



**City of St. Petersburg**

**City Council  
Co-Sponsored Events Committee  
Thursday, January 19, 2023, 11:30 AM**

**Committee Members  
Copley Gerdes  
Lisset Hanewicz  
Gina Driscoll  
John Muhammad  
Richie Floyd (Alternate)**

**Agenda**

1. Call to Order
2. Selection of the Chair and Vice Chair
3. Approval of late fee waiver one (1) event
  - i. Paddy Fest St. Pete (New)
4. Approval of eighteen (18) events for FY23
  - a. waiving the non-profit requirement for eight (8) events
    - i. St. Pete Pier Run
    - ii. Paddy Fest St. Pete (New)
    - iii. Bolts Hockey Fest
    - iv. Spring Festival / Easter Egg Hunt
    - v. Derby Party (New)
    - vi. Pier Concert (New)
    - vii. Piertoberfest
    - viii. The Fourth
  - b. Approval of liquor requests for ten (10) events for FY23
    - i. Paddy Fest St. Pete
    - ii. Spring Festival/Easter Egg Hunt
    - iii. Derby Party (New)
    - iv. Pier Concert
    - v. Piertoberfest
    - vi. The Fourth
    - vii. St Pete Pride-Pride Month Kick off
    - viii. St Pete Pride Family Day
    - ix. St Pete Pride Weekend
    - x. Downtown Shawn Brown (New)

5. Approval of sixteen (16) events for FY24
  - a. waiving the non-profit requirement for four (4) events
    - i. St. Pete Runfest
    - ii. Shopapalooza Festival
    - iii. St. Pete Pier Fall Festival
    - iv. Savor St. Pete
  - b. Approval of liquor requests for two (2) events for FY24
    - i. St. Pete Pier Fall Festival
    - ii. Savor St. Pete
6. Public Comment
7. Adjournment

# FY23 Events

1	Cupid Undie Run	
2	St. Pete Pier Run	(waiver of the non Profit, liquor)
3	Running For All Children	
4	Paddy Fest St. Pete	(new event, waiver of the non-profit, late fee waiver, liquor)
5	Bolts Hockey Fest	(waiver of the non-profit)
6	Saturday Morning Summer Market	(new event)
7	Spring Festival/Easter Egg Hunt	(waiver of the non-profit)
8	Derby Party	(new event, waiver of the non-profit, liquor)
9	Pier Concert	(new event, waiver of the non-profit, liquor)
10	Piertoberfest	(waiver of the non-profit, liquor)
11	The Fourth	(waiver of the non-profit, liquor)
12	One Step Closer 5K	
13	Publix PB&J Run	
14	St Pete Pride Pride Month Kick off	(liquor)
15	St Pete Pride Family Day	(liquor)
16	St Pete Pride Weekend	(liquor)
17	Food Truck Rally's	
18	Downtown Shawn Brown	(new event, waiver of the non-profit, liquor)
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**PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENT APPLICATION**



Check or Cash: \_\_\_\_\_  
Application #: 72  
Packet: B  
Permit #: POS

Event Title: Cupid's Undie Run Phone No.: 602.741.7847 Fax No.: \_\_\_\_\_

Entity Name: Children's Tumor Foundation Federal I.D. Number: 13-2298956

Event Date(s): February 11, 2023 Location: Ferg's Sports Bar & Grill

Day 1 of Event: 2-11-2023 Time Gates Open: 1:45 Ending Time: 3:00

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

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

Application Prepared by: Katherine A. Zehr Phone: 602-741-7847

Title: Race Director Cell Phone: 602.741.7847

Address: 1000 Eden isle Dr. NE City: St. Petersburg State: FL Zip: 33704

Email Address: stpete@cupids.org

Additional Contact Person: Erin Althoff Day Phone: 727.420.5850

What month/year were you incorporated as nonprofit? 1984

List all 501(c)3 entities that will benefit from this event. Children's Tumor Foundation

Name of the for-profit entity? \_\_\_\_\_

**Describe your event with details.**

Cupid's Undie Run is a four hour party with a 1-mile "brief" fun in the middle in their undies (PG13) to benefit the Children's Tumor Foundation. During the 'party', participants have music, food and drinks provided by Ferg's Sports Bar & Grill on the venue premise. At 2pm the run begins and participants hit the streets of St. Pete in their undies. Runners return to Ferg's for the after party. The Cupid's Undie Run has raised over \$23 million in the course 10 years for the research of Neurofibromatosis. The event has been covered on CNN, The Today Show, NPR, The Huffington Post, Runners World Magazine and more.

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

The Cupid's Undie Run will potentially bring in 500 people to the EDGE District in downtown St. Petersburg on a quiet Saturday afternoon when there are no sports going on.

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 each occurrence/\$ 2 r

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

Will there be an admission / registration fee?  YES  NO Advanced Fee: \$25 Day of: \$50

Please provide the website address for your event. 1320 Central Ave., St. Petersburg, FL 33705

Please provide a phone number that can be advertised to the public. 602.741.7847

What is the estimated attendance for this event? Spectators \_\_\_\_\_ Participants 500 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)  0  
Tables (6 ft) # needed  0      Chairs # needed  0  
Public Address System  None  
# of portable risers needed (4 in. x 8 in. x 16 in. sections)  0

Special Events Facilities

Mahaffey Theater  
 Coliseum  
 Sunken Gardens  
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

CO-SPONSORED EVENTS  
SUMMARY SHEET

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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input type="checkbox"/> Located in Park		Park Permit
<input type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input type="checkbox"/> Vending Food / Beverage		Health Inspection
<input type="checkbox"/> Vendors / Exhibitors	How many? <input type="text" value="0"/> Vendors / Exhibitors <input type="button" value="v"/>	Alcohol Permit
<input type="checkbox"/> Vending Beer / Wine		Additional insurance Required
<input type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <input type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Fence Installation	What type? <input type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Other Structures	What structure? <input type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input checked="" type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input type="checkbox"/> VIP Area		
<input type="checkbox"/> Staging	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input type="checkbox"/> Amplified Sound	<input type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input type="checkbox"/> Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD	
<input type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <input type="text"/> Disabled Units <input type="text"/> Hand Washing <input type="text"/>	
<input type="checkbox"/> Off-site Parking / Shuttle		
<input type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

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: The Children's Tumor Foundation

Phone: 212-344-6633

Address (including zip): 132 East 43rd St. Suite 418, New York, New York 10017

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

None

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.

