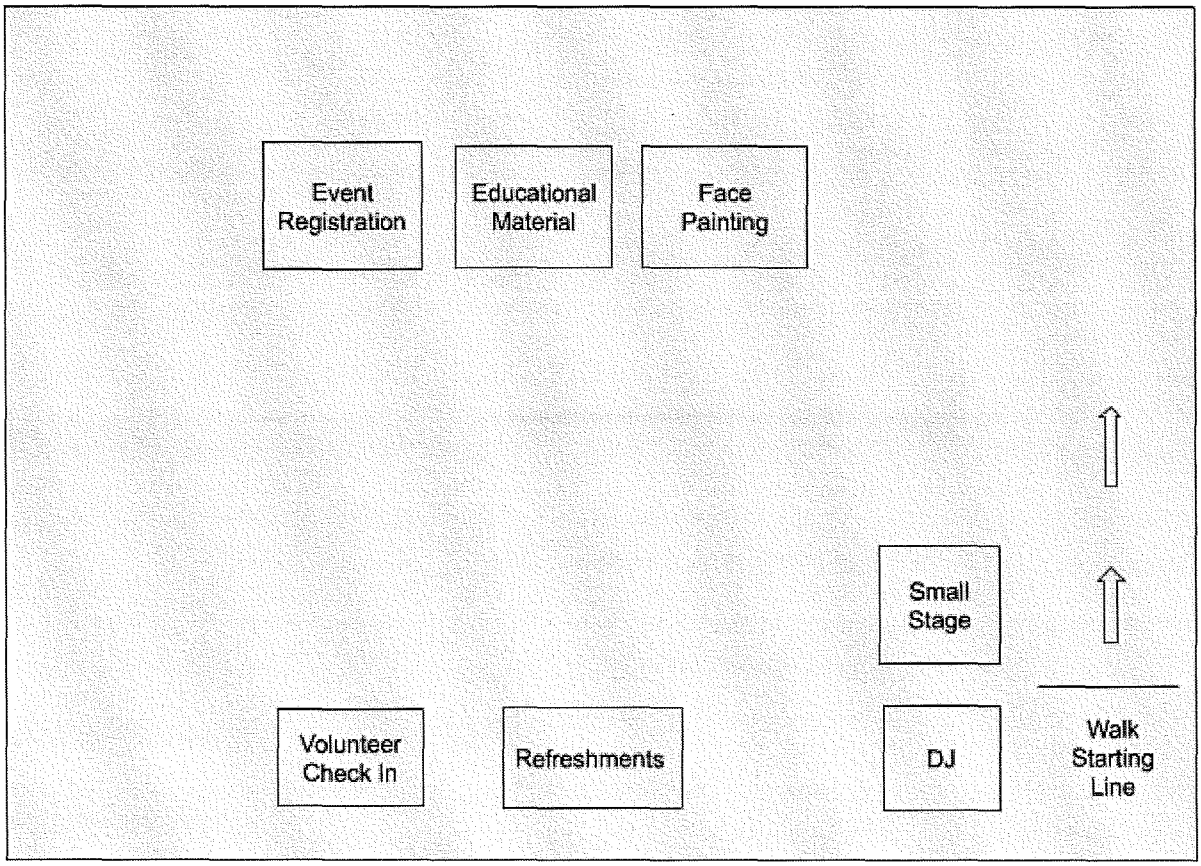
Prepared by: K Ryan Haynes Date: 12-30-19

Print Application

Submit Application by Email

St. Pete/ Tampa Walk to End Hydrocephalus Schedule
November 7, 2020

5:30 AM	Event Set Up
8:30 AM	Meet and Greet
10:00 AM	Opening Ceremony
10:30- 12:30 PM	Hydrocephalus Walk
12:30- 1:30 PM	Closing Ceremonies
2:00 PM	Event Clean Up



Detail by Entity Name

Foreign Not For Profit Corporation
HYDROCEPHASLUS ASSOCIATION INC.

Filing Information

Document Number	F19000002181
FEI/EIN Number	94-3000301
Date Filed	05/01/2019
State	DE
Status	ACTIVE

Principal Address

4340 EAST WEST HIGHWAY, SUITE 905
BETHESDA, MD 20814

Mailing Address

4340 EAST WEST HIGHWAY, SUITE 905
BETHESDA, MD 20814

Registered Agent Name & Address

RODGER, EILEEN
1011 SW 14TH STREET
BOCA RATON, FL 33486

Officer/Director Detail

Name & Address

Title PD

GRAY, DIANA
4340 EAST WEST HIGHWAY, SUITE 905
BETHESDA, MD 20814

Title CST

SAPHIER, BRIAN
4340 EAST WEST HIGHWAY, SUITE 905
BETHESDA, MD 20814

Annual Reports

No Annual Reports Filed

Document Images

05/01/2019 -- Foreign Non-Profit | View image in PDF format

st.petersburg

Contract/Permit

Contract #: 29297
Date: 21 Jan 2020

User: JSBENNIN
Status: Firm

HYDROCEPHALUS ASSOCIATION INC
RYAN HAYNES
134 M RIDGEWOOD DR.
SEBRING FL 33870 USA

Primary #: (863) 991-4801
Secondary #: ()
Other #: ()

Purpose of Use: ST. PETE/TAMPA BAY WALK TO END HYDROCEPHALUS

Expected: 300

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 Nov 20 06:00 am** **Ending: Sat 07 Nov 20 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Elva Rouse Park	Fri	06 Nov 2020	06:00 AM	$0.00	$200.00	$0.00	$200.00
Park		07 Nov 2020	09:00 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	$30.00	$0.00	$30.00
				$30.00

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Permit Fee	39:00	1	$200.00	$0.00	$200.00
		1	$200.00	$0.00	$200.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$230.00	$0.00	$230.00	$0.00	$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) **RYAN HAYNES**

HYDROCEPHALUS ASSOCIATION INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name): _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

Supervisor II / Foreman	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date received: 1/20/20
Check or Cash:
Application #: 20
Packet: A
Permit #: 29298

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 17th, 2020 Location: Grand Central District

Day 1 of Event: October 17th Time Gates Open: 11:00 am Ending Time: 6:00 pm

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: Chair Cell Phone: 727-656-1563

Address: 101 69th Ave. N. City: St. Petersburg State: FL Zip: 33702

Email Address: cjones@comeoutstpete.org

Additional Contact Person: Day Phone:

What month/year were you incorporated as nonprofit? 12/2018

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.