None

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

Two vehicles for unloading promotional items: February 11th 9am

Two vehicles for loading promotional items: February 11th 4pm

Other comments: Please describe your fee structure.

Registration begins at \$25 and goes up in \$5 increments leading up to the day of the event at which time it will be \$50 day of.

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: Katherine A. Zehr Title: Race Director Date: 10/19/2022

## Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Children's Tumor Foundation

Name of Responsible Party (President or CEO ONLY): Annette Bakker

Title of Responsible Party: President

Physical Address of Responsible Party: 132 East 43rd St, Suite 418, New York, New York, 10017

Phone Number of Responsible Party: 212-344-6633

Email Address of Responsible Party: abakker@ctf.org

Nonprofit (Employee Identification Number): 13-2298956

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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:

cassidy@cupids.org

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

Date(s) of Event: February 11, 2023 -

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

**Amount**

1.	Event Registration	\$11,000
2.	Event Fundraising	\$32,000
3.		
4.		
5.		
6.		
7.		
8.		
<b>TOTAL GROSS REVENUE</b>		

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

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

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

1.	Children's Tumor Foundation	\$32,000
2.		
3.		
4.		
5.		
6.		
<b>TOTAL ALLOCATION OF NET INCOME</b>		

Prepared by: Katherine A. Zehr

Date: 10/24/2022

Print Application

Submit Application by



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

## Detail by Entity Name

Foreign Not For Profit Corporation  
CHILDREN'S TUMOR FOUNDATION, INC.

### Filing Information

<b>Document Number</b>	P23383
<b>FEI/EIN Number</b>	13-2298956
<b>Date Filed</b>	03/14/1989
<b>State</b>	NY
<b>Status</b>	ACTIVE
<b>Last Event</b>	NAME CHANGE AMENDMENT
<b>Event Date Filed</b>	08/12/2008
<b>Event Effective Date</b>	NONE

### Principal Address

725 36th Avenue North  
St Petersburg, FL 33704

Changed: 01/30/2018

### Mailing Address

697 3rd Ave, Suite 418  
New York, NY 10017

Changed: 02/15/2022

### Registered Agent Name & Address

EARLE, SUZANNE  
725 36TH AVENUE NORTH  
ST. PETERSBURG, FL 33704

Name Changed: 08/07/2008

Address Changed: 08/07/2008

### Officer/Director Detail

#### **Name & Address**

Title President

Bakker, Annette

697 3rd Ave, Suite 418

New York, NY 10017

Title Director

Altman, Daniel

99 Michelle Drive

Jericho, NY 11753

Title Treasurer

Brainin, Robert

52 Rawson Rd

Brookline, MA 02445

Title Director

Brooks, Bill

5218 St. Regis Place

Orlando, FL 32812

Title Director

Galloway, Tracy

131 Farmer's Folly Drive

Mooresville, NC 28117

Title Director

Golfinos, John

530 First Avenue, Suite 8R

New York, NY 10016

Title Director

Gilbert, Daniel

26875 Charles Lane

Franklin, MI 48025

Title Secretary

Groisman, Gabriel

191 Bal Bay Drive

Bal Harbour, FL 33154

Title Chairman

Horvitz, Richard

85 Stonewood Drive

Moreland Hills, OH 44022



Title Director

Hay, Matt  
16615 Downstream Drive  
Westfield, IN 46062

Title Director

Korf, Bruce  
7351 Kings Mountain Road  
Birmingham, AL 35242

Title Director

Leathers, Chad  
3435 W Conejos Pl  
Denver, CO 80204

Title Director

Martin, Linda  
67 Broadview Avenue  
New Rochelle, NY 10804

Title Director

McCarthy, John  
11 Candlelight Drive  
Holmdel, NJ 07733

Title Director

McKenzie, Steve  
6655 Portshead Road  
Malibu, CA 90265

Title Director

Moss, Renie  
1720 2nd Ave S  
Birmingham, AL 35294

Title Director

Stovall O'Day, Michie  
42 Moody St., Apt 1  
Portland, ME 04101

Title Director

Perfetti, Laura

57 Sugar Maple Lane  
Glen Cove, NY 11542

Title Director

Peterson, Michael  
17271 Avenida de la Herradura  
Pacific Palisades, CA 90272

Title Director

Robbins, Alan  
2778 South Ocean Boulevard, Apt. N307  
Palm Beach, FL 33480

Title Director

Rudd, Kenneth  
200 Riverside Blvd, Apt. 11i  
New York, NY 10069

Title Director

Setlow, Carolyn  
53 Lower Church Hill Rd.  
Washington Depot, CT 06794

Title Director

Soll, Richard  
17 Meeting House Square  
Middletown, MA 01949

Title Treasurer

Stanicky, Randall  
471 West Broadway, 2nd Floor  
New York, NY 10012

Title Director

Stern, Ed  
178 Nehoiden Road  
Waban, MA 02468

Title Director

Match Suna, Stuart  
3 E. 84th Street  
New York, NY 10028

Title Director

Tiven, Rachel  
595 West End Avenue  
New York, NY 10024

Title Director

Viskochil, David  
1455 Indian Hills Drive  
Salt Lake City, UT 84108

Title Director

Walker, Nate  
18021 Sweet Elm Drive  
Encino, CA 91316

Title Director

Wallace, Peggy  
2434 NW 15th Place  
Gainesville, FL 32605

Title VP

Bourne, Sarah  
370 LEXINGTON AVE RM 2100  
NEW YORK, NY 10017

#### Annual Reports

<b>Report Year</b>	<b>Filed Date</b>
2020	03/24/2020
2021	02/01/2021
2022	02/15/2022

#### Document Images

<a href="#">02/15/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/01/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/24/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/11/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/30/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/03/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/02/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/23/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/21/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/07/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/11/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/14/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/14/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

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



Date Received: 10/24/22  
 Check or Cash: \_\_\_\_\_  
 Application #: 73  
 Packet: D  
 Permit #: R9560

Event Title: St Pete Pier Run Phone No.: 727-417-4294 Fax No.: \_\_\_\_\_

Entity Name: EndorFun Sports, LLC Federal I.D. Number: 04-3590391

Event Date(s): 07/03/23 - 07/04/23 Location: \_\_\_\_\_

Day 1 of Event: 07/03/23 Time Gates Open: 12 PM Ending Time: 8 PM

Day 2 of Event: 07/04/23 Time Gates Open: 6 AM Ending Time: 8 PM

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

Application Prepared by: Ryan Jordan Phone: 727-417-4294

Title: St Pete Pier Run 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 and Jump For Kids

Name of the for-profit entity? EndorFun Sports, LLC

**Describe your event with details.**

The Pier Run is running race aimed at creating interest and demand for St Pete's new Pier Park District. The event will highlight both teams and celebrate St Pete sports and wellness. 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).

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

The event will draw visitors from around the Tampa Bay area and Central Florida filling local hotels and restaurants, and providing an influx of outside money to local businesses. We are forecasted 2,000+ in 2023 and expect that to grow by 10-20% in 2020.

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

Does your group presently have liability insurance?  YES  NO How much? 1 million per occ/\$2 million ag

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

Will there be an admission / registration fee?  YES  NO Advanced Fee: \$35-\$110 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 1000 Participants 5000 Last Year's Total Attendance N/A

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

Recreation Equipment

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

Special Events Facilities

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

- NOTE: a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**  
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2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for \$30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

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



PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
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<input checked="" type="checkbox"/> Located in Park		Park Permit
<input checked="" type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input checked="" type="checkbox"/> Vending Food / Beverage		Health Inspection
<input checked="" type="checkbox"/> Vendors / Exhibitors	How many? <input type="text" value="Over 30 Vendors / Exhibitors"/>	Alcohol Permit Additional insurance Required
<input checked="" type="checkbox"/> Vending Beer / Wine		
<input checked="" type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <input type="text" value="5"/>	Temporary Structure Permit
<input checked="" type="checkbox"/> Fence Installation	What type? <input type="text" value="Start and Finish line chute- portable"/>	Temporary Structure Permit
<input checked="" type="checkbox"/> Other Structures	What structure? <input type="text" value="Start and finish archs"/>	Temporary Structure Permit
<input checked="" type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input checked="" type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input type="checkbox"/> VIP Area		
<input checked="" type="checkbox"/> Staging	<input checked="" type="checkbox"/> Professional <input checked="" type="checkbox"/> Showmobile <input checked="" type="checkbox"/> Other	
<input checked="" type="checkbox"/> Amplified Sound	<input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input checked="" type="checkbox"/> Security	<input checked="" type="checkbox"/> Daytime - Private <input checked="" type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD	
<input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <input type="text" value="40"/> Disabled Units <input type="text" value="5"/> Hand Washing <input type="text" value="5"/>	
<input checked="" type="checkbox"/> Off-site Parking / Shuttle		
<input checked="" type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

Other:

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

Special power maybe required depending on final vendor list but not anticipated.

Will you supply your own generators?  YES  NO

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

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

Noise ordinance for course to allow for moderate sounds from on-course entertainment.

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

Name: EndorFun Sports, LLC

Phone: 727-417-4294

Address (including zip): PO Box 2016, St Pete, FL 33731

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

DJ/announcer at finish line with music. Musicians/entertainers along the course.

List Vending Products. Name & Provider.

Final list will be provided prior to the event once list is finalized.

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.

N/A

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

Health & Fitness Expo load in/load out July 3 morning starting at 6am at Pier. Race start/finish line structure set-up on Bayshore Blvd. Loud out will be on afternoon July 4.

Other Comments: Please describe your fee structure.

Races have different entry fee prices ranging from \$15-\$50. Health & Wellness expo vendors price is \$400 for a 10x10 booth space. Spectators watching the races and attending the expo are not charged to enter.

Other comments:

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

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

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

Name:

*Ryan Jordan*

Title:

Partner

Date:

10/23/22



# 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 <b>Nonprofit</b> Corporation:	Jump for Kids
Name of Responsible Party (President or CEO ONLY):	Jeff Pope
Title of Responsible Party:	President
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 <b>For-profit</b> Corporation:	EndorFun Sports, LLC
Name of Responsible Party (President or CEO ONLY):	Ryan Jordan
Title of Responsible Party:	Partner
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 Pier Run  
 Date(s) of Event: Jul 3, 2023 - Jul 4, 2023

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

		<b>Amount</b>
1.	Race Registration	\$125,000.00
2.	Sponsorship	\$25,000.00
3.		
4.		
5.		
6.		
7.		
8.		
<b>TOTAL GROSS REVENUE</b>		<b>\$150,000.00</b>

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

1.	Athlete Amenities	\$40,000.00
2.	City and Operational Costs	\$85,000.00
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
<b>TOTAL OPERATING EXPENSES</b>		<b>\$125,000.00</b>
<b>TOTAL NET INCOME</b>		<b>\$25,000.00</b>

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

1.	Charity and Investment into 2023 Event	\$25,000.00
2.		
3.		
4.		
5.		
6.		
<b>TOTAL ALLOCATION OF NET INCOME</b>		<b>\$25,000.00</b>

Prepared by:  Date:

Print Application

Submit Application by  
Email



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

## 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

6401 1st Ave S, Ste 2  
ST. PETERSBURG, FL 33707

Changed: 01/27/2021

### Mailing Address

PO Box 2106  
ST. PETERSBURG, FL 33731

Changed: 01/27/2021

### 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  
PO Box 2106  
ST. PETERSBURG, FL 33731

Title CFO

JORDAN, CLAIRE  
PO Box 2106  
ST. PETERSBURG, FL 33731

Title CBDO

Jordan, Ryan  
PO Box 2106  
ST. PETERSBURG, FL 33731

#### Annual Reports

<b>Report Year</b>	<b>Filed Date</b>
2020	01/13/2020
2021	01/27/2021
2022	02/17/2022