Parade and vendor festival in the Grand Central disctrict, from 20th street to 31st Street.

Describe what economic benefit and impact this event will bring to St. Petersburg.

Increase in business for Grand Central district business owners.

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.

What is the estimated attendance for this event? Spectators 5,000 Participants 200 Last Year's Total Attendance 5,200

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

Condition		Obligation
☒ Public Invited		General Liability Insurance
☐ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? Over 30 Vendors / Exhibitors	
☐ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☐ Erecting Tents - Larger than 10ft x 12ft	How many?	Temporary Structure Permit
☐ Fence Installation	What type?	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☒ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☐ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☐ Staging	☐ Professional ☐ Showmobile ☐ Other	
☐ Amplified Sound	☐ Performers ☐ Announcement Only	
☐ Security	☐ Daytime - Private ☐ Overnight - Private ☐ Event Time Frame - SPPD	
☐ Sanitary Facilities - Port-O-Lets	Regular Units Disabled Units Hand Washing	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

☒ Invitations	☒ Radio
☒ Posters / Flyers	☒ Television
☒ Newspaper / Internet	☐ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☐ YES ☒ NO

If YES, check all that apply. ☐ RV'S ☐ Coffee Vendors ☐ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☐ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Will you supply your own generators? ☐ YES ☒ NO

Will your event have a licensed electrician on-site during the event? ☐ YES ☒ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

n/a

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): P.O. Box 12553 St. Petersburg, FL. 33733

Type of music, # of stages, and # of bands.

N/A

List Vending Products. Name & Provider.

N/A

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

N/A

Explain subject/purpose of all speeches/demonstrations which will occur.

N/A

Discuss your load in/load out parking needs, include times and dates.

Street access for vendor set up 8:00 am. Tear down 6:00 pm

Other Comments: Please describe your fee structure.

Vendor registration: $45 non-profit, $75 profit, $100 food

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: Chris Jones Title: Chair Date: 01/19/2020

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) N/A

Bleacher(s) needed. Each bleacher approx. 180 people) N/A

Tables (6 ft) # needed N/A Chairs # needed N/A

Public Address System N/A

# of portable risers needed (4 in. x 8 in. x 16 in. sections) N/A

Special Events Facilities

- ☐ Mahaffey Theater
- ☐ Coliseum
- ☐ Sunken Gardens
- ☐ Boyd Hill

☐ Non-City Locations

Which Location?

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE:	Public Safety Personnel, Marine Services
TRAFFIC:	Personnel, Equipment (cones, barricades, no parking signs)
FIRE:	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES:	On-site Presence, Logistics Help, Liaison with Other Ddepartments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name:	Chris Jones	Title:	Chair	Date:	01/19/2020
Co-Sign:		Title:		Date:	

NOTE:
a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**
b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**
c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,
727-893-7766 or EMAIL: StPeteEvents@stpete.org

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: Chair

Physical Address of Responsible Party: 101 69th Ave. North, St. Petersburg, FL. 33702

Phone Number of Responsible Party: 727-656-1563

Email Address of Responsible Party: cjones@comeoutstpete.org

Nonprofit (Employee Identification Number): 82-4884921

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: cjones@comeoutstpete.org

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 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: 10/17/2020 - 10/17/2020

I. REVENUE SOURCES (attach sheet if more space is needed)	Amount
1. Contributions	60,456.30
2. Special events	12,435.00
3. Total cost of goods sold	-99.35
4	
5.	
6.	
7.	
8.	
TOTAL GROSS REVENUE	72,791.95

II. EXPENSES (attach sheet if more space is needed)	
1. Event costs	14,329.53
2. City fees	21,504.70
3. Avertising/Marketing	13,916.41
4 Taxes, licenses and organizaional expenses	735.85
5. Additional city fees	5,508.27
6.	
7.	
8.	
9.	
10.	
11.	
12.	
TOTAL OPERATING EXPENSES	55,994.76
TOTAL NET INCOME	16,797.19

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: Chris Jones Date: 01/19/2020

Print Application

Submit Application by E

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

st.petersburg

Contract/Permit

Contract #: 29298
Date: 21 Jan 2020

User: JSBENNIN
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: 5,000

Co-Sponsored Event

Contract Balance $30.00

Conditions of Use: Insurance Required

Other Information:

Use of beer and wine	No
Use of fencing	No
Use of liquor	No

Date(s) and Time(s) of Use: **Starting: Sat 17 Oct 20 12:00 am** **Ending: Sat 17 Oct 20 11:59 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Special Programs	Sat	17 Oct 2020	12:00 AM	$0.00	$0.00	$0.00	$0.00
Special Event			11:59 PM				

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	$30.00	$0.00	$30.00
				$30.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$30.00	$0.00	$30.00	$0.00	$0.00	$30.00	$30.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By:(Sign Name) _____

(Print Name) **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

_____
Supervisor II / Foreman

☐ Approved or ☐ Rejected Date: _____

_____
Manager

☐ Approved or ☐ Rejected Date: _____

st.petersburg

Contract/Permit

Contract #: 29298
Date: 21 Jan 2020

User: JSBENNIN
Status: Firm

_____ ☐ Approved or ☐ Rejected Date: _____
Manager

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

st.petersburg
www.stpete.org

st. petersburg parks & recreation

Date Received: 1/21/20
Check or Cash:
Application #: 21
Packet: A
Permit #: 29313

Event Title: October Movies in the Park 2020 Phone No.: 727 824 7802 Fax No.:

Entity Name: St. Petersburg Preservation d/b/a Preserve the 'Burg Federal I.D. Number: 59-1898534

Event Date(s): October 1, 8, 15, 22, 29 Location: N. Straub Park

Day 1 of Event: same each dat Time Gates Open: 6:30 pm Ending Time: 10:15 pm

Day 2 of Event: Time Gates Open: Ending Time:

Day 3 of Event: Time Gates Ending Time:

Application Prepared by: Peter Belmont Phone: 727 463-4612

Title: Board Membe Cell Phone: 727 463 4612

Address: 102 Fareham Pl. N City: St. Petersburg State: FL Zip: 33701

Email Address: pbranumbelmont@gmail.com

Additional Contact Person: Monica Kile Day Phone: 727 204-3800

What month/year were you incorporated as nonprofit? 1977

List all 501(c)3 entities that will benefit from this event. St. Petersburg Preservation & Jump 4 Kids (revenue from beer/wine sales)

Name of the for-profit entity? none

Describe how this event will contribute to the quality of life in and enhance the image of St. Petersburg.

This is the eleventh year for the event downtown and we believe it has become one of the favorites of the downtown park events. Our event space in N. Straub Park is typically full each movie night and people consistently ask us to offer Movies in the Park more often. It is the type of event that people point to as why living in St. Pete is special. As reflected in answers to the movie questionnaire we pass out, people love the atmosphere of the event and its waterfront location. Attendees to the event spend money downtown and money purchasing picnic supplies to bring to movies. In short, Movies in the Park is an event loved and enjoyed by many and one of the small economic generators for downtown that cumulatively, with other events, adds up to a successful downtown.

Describe what economic benefit and impact this event will bring to St. Petersburg.

Most people attending Movies in the Park are either spending money at local businesses purchasing supplies for a picnic at the event, spending money purchasing food from local vendors at the event, or spending money at nearby downtown businesses before and after the event. We have limited data from questionnaires on amounts being spent.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? ☑ YES ☐ NO How much? 1 million

Are there plans to sell or distribute beer/wine at your event? ☑ YES ☐ NO

Will there be an admission/registration fee? ☐ YES ☑ NO Advanced Fee: Day of:

Please provide the website address for your event www.preservetheburg.org

Please provide a phone number that can be advertised to the public. 727 463-4612

What is the estimated attendance for this event? Spectators 700 Participants Last Year's Total Attendance 3500

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) no

#Bleacher(s) needed. Each bleacher approx. 180 people)

Tables (6 ft) #needed 8 Chairs #needed 50

Public Address System yes

# of portable risers needed (4 in. x 8 in. x 16 in. sections) 2

Special Events Facilities

- ☐ Mahaffey Theater
- ☐ Coliseum
- ☐ Sunken Gardens
- ☐ Boyd Hill

☐ Non-City Locations

Which Location?

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE:	Public Safety Personnel, Marine Services
TRAFFIC:	Personnel, Equipment (cones, barricades, no parking signs)
FIRE:	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES:	On-site Presence, Logistics Help, Liaison with Other Ddepartments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name:	Peter Belmont	Title:	Board Member	Date:	1-20-20
Co-Sign:		Title:		Date:	

NOTE: a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st. petersburg parks & recreation

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

Condition		Obligation
☑ Public Invited		General Liability Insurance
☑ Located in Park		Park Permit
☑ Vending Product / Merchandise Sales		Occupational License
☑ Vending Food / Beverage		Health Inspection
☑ Vendors / Exhibitors	How many? 1 - 10 Vendors / Exhibitors	
☑ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☐ Erecting Tents - Larger than 10ft x 12ft	How many?	Temporary Structure Permit
☐ Fence Installation	What type?	Temporary Structure Permit
☑ Other Structures	What structure? pop-up tents	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☐ Require Street Closure		Parade or Street Closure Permit(s)
☐ VIP Area		
☑ Staging	☐ Professional ☐ Showmobile ☑ Other	
☑ Amplified Sound	☑ Performers ☐ Announcement Only	
☑ Security	☐ Daytime - Private ☐ Overnight - Private ☑ Event Time Frame - SPPD	
☑ Sanitary Facilities - Port-O-Lets	Regular Units 3 Disabled Units 1 Hand Washing 1	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

- ☐ Invitations
- ☑ Posters / Flyers
- ☑ Newspaper / Internet
- ☐ Radio
- ☐ Television
- ☐ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20 amp located in the parks? ☐ YES ☑ NO

If YES, check all that apply. ☐ RV'S ☐ Coffee Vendors ☐ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☐ Catering Trucks ☐ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Will you supply your own generators? ☐ YES ☑ NO

Will your event have a licensed electrician on-site during the event? ☐ YES ☑ NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

no, unless needed to show pg 13 movie

If City permits, licenses, or services are required for event, who will pay for them?

Name: St. Petersburg Preservation d/b/a Preserve the 'Burg Phone: 727 824-7802

Address (including zip): P.O. Box 838, St. Petersburg, FL 33731

Type of music, # of stages, and # of bands.

as in past years, type of music will vary each movie evening; one small stage area with a solo or small group of musicians playing an hour before the start of the movie.

List Vending Products. Name & Provider.

several vendors will be offering food/drinks (have not been finalized): vendors from past have included kettle korn, veggie burgers & smoothies, turkey legs & bbq, cookies/desert food and other easy to eat food. Preserve the 'Burg will have a booth with information and books, tee shirts and posters for sale

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

Jump 4 Kids
850 21st Ave. N.
St. Petersburg, FL 33704 727 504-3422

Explain subject/purpose of all speeches/demonstrations which will occur.

n/a

Discuss your load in/load out parking needs, include times and dates.

set up occurs approximately 1-2 hours prior to event and take down occurs immediately after event, is usually complete within 45 minutes. We expect parking spaces on Bayshore to be "red bagged" for event use as in the past.

Other Comments: Please describe your fee structure.

event is free; donations are solicited once each evening

Other comments:

over the last three years we have had a "safety fair" on one movie evening in association with All Childrens Hospital which has included their helicopter landing in the park. It has not been determined if this will be included again.

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Peter Belmont Title: Vice-President Date: 1-20-20

st.petersburg
www.stpete.org

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: St. Petersburg Preservation, Inc. d/b/a Preserve the 'Burg

Name of Responsible Party (President or CEO ONLY): Ken Grimes

Title of Responsible Party: President

Physical Address of Responsible Party: 750 3rd Street N., St. Petersburg, FL 33701

Phone Number of Responsible Party: 727 515-4509

Email Address of Responsible Party: president@preservetheburg.org

Nonprofit (Employee Identification Number): 59-1898534

Name of the **For-profit** Corporation:

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party: 750 3rd S

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

Please include a copy of the the current IRS Nonprofit Affidavit / For Profit

st.petersburg
www.stpete.org

APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event: Movies in the Park
Date(s) of Event: May - 2017

I. REVENUE SOURCES (attach sheet if more space is needed)

		Amount
1.	Sponsorships	$25,650.00
2.	Donations	$1,256.00
3.	Vendor Donations	$495.00
4	Sales	$100.00
5.	Donation – Jump for Kids	$638
6.		
7.		
8.		
	TOTAL GROSS REVENUE	$28,139.00

II. EXPENSES (attach sheet if more space is needed)

1.	Insurance	$800.00
2.	Port-a-Let	$1300.00
3.	Music	$1485.00
4	Movie Licensing	$2,137.00
5.	Permit Fees	$230.00
6.	Promotion	$1,548.00
7.	SPP staff	$750.00
8.	Cost of Sale Items	$100.00
9.	Misc.	$155.00
10.	City Services	$4,985.00
11.		
12.		
	TOTAL OPERATING EXPENSES	$13,485.00
	TOTAL NET INCOME	$14,654.00