#### Document Images

<a href="#">02/17/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/27/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/13/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/11/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/07/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/30/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">11/07/2016 -- Foreign Limited</a>	<a href="#">View image in PDF format</a>



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

## Detail by Entity Name

Florida Not For Profit Corporation  
JUMP FOR KIDS, INC

### Filing Information

<b>Document Number</b>	N13000003729
<b>FEI/EIN Number</b>	46-2587239
<b>Date Filed</b>	04/18/2013
<b>Effective Date</b>	04/20/2013
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	REINSTATEMENT
<b>Event Date Filed</b>	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, Director

POPE, JEFFREY

850 21 ave N  
St Petersburg, FL 33704

Title VP, Director

Burger , Andrew Vinh  
341 14th avenue NE  
St Petersburg, FL 33704

Title Director

Dianne, Cohors  
508 Santa Cruz Place  
Unit D  
Saint Petersburg, FL 33703

Title Director

Gerleve, Dominic  
2308 Alta Canada Lane  
apt 1237  
Fort Worth, TX 76177

Title Officer

Edwards, Lisa  
4627 Venetian Blvd NE  
Saint Petersburg, FL 33703

Title Officer

Wise, Jamal  
701 Mirror Lake Dr  
St Pete, FL 33701

Title Director

Drude-Tomori, Rachel  
5858 Central Ave  
Suite A  
Saint Petersburg, FL 33707

**Annual Reports**

Report Year	Filed Date
2020	02/24/2020
2021	02/06/2021
2022	03/14/2022

**Document Images**

[03/14/2022 -- ANNUAL REPORT](#)

[View image in PDF format](#)

# Permit



Parks and Recreation  
1400 19th Street North  
St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
EMAIL:stpeteparksrec@stpete.org

**Permit # R9560**

Status Tentative  
Date Jan 5, 2023 10:44 AM  
Expiration Date Mar 6, 2023

<b>Organization Name</b>	Endorfun Sports LLC - 62	<b>Organization Phone 1</b>	+1 (512) 608-5857
<b>Customer Type</b>	Commercial (Taxed)	<b>Number</b>	
<b>Organization Address</b>	1200 EDEN ISLE BLVD NE ST PETERSBURG, FL 33704		
<b>Agent Name</b>	Ryan E Jordan	<b>Primary Phone Number</b>	+1 (727) 417-4294
		<b>Email Address</b>	RYAN@STPETERUNFEST.ORG
<b>System User</b>	45937		

Rental Fee	\$460.00
Rental Tax	\$29.90
Discounts	\$0.00
<b>Subtotal</b>	<b>\$489.90</b>
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$489.90</b>
Total Payment	\$0.00
Refunds	\$0.00
<b>Balance</b>	<b>\$489.90</b>

<b>ST PETE PIER RUN</b>	1 resource(s)	1 booking(s)	<b>Subtotal: \$460.00</b>
Booking Summary			
<b>SBP Park (Cosponsored Event)</b>			<b>Center: Spa Beach Park</b>
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>
Jul 3, 2023 12:00 AM	Jul 4, 2023 10:00 PM	6000	\$0.00
<b>Resource level fees</b>			<b>\$460.00</b>

<b>Custom Questions</b>	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	Yes
Will this event be having fireworks?	No
Will this event be having liquor?	No
Will this event be using fencing?	Yes



Payment Schedules		Original Balance: \$489.90    Current Balance: \$489.90		
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE
Feb 1, 2023	\$489.90	\$0.00	\$0.00	\$489.90

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



Date Received: 12/7/22  
 Check or Cash: \_\_\_\_\_  
 Application #: 74  
 Packet: 0  
 Permit #: R9563

Event Title: Run For All Children 1-Mile Fun Run, 5K and 10K Phone No.: 727-767-2957 Fax No.: 727-767-8510  
 Entity Name: Johns Hopkins All Children's Hospital Federal I.D. Number: 59-2481738  
 Event Date(s): Sep 30, 2023 (Please suggest alt date if not avail. Location: 501 6th Ave S., St. Petersburg, FL 33701  
 Day 1 of Event: Sep 29, 2023 Time Gates Open: 7:00AM Ending Time: 5PM  
 Day 2 of Event: Sep 30, 2023 Time Gates Open: 7:00AM Ending Time: 5PM  
 Day 3 of Event: \_\_\_\_\_ Time Gates Open: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Application Prepared by: Amy Amico Phone: 7277672490  
 Title: Gift Officer, Events Cell Phone: 704-830-4478  
 Address: 501 6th Ave S. City: St Petersburg State: FL Zip: 33701  
 Email Address: amy.amico@jhmi.edu  
 Additional Contact Person: Connie Guinn - connie.guinn@jhmi.edu Day Phone: \_\_\_\_\_

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

**Describe your event with details.**

Johns Hopkins All Children's Hospital is hosting the 10th Annual Run for All Children 1-Mile Fun Run, 5K, and 10K to raise funds and support healthy living throughout the west coast of Florida. There will be something for everyone from kids doing a 100 yard dash, a 1 mile fun run for beginners or families, and chip timed 5K & 10K courses.

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

The primary beneficiary of the event will be the children and families associated with Johns Hopkins All Children's Hospital, but so too will the local businesses benefit by the more than 2,000 anticipated runners, including but not limited to the St. Petersburg area hotels, restaurants, boutique downtown stores and the like. This will be a "destination" race for many of the athletes who will be traveling to the area from other cities.