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

1.	St. Petersburg Preservation d/b/a Preserve the 'Burg	$14,654.00
2.		
3.		
4.		
5.		
6.		
	TOTAL ALLOCATION OF NET INCOME	$14,654.00

Prepared by: Peter Belmont Date: 1-20-20

Print Application

Submit Application by Email

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JAN 14 2012

SAINT PETERSBURG PRESERVATION INC
PO BOX 838
ST PETERSBURG, FL 33731-0836

Employer Identification Number:
59-1899534
DLN:
17053205317001
Contact Person:
PAUL F CAPPEL II
ID# 11665
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
May 15, 2010
Contribution Deductibility:
Yes
Addendum Applies:
Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,

Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC

Detail by FEI/EIN Number

Florida Not For Profit Corporation
SAINT PETERSBURG PRESERVATION, INC.

Filing Information

Document Number	741785
FEI/EIN Number	59-1898534
Date Filed	02/23/1978
State	FL
Status	ACTIVE
Last Event	RESTATED ARTICLES
Event Date Filed	11/29/2011
Event Effective Date	NONE

Principal Address

102 FAREHAM PLACE N
ST. PETERSBURG, FL 33701

Changed: 01/22/2014

Mailing Address

P.O. BOX 838
ST. PETERSBURG, FL 33731

Changed: 08/14/1996

Registered Agent Name & Address

BELMONT, PETER
102 FAREHAM PLACE NORTH
SAINT PETERSBURG, FL 33704

Name Changed: 01/26/2011

Address Changed: 01/26/2011

Officer/Director Detail

Name & Address

Title President

ELWYN, EMILY
836 16th Avenue NE
SAINT PETERSBURG, FL 33704

Title Treasurer

Pastman, Peter
2326 Woodlawn Circle West
SAINT PETERSBURG, FL 33704

Title VP

BELMONT, PETER
102 FAREHAM PLACE N
SAINT PETERSBURG, FL 33701

Title Secretary

Jeff, Danner
2351 Dartmouth Aveue N
St. Petersburg, FL 33713

Annual Reports

Report Year	Filed Date
2017	03/20/2017
2018	03/05/2018
2019	04/25/2019

Document Images

04/25/2019 -- ANNUAL REPORT	View image in PDF format
03/05/2018 -- ANNUAL REPORT	View image in PDF format
03/20/2017 -- ANNUAL REPORT	View image in PDF format
03/25/2016 -- ANNUAL REPORT	View image in PDF format
02/11/2015 -- ANNUAL REPORT	View image in PDF format
01/22/2014 -- ANNUAL REPORT	View image in PDF format
03/07/2013 -- ANNUAL REPORT	View image in PDF format
03/09/2012 -- ANNUAL REPORT	View image in PDF format
11/29/2011 -- Restated Articles	View image in PDF format
01/26/2011 -- ANNUAL REPORT	View image in PDF format
03/29/2010 -- ANNUAL REPORT	View image in PDF format
04/29/2009 -- ANNUAL REPORT	View image in PDF format
05/05/2008 -- ANNUAL REPORT	View image in PDF format
04/09/2007 -- ANNUAL REPORT	View image in PDF format
04/13/2006 -- ANNUAL REPORT	View image in PDF format
05/04/2005 -- ANNUAL REPORT	View image in PDF format
05/03/2004 -- ANNUAL REPORT	View image in PDF format
04/14/2003 -- ANNUAL REPORT	View image in PDF format
05/06/2002 -- ANNUAL REPORT	View image in PDF format
05/17/2001 -- ANNUAL REPORT	View image in PDF format
05/16/2000 -- ANNUAL REPORT	View image in PDF format
03/11/1999 -- ANNUAL REPORT	View image in PDF format
04/28/1998 -- REINSTATEMENT	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 29313
Date: 22 Jan 2020

User: JSBENNIN
Status: Firm

SAINT PETERSBURG PRESERVATION INC
PETER B BELMONT
PO BOX 838
ST PETERSBURG FL 33731 0838 USA

Primary #: (727) 463-4612
Secondary #: ()
Other #: ()

Purpose of Use: MOVIES IN THE PARK

Expected: 3,000

Co-Sponsored Event

Contract Balance $30.00

Conditions of Use: Insurance Required

Other Information:

Use of beer and wine	Yes
Use of fencing	Yes
Use of liquor	No

Date(s) and Time(s) of Use: **Starting: Thu 01 Oct 20 06:00 pm** **Ending: Thu 29 Oct 20 10:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
North Straub Park Park	Thu	01 Oct 2020	06:00 PM 10:00 PM	$0.00	$200.00	$0.00	$200.00
North Straub Park Park	Thu	08 Oct 2020	06:00 PM 10:00 PM	$0.00	$0.00	$0.00	$0.00
North Straub Park Park	Thu	15 Oct 2020	06:00 PM 10:00 PM	$0.00	$0.00	$0.00	$0.00
North Straub Park Park	Thu	22 Oct 2020	06:00 PM 10:00 PM	$0.00	$0.00	$0.00	$0.00
North Straub Park Park	Thu	29 Oct 2020	06:00 PM 10:00 PM	$0.00	$0.00	$0.00	$0.00

Additional Fees:

Extra Fee	Quantity	Charge	Tax	Total
Co-Sponsored Application Fee	1	$30.00	$0.00	$30.00
				$30.00

Extra Fee - Bookings	Hours	Quantity	Charge	Tax	Total
Co-Sponsored Permit Fee	4:00	1	$200.00	$0.00	$200.00
		1	$200.00	$0.00	$200.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$230.00	$0.00	$230.00	$0.00	$200.00	$30.00	$30.00

Balance of rental due and payable immediately.