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

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

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

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

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

Please provide a phone number that can be advertised to the public. 727-767-4199

What is the estimated attendance for this event? Spectators 500 Participants 1300 Last Year's Total Attendance 1800

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater  
 Coliseum  
 Sunken Gardens  
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

Name:	<input type="text" value="Jenine Rabin"/>	Title:	<input type="text" value="Executive Vice President"/>	Date:	<input type="text" value="12/7/22"/>
Co-Sign:	<input type="text" value="Amy Amico"/>	Title:	<input type="text" value="Sr. Gift Officer, Special Events"/>	Date:	<input type="text" value="12/7/22"/>

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input checked="" type="checkbox"/> Located in Park		Park Permit
<input type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input type="checkbox"/> Vending Food / Beverage		Health Inspection
<input checked="" type="checkbox"/> Vendors / Exhibitors	How many? <input style="border: 1px solid black; padding: 2px 10px;" type="text" value="21 - 30 Vendors / Exhibitors"/>	Alcohol Permit
<input checked="" type="checkbox"/> Vending Beer / Wine		Additional insurance Required
<input type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <input style="border: 1px solid black; width: 100px; height: 20px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Fence Installation	What type? <input style="border: 1px solid black; width: 200px; height: 20px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Other Structures	What structure? <input style="border: 1px solid black; width: 200px; height: 20px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input checked="" type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input type="checkbox"/> VIP Area		
<input type="checkbox"/> Staging	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Amplified Sound	<input type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input type="checkbox"/> Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD	
<input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <input style="border: 1px solid black; padding: 2px 10px;" type="text" value="TBD"/> Disabled Units <input style="border: 1px solid black; width: 50px; height: 20px;" type="text"/> Hand Washing <input style="border: 1px solid black; width: 50px; height: 20px;" type="text"/>	
<input type="checkbox"/> Off-site Parking / Shuttle		
<input type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

NA

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.

NA

List Vending Products. Name & Provider.

NA

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

Great Bay Distributors

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

Awards Ceremony Presentations

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

Participants will arrive near the start/ finish area located at 501 6th Ave. S at approximately 6:45AM on 10/7/23. Approximately 1/2 of the participants will be finished by 8:00 AM and the remaining participants will be complete the event before 10:00 AM.

Other Comments: Please describe your fee structure.

5k & 10k pre-registered runners: \$30.00  
5k & 10k day of registration: \$40.00  
1-mile fun run pre-registered runners: \$20.00  
1-mile fun run day of registration: \$25.00  
100 yard Kid's Dash - Free

Other comments:

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

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

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

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

Name: Jenine Rabin

Title: Executive Vice President

Date: 12/7/22

## Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

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

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

Title of Responsible Party: Executive Vice President

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

Phone Number of Responsible Party: 727-767-4460

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

Nonprofit (Employee Identification Number): 59-2481738

---

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

amy.amico@jhmi.edu

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

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

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

	<b>Amount</b>
1. Sponsorships	\$20,000.00
2. Donations	\$10,923.00
3. Registrations (VIRTUAL)	\$36,615.00
4.	
5.	
6.	
7.	
8.	
<b>TOTAL GROSS REVENUE</b>	\$67,538

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

1. Awards & Medals	\$2,635.00
2. Bibs	\$852.59
3. Marketing	\$644.75
4. Parking	\$500.00
5. Misc Expenses & Fees	\$21,691
6. Consulting	\$12,250.00
7. Shirts	\$13,150.10
8. Printing	\$1,764.63
9. City Permit and Fees	\$17,692
10.	
11.	
12.	
<b>TOTAL OPERATING EXPENSES</b>	\$71,781
<b>TOTAL NET INCOME</b>	\$-4943

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

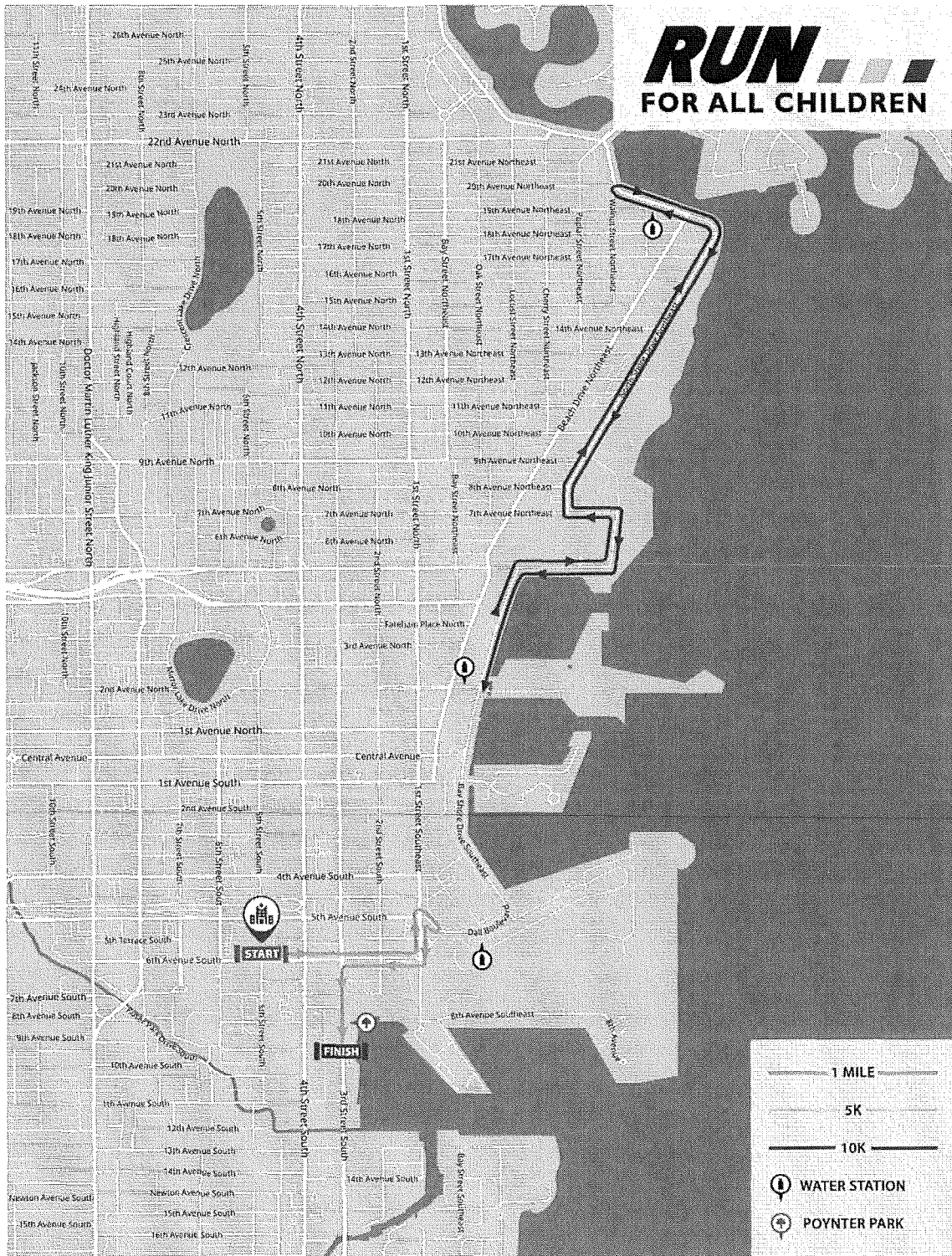
1. Johns Hopkins All Children's Foundation	
2.	
3.	
4.	
5.	
6.	
<b>TOTAL ALLOCATION OF NET INCOME</b>	