Payments:

Date	Amount	Payment Type	Reference	Receipt Number
14 Nov 2019	$200.00	Check	Rental	3467750

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By:(Sign Name) _____

(Print Name) **PETER B BELMONT**

SAINT PETERSBURG PRESERVATION INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name): _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

_____ ☐ Approved or ☐ Rejected Date: _____
Supervisor II / Foreman

_____ ☐ Approved or ☐ Rejected Date: _____
Manager

_____ ☐ Approved or ☐ Rejected Date: _____
Manager

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

Date Received: 1/22/20
Check or Cash:
Application #: 22
Packet: A
Permit #: 29322

Event Title: 95.7 Beats By The Bay | Phone No.: 813-832-1077 | Fax No.:

Entity Name: iHeartMedia + Entertainment | Federal I.D. Number: 74-2722883

Event Date(s): Load in 11/3/20; Event Date 11/7/2020 | Location: Vinoy Park

Day 1 of Event: 11/7/2020 | Time Gates Open: 2:00p | Ending Time: 10:00p

Day 2 of Event: | Time Gates Open: | Ending Time:

Day 3 of Event: | Time Gates Open: | Ending Time:

Application Prepared by: Audre Holden | Phone: 813-832-1074

Title: Event Manager | Cell Phone: 952-381-5499

Address: 4002 West Gandy Blvd | City: Tampa | State: FL | Zip: 33611

Email Address: audreholden@iheartmedia.com

Additional Contact Person: Sarah Lanieu | Day Phone: 813-832-1914

What month/year were you incorporated as nonprofit? n/a

List all 501(c)3 entities that will benefit from this event. TBD

Name of the for-profit entity? iHeartMedia + Entertainment

Describe your event with details.

R&B concert / festival with food and artisan vendors

Describe what economic benefit and impact this event will bring to St. Petersburg.

financial and tourist benefit for local businesses and city services

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance? ☒ YES ☐ NO How much? 1,000,000 per 2,000,000

Are there plans to sell or distribute beer/wine at your event? ☒ YES ☐ NO

Will there be an admission / registration fee? ☒ YES ☐ NO Advanced Fee: $45+ Day of: $50+

Please provide the website address for your event. www.957thebeat.com

Please provide a phone number that can be advertised to the public. 813-832-1000

What is the estimated attendance for this event? Spectators 5000-8 Participants 6-8 artis Last Year's Total Attendance 5000

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No) no

Bleacher(s) needed. Each bleacher approx. 180 people) TBD

Tables (6 ft) # needed tbd Chairs # needed tbd

Public Address System no

# of portable risers needed (4 in. x 8 in. x 16 in. sections) tbd

Special Events Facilities

- ☐ Mahaffey Theater
- ☐ Coliseum
- ☐ Sunken Gardens
- ☐ Boyd Hill

☐ Non-City Locations

Which Location?

vinoy park

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE:	Public Safety Personnel, Marine Services
TRAFFIC:	Personnel, Equipment (cones, barricades, no parking signs)
FIRE:	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES:	On-site Presence, Logistics Help, Liaison with Other Ddepartments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name:	Audre Holden	Title:	Event Manager	Date:	1/20/2020
Co-Sign:		Title:		Date:	

NOTE:

a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,
727-893-7766 or EMAIL: StPeteEvents@stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☒ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? Over 30 Vendors / Exhibitors	
☒ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 6-8	Temporary Structure Permit
☒ Fence Installation	What type? chain link	Temporary Structure Permit
☒ Other Structures	What structure? stage / FOH	Temporary Structure Permit
☒ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☐ Require Street Closure		Parade or Street Closure Permit(s)
☒ VIP Area		
☒ Staging	☒ Professional ☐ Showmobile ☐ Other	
☒ Amplified Sound	☒ Performers ☐ Announcement Only	
☒ Security	☒ Daytime - Private ☒ Overnight - Private ☒ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units tbd Disabled Units tbd Hand Washing tbd	
☒ Off-site Parking / Shuttle		
☒ Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

- ☐ Invitations
- ☒ Posters / Flyers
- ☒ Newspaper / Internet
- ☒ Radio
- ☒ Television
- ☒ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☒ YES ☐ NO

If YES, check all that apply. ☒ RV'S ☒ Coffee Vendors ☒ Ice Bins ☒ Freezers ☒ Ice Cream Vendors ☒ Catering Trucks ☒ Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Production company will advance this later, we agree to stay with the legal restraints of the park.

Will you supply your own generators? ☒ YES ☐ NO

Will your event have a licensed electrician on-site during the event? ☒ YES ☐ NO If YES, who? tbd, hired by production comp

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

If City permits, licenses, or services are required for event, who will pay for them?

Name: iHeartMedia Tampa Bay Phone: 813-832-1000

Address (including zip): 400 WEst Gandy Blvd, 33611

Type of music, # of stages, and # of bands.

R&B/Old school hip hop music. one stage, 6-8 artists

List Vending Products. Name & Provider.

tbd

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

TBD

Explain subject/purpose of all speeches/demonstrations which will occur.

n/a

Discuss your load in/load out parking needs, include times and dates.

Load in to begin Tuesday 11/2; soundchecks will start Friday - Saturday morning. Event gates open at 2pm on Saturday 11/7/2020; Load out to be completed by Sunday 11/8. Event will need backstage parking for RV, production vehicles and artist trailers. Street parking for food vendors. Parking lot for sponsors and staff

Other Comments: Please describe your fee structure.

Other comments:

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.

I certify that the facts contained in this application are accurate.

Name: Audre Holden Title: Event Manager Date: 1/20/2020

Appendix A

Co-Sponsored Event Park Fee Structure

* Events in Vinoy Park will be assessed $300.00 per event day (e.g.,1 day event = $300.00, 2 days = $600.00, 3 days or more = $900.00.) This includes the $30.00 park permit fee.

* Events in any other park will be assessed $200.00 per event day (e.g., 1 day event = $200.00, 2 days = $400.00, 3 or more days = $600.00). This includes the $30.00 park permit fee.

* The above fees will be due at the time you submit your application plus the $30.00 co-sponsored application fee.

* All co-sponsored event applications must be submitted at least 6 month prior to the event.

* Any application for a co-sponsored event submitted inside the six (6) month time frame will be assessed a non refundable $1,200.00 late fee.

* **The City requires payment in advance for all City services estimated and/or provided for first time events and one of a kind nonrecurring events.**

* **Payment will be required at least ten (10) business days prior to the start of the event and shall be in the form of cash, certified check, or an irrevocable bank letter of credit.**

* **All first time entities requesting events will be required to complete a credit application.**

Appendix B
President or CEO
Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation:

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

Nonprofit (Employee Identification Number):

Name of the **For-profit** Corporation:

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

Please include a copy of the the current IRS Nonprofit Affidavit / For Profit

What method of invoicing would your organization prefer?

☐ BY Mail

Contact Name

Address

City, State, Zip

☐ BY EMAIL

Email Address:

APPENDIX C
STATEMENT OF REVENUE AND EXPENSES FORM
PRIOR YEAR'S EVENT
(Must be completed)

Name of Event:

Date(s) of Event: -

I. REVENUE SOURCES (attach sheet if more space is needed) **Amount**

1.
2.
3.
4
5.
6.
7.
8.

TOTAL GROSS REVENUE

II. EXPENSES (attach sheet if more space is needed)

1.
2.
3.
4
5.
6.
7.
8.
9.
10.
11.
12.

TOTAL OPERATING EXPENSES

TOTAL NET INCOME

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)

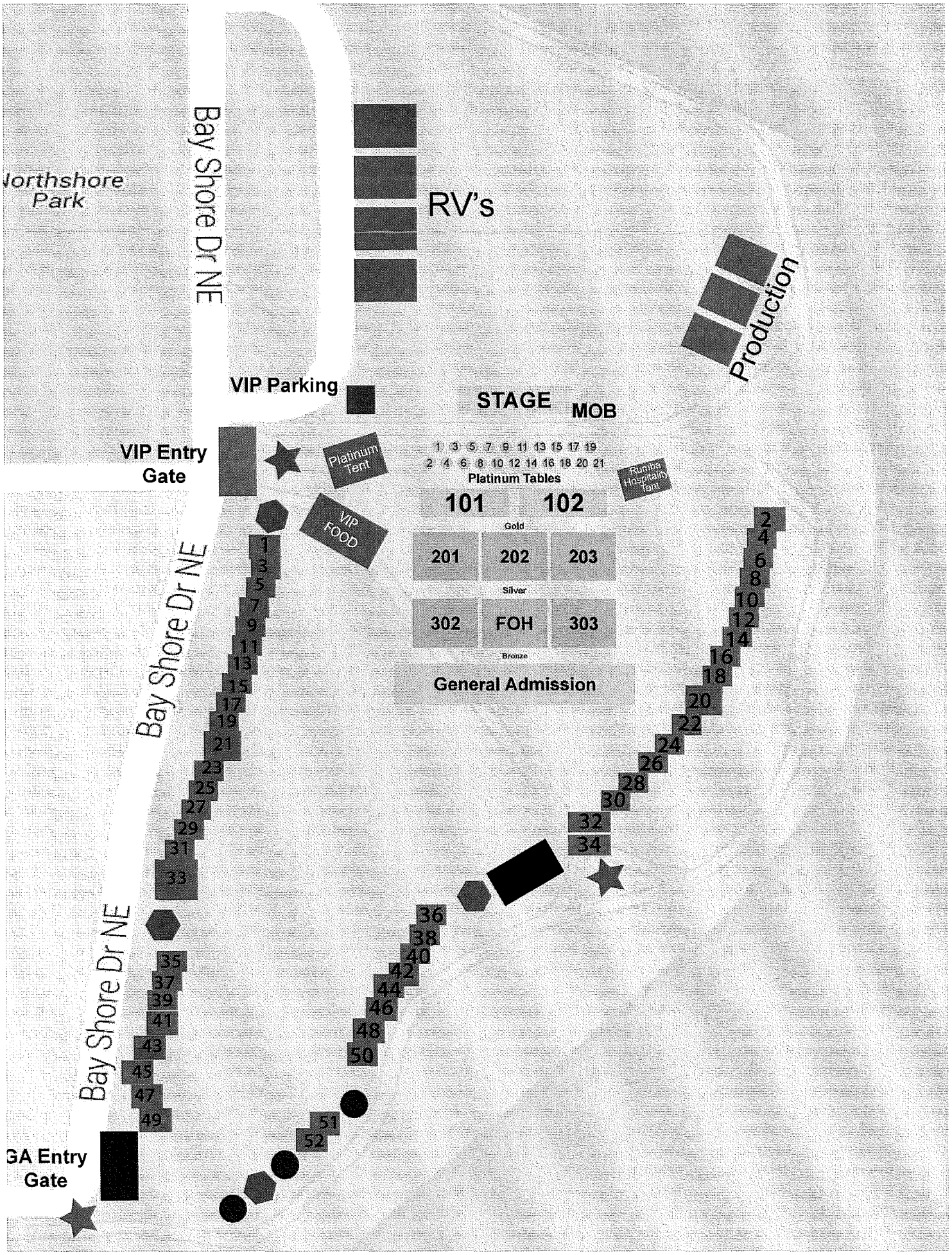
1.
2.
3.
4.
5.
6.

TOTAL ALLOCATION OF NET INCOME

Prepared by: Date:

Print Application

Submit Application by Email


Northshore Park
Bay Shore Dr NE
RV's
Production
VIP Parking
STAGE
MOB
VIP Entry Gate
Platinum Tent
1 3 5 7 9 11 13 15 17 19
2 4 6 8 10 12 14 16 18 20 21
Platinum Tables
Rumba Hospitality Tent
101
102
Gold
VIP FOOD
201
202
203
Silver
302
FOH
303
Bronze
General Admission
1 3 5 7 9 11 13 15 17 19 21 23 25 27 29 31 33
2 4 6 8 10 12 14 16 18 20 22 24 26 28 30 32 34
35 37 39 41 43 45 47 49
36 38 40 42 44 46 48 50
51 52
GA Entry Gate

iHeartMEDIA

January 20, 2020

Amy Foster, Chair
PO Box 2842
St. Petersburg, FL 33731

Re: Request to sell "Hard Liquor" at 95.7 Beats By The Bay 2020

Dear Ms. Foster,

On November 7th of this year, iHeartMedia Tampa Bay will be putting on our 6th annual 95.7 Beats By The Bay concert. iHeartMedia Tampa Bay is in the process of obtaining the necessary permits to put on this event in Vinoy Park.

iHeartMedia Tampa Bay is hoping to sell "Hard Liquor" if we can obtain approval from City Council to do so and sponsors to provide product. iHeartMedia Tampa Bay sold beer, wine and hard liquor at our 2019 95.7 Beats By The Bay without issue and hope to be able to do so again at our 2020 event.

If there is anything else we need to provide or do to obtain approval from the city to sell "Hard Liquor" at 95.7 Beats By The Bay 2020, please do not hesitate to contact me. Thank you in advance for your help.

Sincerely,

Audre Holden
95.7 The Beat Promotions Director / Event Manager
813-832-1074
iHeartMedia Tampa Bay

Detail by Entity Name

Foreign Profit Corporation
IHEARTMEDIA + ENTERTAINMENT, INC.