Prepared by:  Date:



# RUN

FOR ALL CHILDREN



1 MILE

5K

10K

WATER STATION

POYNTER PARK



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

## Detail by Entity Name

Florida Not For Profit Corporation

JOHNS HOPKINS ALL CHILDREN'S FOUNDATION, INC.

### Filing Information

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

### Principal Address

501 6TH AVE S  
ST PETERSBURG, FL 33701

Changed: 04/29/2010

### Mailing Address

501 6TH AVE S  
ST PETERSBURG, FL 33701

Changed: 04/29/2010

### Registered Agent Name & Address

Williams, Vickie  
501 6TH AVE S  
LEGAL, 6500002700  
ST PETERSBURG, FL 33701

Name Changed: 07/28/2021

Address Changed: 05/01/2017

### Officer/Director Detail

#### **Name & Address**

Title President

Schulhof, Alicia

501 6TH AVE S  
ST PETERSBURG, FL 33701

Title EVP

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

Title VP, CFO

Theriac, Gerad  
501 6TH AVE S  
ST PETERSBURG, FL 33701

### **Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2021	01/12/2021
2021	07/28/2021
2022	02/02/2022

### **Document Images**

<a href="#">02/02/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/28/2021 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/12/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">10/29/2020 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/06/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/10/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/01/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/01/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/17/2017 -- Name Change</a>	<a href="#">View image in PDF format</a>
<a href="#">01/13/2017 -- Amended/Restated Article/NC</a>	<a href="#">View image in PDF format</a>
<a href="#">04/29/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/30/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/30/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/30/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/27/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/29/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/31/2011 -- Amended and Restated Articles</a>	<a href="#">View image in PDF format</a>
<a href="#">04/29/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/29/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/28/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/27/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/12/2007 -- Merger</a>	<a href="#">View image in PDF format</a>
<a href="#">04/26/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/20/2005 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/30/2004 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

# Permit



Parks and Recreation  
1400 19th Street North  
St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
EMAIL:stpeteparksrec@stpete.org

**Permit # R9563**

Status Tentative  
Date Jan 5, 2023 10:58 AM  
Expiration Date Mar 6, 2023

<b>Organization Name</b>	Johns Hopkins All Children's Foundation Inc. - 969	<b>Organization Phone 1 Number</b>	+1 (727) 767-7283
<b>Customer Type</b>	Non-Profit (Tax-Exempt)		
<b>Organization Address</b>	501 6th Ave S ST PETERSBURG, FL 33701		
<b>Agent Name</b>	Amy Amico	<b>Primary Phone Number</b>	+1 (704) 830-4478
		<b>Email Address</b>	aamico1@jhmi.edu
<b>System User</b>	45937		

Rental Fee	\$460.00
Discounts	\$0.00
<b>Subtotal</b>	<b>\$460.00</b>
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$460.00</b>
<b>Total Payment</b>	<b>\$0.00</b>
Refunds	\$0.00
<b>Balance</b>	<b>\$460.00</b>

<b>RUN FOR ALL CHILDREN</b>	1 resource(s)	1 booking(s)	<b>Subtotal: \$460.00</b>
Booking Summary			
<b>PTP Park (Cosponsored Event)</b>			<b>Center: Poynter Park</b>
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>
Sep 29, 2023 12:00 AM	Sep 30, 2023 8:00 PM	2000	\$0.00
<b>Resource level fees</b>			<b>\$460.00</b>

<b>Custom Questions</b>	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	Yes
Will this event be having fireworks?	No
Will this event be having liquor?	No
Will this event be using fencing?	Yes

Payment Schedules		Original Balance: \$460.00    Current Balance: \$460.00		
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE
Feb 1, 2023	\$460.00	\$0.00	\$0.00	\$460.00

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



Date Received: 12/13/22  
 Check or Cash: \_\_\_\_\_  
 Application #: 75  
 Packet: B  
 Permit #: R9564

Event Title: Paddy Fest St. Pete Phone No.: 7276126686 Fax No.: \_\_\_\_\_  
 Entity Name: PMB Events LLC Federal I.D. Number: 92-02698441  
 Event Date(s): 3-17-23 Location: William's Park  
 Day 1 of Event: 3-17-23 Time Gates Open: 10am Ending Time: 10pm  
 Day 2 of Event: \_\_\_\_\_ Time Gates Open: \_\_\_\_\_ Ending Time: \_\_\_\_\_  
 Day 3 of Event: \_\_\_\_\_ Time Gates Open: \_\_\_\_\_ Ending Time: \_\_\_\_\_  
 Application Prepared by: Peter M Boland Phone: 7276126686  
 Title: President Cell Phone: 727-612-6686  
 Address: 4670 Chancellor Street NE City: St Petersburg State: FL Zip: 33703  
 Email Address: Pete  
 Additional Contact Person: Jessica Caraballo Day Phone: 727-686-8284  
 What month/year were you incorporated as nonprofit? 2018  
 List all 501(c)3 entities that will benefit from this event. Ocean Aid 360  
 Name of the for-profit entity? PMB Events LLC

**Describe your event with details.**

Family friendly St. Patrick's Day Festival celebrating all things celtic and irish at William's Park with live irish music all day & night, with irish food & drink. Food trucks, bounce houses, vip experience, whiskey tastings & trainings, pour your own guinness contest, and lots of vendors creating a one of a kind St. Patrick's Day experience like never before seen in Tampa Bay.

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

St. Patrick's Day is one of the most celebrated days in the United States every year, and is one of the biggest days of the year in St. Pete. Williams Park will be able to draw thousands of families and revelers to our downtown core and activate our beautiful park for a new signature all day event, helping to make St Pete a St. Patricks Day hub for Florida.

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. not yet available  
 Please provide a phone number that can be advertised to the public. 727-612-6686  
 What is the estimated attendance for this event? Spectators 20000 Participants n/a 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 | 0 | Chairs # needed | 0 |  
Public Address System | n/a |  
# of portable risers needed (4 in. x 8 in. x 16 in. sections) | none |

Special Events Facilities

Mahaffey Theater  
 Coliseum  
 Sunken Gardens  
 Boyd Hill

Non-City Locations

Which Location?

| William's 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: | Peter M Boland | Title: | President | Date: | 12-8-22 |  
Co-Sign: | Jessica A Caraballo | Title: | Vice President | Date: | 12-8-22 |

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input checked="" type="checkbox"/> Located in Park		Park Permit
<input checked="" type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input checked="" type="checkbox"/> Vending Food / Beverage		Health Inspection
<input checked="" type="checkbox"/> Vendors / Exhibitors	How many? <input style="width: 150px;" type="text" value="11 - 20 Vendors / Exhibitors"/>	Alcohol Permit
<input checked="" type="checkbox"/> Vending Beer / Wine		Additional insurance Required
<input checked="" type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <input style="width: 100px;" type="text" value="2"/>	Temporary Structure Permit
<input checked="" type="checkbox"/> Fence Installation	What type? <input style="width: 200px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Other Structures	What structure? <input style="width: 200px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input checked="" type="checkbox"/> VIP Area		
<input checked="" type="checkbox"/> Staging	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Amplified Sound	<input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input checked="" type="checkbox"/> Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD	
<input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <input style="width: 50px;" type="text"/> Disabled Units <input style="width: 50px;" type="text"/> Hand Washing <input style="width: 50px;" type="text"/>	
<input type="checkbox"/> Off-site Parking / Shuttle		
<input type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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



Electrical Requirements:

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

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

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

Beer refrigeration trucks for dispensing beer and food trucks, as well as audio video equipment.

Will you supply your own generators?  YES  NO

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

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

Off-site Full liquor alcohol sales

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

Name: Peter M Boland

Phone: 7276126686

Address (including zip): 4670 Chancellor St. NE

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

Live Celtic Rock & Irish Music, 11am-9:30pm

List Vending Products. Name & Provider.

Beer, Wine, Liquor from JJ Taylor, Great Bay Distributors, & Southern Wine & Spirits

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

Ocean Aid 360, Stephen Neill Holland, 125 18th Ave S, St. Petersburg, FL 33705 , 727-200-7781

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

n/a

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

will need load in times along 2nd AVE north 6am-10am, then unloading 10:30pm-12am. Would like to reserve all parking spaces along 2nd AVE north for load in/load out purposes

Other Comments: Please describe your fee structure.

Food Trucks will pay 10% of net sales, Vendor will be charged an entrance fee \$200. Beverages will rang from \$7-\$15, with an all-inclusive VIP Experience

Other comments:

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

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

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

Name: Peter M Boland

Title: President

Date: 12-8-22

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

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Ocean Aid 360  
Name of Responsible Party (President or CEO ONLY): Stephen Neill Holland  
Title of Responsible Party: CEO  
Physical Address of Responsible Party: 125 18th Ave south, St Petersburg, FL 33705  
Phone Number of Responsible Party: 727-200-7781  
Email Address of Responsible Party: captneill@oceanaid360.org  
Nonprofit (Employee Identification Number): 82-3008707

---

Name of the **For-profit** Corporation: PMB Events  
Name of Responsible Party (President or CEO ONLY): Peter M Boland  
Title of Responsible Party: President  
Physical Address of Responsible Party: 4670 Chancellor St NE  
Phone Number of Responsible Party: 727-612-6686  
Email Address of Responsible Party: pete@marymargarets.com  
For-profit (Employee Identification Number) 92-02698441

**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:

Pete@marymargarets.com

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

Name of Event: n/a  
Date(s) of Event: \_\_\_\_\_

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

**Amount**

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

**TOTAL GROSS REVENUE**

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

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

**TOTAL OPERATING EXPENSES**

**TOTAL NET INCOME**

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

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

**TOTAL ALLOCATION OF NET INCOME**

Prepared by: Peter M Boland

Date: 12-8-22

Print Application

Submit Application by E



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

## Detail by Entity Name

Florida Limited Liability Company  
PMB EVENTS LLC

### Filing Information

**Document Number** L22000359603  
**FEI/EIN Number** NONE  
**Date Filed** 08/16/2022  
**Effective Date** 08/15/2022  
**State** FL  
**Status** ACTIVE

### Principal Address

4670 CHANCELLOR ST NE  
SAINT PETERSBURG, FL 33701

### Mailing Address

4670 CHANCELLOR ST NE  
SAINT PETERSBURG, FL 33703

### Registered Agent Name & Address

BOLAND, PETER M  
4670 CHANCELLOR ST NE  
SAINT PETERSBURG, FL 33703

### Authorized Person(s) Detail

NONE

### Annual Reports

**No Annual Reports Filed**

### Document Images

[08/16/2022 -- Florida Limited Liability](#) [View image in PDF format](#)



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

## Detail by Entity Name

Florida Not For Profit Corporation  
OCEAN AID 360, INC.