Filing Information

Document Number	F94000005085
FEI/EIN Number	74-2722883
Date Filed	09/29/1994
State	NV
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	09/17/2014
Event Effective Date	NONE

Principal Address

20880 Stone Oak Parkway
San Antonio, TX 78258

Changed: 04/04/2018

Mailing Address

20880 Stone Oak Parkway
San Antonio, TX 78258

Changed: 04/04/2018

Registered Agent Name & Address

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name Changed: 09/16/2011

Address Changed: 09/16/2011

Officer/Director Detail

Name & Address

Title Director

Bressler, Richard J.
20880 Stone Oak Parkway
San Antonio, TX 78258

Title Director

Walls Jr., Robert H.
20880 Stone Oak Parkway
San Antonio, TX 78258

Title Senior Vice President-Tax

Bick, Scott T.
20880 Stone Oak Parkway
San Antonio, TX 78258

Title President

Bressler, Richard J.
20880 Stone Oak Parkway
San Antonio, TX 78258

Title Treasurer

Coleman, Brian D.
20880 Stone Oak Parkway
San Antonio, TX 78258

Title Secretary

Walls Jr., Robert H.
20880 Stone Oak Parkway
San Antonio, TX 78258

Annual Reports

Report Year	Filed Date
2017	04/13/2017
2018	04/04/2018
2019	03/22/2019

Document Images

03/22/2019 -- ANNUAL REPORT	View image in PDF format
04/04/2018 -- ANNUAL REPORT	View image in PDF format
04/13/2017 -- ANNUAL REPORT	View image in PDF format
03/31/2016 -- ANNUAL REPORT	View image in PDF format
04/16/2015 -- ANNUAL REPORT	View image in PDF format
09/17/2014 -- Name Change	View image in PDF format
04/14/2014 -- ANNUAL REPORT	View image in PDF format
04/15/2013 -- ANNUAL REPORT	View image in PDF format
04/04/2012 -- ANNUAL REPORT	View image in PDF format
09/16/2011 -- Reg. Agent Change	View image in PDF format
04/19/2011 -- ANNUAL REPORT	View image in PDF format
04/29/2010 -- ANNUAL REPORT	View image in PDF format
04/30/2009 -- ANNUAL REPORT	View image in PDF format

Detail by Entity Name

Florida Not For Profit Corporation
#THEBURGCARES, INC.

Filing Information

Document Number	N18000004913
FEI/EIN Number	82-5489622
Date Filed	05/01/2018
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	10/14/2019

Principal Address

2822 54TH AVE. SOUTH, STE. 180
SAINT PETERSBURG, FL 33712

Mailing Address

2822 54TH AVE. SOUTH, STE. 180
SAINT PETERSBURG, FL 33712

Registered Agent Name & Address

THE LAW OFFICES OF K.V. RUBIN, PA
111 SECOND AVE. NE, STE. 341
ST. PETERSBURG, FL 33701

Name Changed: 10/14/2019

Officer/Director Detail

Name & Address

Title DP

ALLISON, SHUNDRA
2610 DESOTO WAY SOUTH
SAINT PETERSBURG, FL 33712

Title DVP

EMMANUEL, SHARLENE
3321 CARLISLE AVE. SOUTH
SAINT PETERSBURG, FL 33712

Title DCFO

HOLDEN, DEMARCUS
5157 BEACH DRIVE SE
SAINT PETERSBURG, FL 33705

Annual Reports

Report Year	Filed Date
2019	10/14/2019

Document Images

10/14/2019 -- REINSTATEMENT	View image in PDF format
05/01/2018 -- Domestic Non-Profit	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 29322
Date: 23 Jan 2020

User: JSBENNIN
Status: Firm

IHEARTMEDIA ENTERTAINMENT INC
AUDRE HOLDEN
4002 W GANDY BLVD
TAMPA FL 33611 USA

Primary #: (813) 832-1071
Secondary #: ()
Other #: ()

Purpose of Use: 95.7 BEATS BY THE BAY

Expected: 10,000

Co-Sponsored Event

Contract Balance $330.00

Conditions of Use: Insurance Required

Other Information:

Use of beer and wine	Yes
Use of fencing	Yes
Use of liquor	Yes

Date(s) and Time(s) of Use: **Starting: Tue 03 Nov 20 06:00 am** **Ending: Mon 09 Nov 20 09:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Vinoy Park	Tue	03 Nov 2020	06:00 AM	$0.00	$300.00	$0.00	$300.00
Vinoy Park		09 Nov 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	1	$300.00	$0.00	$300.00
		1	$300.00	$0.00	$300.00

Charges:

Fees	Extra Fees	Tax	Total	Deposit	Total Applied	Contract Balance	Account Balance
$ 0.00	$330.00	$0.00	$330.00	$0.00	$0.00	$330.00	$330.00

Balance of rental due and payable immediately.

Payments:

Additional Notes:

I have read this Agreement and agree to comply with the terms and conditions set forth in this Agreement. I also understand this Agreement is not final until approved and executed by the Parks and Recreation Superintendent or designee.

By:(Sign Name) _____

(Print Name) AUDRE HOLDEN

IHEARTMEDIA ENTERTAINMENT INC
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name): _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

_____ Supervisor II / Foreman	☐ Approved or	☐ Rejected	Date: _____
_____ Manager	☐ Approved or	☐ Rejected	Date: _____
_____ Manager	☐ Approved or	☐ Rejected	Date: _____

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.

CITY OF ST. PETERSBURG
PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENT APPLICATION

st.petersburg
www.stpete.org

st petersburg parks & recreation

Date Received. 1/22/20
Check or Cash:
Application # 23
Packet A
Permit # 29318

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: 59-822-6240

Event Date(s): 12/11/20 | Location: Albert Whtted Park

Day 1 of Event: 12/11/20 | 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 Asst | Cell Phone:

Address: 445 31st St N | City: St Petersburg | State: FL | Zip: 33713

Email Address:

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? N/A

Describe your event with details.

This night time holiday fun is a wholesome family fun, providing a waterfront holiday activity. This is our 38th year of operation this event, which has become a holiday tradition for may in St Petersburg and Pinellas County.

Describe what economic benefit and impact this event will bring to St Petersburg

Brings big crowds to downtown St Petersburb

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? $100,000

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: $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

What is the estimated attendance for this event? Spectators: N/A Participants: 3000 Last Year's Total Attendance: 3400

Please check the equipment and/or facilities you are requesting

Recreation Equipment

Showmobile (Yes/No) No

Bleacher(s) needed Each bleacher approx 180 people) No

Tables (6 ft) # needed 0 Chairs # needed 0

Public Address System 0

# of portable risers needed (4 in x 8 in. x 16 in sections) 0

Special Events Facilities

- ☐ Mahaffey Theater
- ☐ Coliseum
- ☐ Sunken Gardens
- ☐ Boyd Hill

☐ Non-City Locations

Which Location?

Albert Whitted Park

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE·	Public Safety Personnel, Marine Services
TRAFFIC	Personnel, Equipment (cones, barricades, no parking signs)
FIRE	Paramedics, Inspectors
PARKS SERVICES:	Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
RECREATION SERVICES	On-site Presence, Logistics Help, Liaison with Other Ddepartments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses I further certify that the facts contained in this application are accurate

Name	Kevin Marrone	Title	Chief Operating Officer	Date	1/23/20
Co-Sign	Gary MacMath	Title	President/CEO	Date	1/23/20

NOTE: a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**

b **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt if paid.**

c **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1 Route map for parade, run, walk, and/or bike event
2 Site map of event and detail schedule of each day's events including open and close times.
3 Complete Appendix B and Appendix C.
4. Check for $30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure
6 A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,
727-893-7766 or EMAIL StPeteEvents@stpete org

st.petersburg
www.stpete.org

PARKS & RECREATION DEPARTMENT
CO-SPONSORED EVENTS
SUMMARY SHEET

st petersburg parks & recreation

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

Condition		Obligation
☒ Public Invited		General Liability Insurance
☒ Located in Park		Park Permit
☐ Vending Product / Merchandise Sales		Occupational License
☒ Vending Food / Beverage		Health Inspection
☒ Vendors / Exhibitors	How many? 1 - 10 Vendors / Exhibitors	
☒ Vending Beer / Wine		Alcohol Permit Additional insurance Required
☒ Erecting Tents - Larger than 10ft x 12ft	How many? 1	Temporary Structure Permit
☐ Fence Installation	What type?	Temporary Structure Permit
☐ Other Structures	What structure?	Temporary Structure Permit
☐ Open Flame Food Preparation		Fire Inspection Permit
☐ Pyrotechnics		Fireworks Permit
☒ Require Street Closure		Parade or Street Closure Permit(s)
☒ VIP Area		
☐ Staging	☐ Professional ☐ Showmobile ☐ Other	
☐ Amplified Sound	☐ Performers ☐ Announcement Only	
☐ Security	☐ Daytime - Private ☐ Overnight - Private ☐ Event Time Frame - SPPD	
☒ Sanitary Facilities - Port-O-Lets	Regular Units ___ Disabled Units ___ Hand Washing ___	
☐ Off-site Parking / Shuttle		
☐ Semitruck / Tractor Trailer		

Marketing: Please check all that apply

☐ Invitations	☒ Radio
☒ Posters / Flyers	☐ Television
☒ Newspaper / Internet	☐ Remote Broadcast

City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.

Electrical Requirements

Does your event require any power needs using more than the standard 110/20amp located in the parks? ☒ YES ☐ NO

If YES, check all that apply ☐ RV'S ☐ Coffee Vendors ☐ Ice Bins ☐ Freezers ☐ Ice Cream Vendors ☐ Catering Trucks ☐ Other

Please explain the details of the above items checked Tell us how much and what type of power they would require.

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

N/A

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 St N, St Petesburg, FL 33713

Type of music, # of stages, and # of bands

Christmas and pop music - no stages

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

N/A

Discuss your load in/load out parking needs, include times and dates

Set up will begin the morning of; Breakdown 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:	Kevin Marrone	Title	Chief Operating Officer	Date	1/23/20

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 St 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

What method of invoicing would your organization prefer?

☒ BY Mail

Contact Name Kevin Marrone

Address 445 31st St N

City, State, Zip St Petersburg, FL 33713

☐ BY EMAIL

Email Address

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: 12-11-20 -

I.	REVENUE SOURCES (attach sheet if more space is needed)	Amount
1	Donations	$3,032 00
2	Sponsorships	$45,000 00
3	Registrations	$34,445.00
4		
5		
6		
7		
8		
	TOTAL GROSS REVENUE	$82,477 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	$13,363 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	$37,801 00
	TOTAL NET INCOME	$44,676 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: Jenine Thornley Date: Jan 23, 2020

Print Application

Submit Application by Email

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 SECOND VICE CHAIRMAN

MISIEWICZ, PAUL
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 FIRST VICE CHAIRMAN

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 PAST CHAIRMAN

McQueen, Maggi
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Title Chairman

PHARES, GAIL
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Annual Reports

Report Year	Filed Date
2018	01/26/2018
2019	01/29/2019
2019	11/08/2019

Document Images

11/08/2019 -- AMENDED ANNUAL REPORT	View image in PDF format
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	View image in PDF format
09/16/2016 -- AMENDED ANNUAL REPORT	View image in PDF format
04/26/2016 -- AMENDED ANNUAL REPORT	View image in PDF format
02/01/2016 -- ANNUAL REPORT	View image in PDF format
06/30/2015 -- Amended and Restated Articles	View image in PDF format

st.petersburg

Contract/Permit

Contract #: 29318
Date: 22 Jan 2020

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: 3,000

Co-Sponsored Event

Contract Balance $230.00

Conditions of Use: Insurance Required

Other Information:

Use of beer and wine	Yes
Use of fencing	Yes
Use of liquor	No

Date(s) and Time(s) of Use: **Starting: Fri 11 Dec 20 03:00 am** **Ending: Fri 11 Dec 20 10:00 pm**

Facility/Equipment	Day	Date	Time	Fee	Extra Fee	Tax	Total
Albert Whitted Park	Fri	11 Dec 2020	03:00 AM	$0.00	$200.00	$0.00	$200.00
Park			10:00 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	19:00	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) **JENINE THORNLEY**

BOLEY CENTERS FOR BEHAVIORAL HEALTH CARE
Name of User Organization, If Applicable

CITY OF ST. PETERSBURG, FLORIDA

By:(Sign Name): _____
Parks and Recreation Superintendent

(Print Name) _____
Parks and Recreation Department

Supervisor II / Foreman	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:
Manager	☐ Approved or	☐ Rejected	Date:

The Americans with Disabilities Act (A.D.A.) guarantees equal opportunity for people with disabilities. Special accommodation requests such as sign language interpreters, taped or Braille materials, assistive listening devices, etc., should be made at least one week prior to the activity or program. Individuals using TTD devices, please contact us using the Florida Relay Service at 800-955-8771.