### Filing Information

<b>Document Number</b>	N17000010048
<b>FEI/EIN Number</b>	82-3008707
<b>Date Filed</b>	10/04/2017
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	REINSTATEMENT
<b>Event Date Filed</b>	10/14/2019

### Principal Address

125 18TH AVENUE SOUTH  
SAINT PETERSBURG, FL 33705

### Mailing Address

125 18TH AVENUE SOUTH  
SAINT PETERSBURG, FL 33705

### Registered Agent Name & Address

STEPHEN NEILL HOLLAND  
125 18TH AVENUE SOUTH  
SAINT PETERSBURG, FL 33705

Name Changed: 10/14/2019

### Officer/Director Detail

#### **Name & Address**

Title P

HOLLAND, STEPHEN N  
125 18TH AVENUE SOUTH  
SAINT PETERSBURG, FL 33705

Title T

BYRAM, SUSANNE R  
21 NORTH WYNDEN DRIVE  
HOUSTON, TX 77056

## Title O

POWERS, LEE M  
1327 GREENLEAF ROAD  
WILMINGTON, DE 19805

## Title V

DAWLEY, DANIELLE  
1241 DR. M.L.K. JR STREET NORTH  
SAINT PETERSBURG, FL 33701

## Title S

BOLGER, KAREN K  
1631 CAPE RAY AVENUE NE, BLDG #3  
SAINT PETERSBURG, FL 33702

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2020	01/24/2020
2021	03/15/2021
2022	03/21/2022

**Document Images**

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<a href="#">01/24/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">10/14/2019 -- REINSTATEMENT</a>	<a href="#">View image in PDF format</a>
<a href="#">09/06/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">10/04/2017 -- Domestic Non-Profit</a>	<a href="#">View image in PDF format</a>

# Permit



Parks and Recreation  
1400 19th Street North  
St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
EMAIL:stpeteparksrec@stpete.org

**Permit # R9564**

Status Tentative  
Date Jan 5, 2023 11:01 AM  
Expiration Date Mar 6, 2023

<b>Organization Name</b>	PMB EVENTS LLC - 1644		
<b>Customer Type</b>	Commercial (Taxed)		
<b>Organization Address</b>	4670 CHANCELLOR ST. NE ST. PETERSBURG, FL 33703		
<b>Agent Name</b>	Peter Michael Boland	<b>Primary Phone Number</b>	+1 (727) 612-6686
		<b>Email Address</b>	PETE@MARYMARGARETS.COM
<b>System User</b>	45937		

Rental Fee	\$460.00
Rental Tax	\$29.90
Discounts	\$0.00
<b>Subtotal</b>	<b>\$489.90</b>
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$489.90</b>
Total Payment	\$0.00
Refunds	\$0.00
<b>Balance</b>	<b>\$489.90</b>

<b>PADDY FEST ST PETE</b>	1 resource(s)	1 booking(s)	<b>Subtotal: \$460.00</b>
Booking Summary			
<b>WP Park (Cosponsored Event)</b>			<b>Center: Williams Park</b>
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>
Mar 16, 2023 12:00 AM	Mar 17, 2023 11:00 PM	10000	\$0.00
<b>Resource level fees</b>			<b>\$460.00</b>

<b>Custom Questions</b>	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	Yes
Will this event be having fireworks?	No
Will this event be having liquor?	Yes
Will this event be using fencing?	Yes



Payment Schedules		Original Balance: \$489.90    Current Balance: \$489.90		
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE
Feb 1, 2023	\$489.90	\$0.00	\$0.00	\$489.90

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



Date Received: 12/12/22  
 Check or Cash: \_\_\_\_\_  
 Application #: 76  
 Packet: B  
 Permit #: R 9565

Event Title: Bolts Hockey Fest 2023 Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Entity Name: Vinik Sports Group Federal I.D. Number: 80-0153370  
 Event Date(s): March 26, 2023 Location: 480 Bayshore Dr. SE. St. Petersburg, FL 33701  
 Day 1 of Event: March 26, 2023 Time Gates Open: 6:00 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: Marc Chodosh Phone: (813)301-6677  
 Title: Sr. Manager of Fan Engagement Cell Phone: (203) 648-5330  
 Address: 401 Channelside Drive City: Tampa State: FL Zip: 33602  
 Email Address: mchodosh@viniksportsgroup.com  
 Additional Contact Person: Josh Dreith Day Phone: (813) 301-6722

What month/year were you incorporated as nonprofit? July 1999  
 List all 501(c)3 entities that will benefit from this event. Lightning Foundation  
 Name of the for-profit entity? Vinik Sports Group

**Describe your event with details.**

Tampa Bay Lightning ball hockey tournament hosted by our Lightning Development Hockey Program. Partnering with Hockey Fest to build 50x30 ball hockey rinks with real dashboards . Event will include live music/DJ, food trucks, beer sales, sponsor and community partner activations.

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

Event will drive families from across the Southwest Florida region, including Hillsborough, Pinellas, Pasco, Polk, Manatee counties, to eat & drink at local businesses while participating in the one day tournament in downtown St. Pete.

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. tampabaylightning.com

Please provide a phone number that can be advertised to the public. (813) 301-6500

What is the estimated attendance for this event? Spectators 500 Participants 250 Last Year's Total Attendance 500

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater  
 Coliseum  
 Sunken Gardens  
 Boyd Hill

Non-City Locations

Which Location?

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

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



PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET



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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

If possible we'd like to use the power available for potential partner activations. Any stage or pa needs we will plan to bring in our own generator

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.

(1) stage  
(2-3) DJ's

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.

Event will have tournament announcements, hockey tournament schedule announcements and on-stage competitions for prizes

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

Load in on March 25th, 9 am - 9 pm. Load out at the end of the event on March 26th, after 6 pm. Will need staff parking available for people working the entire event, number of parking spots needed still 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: Marc Chodosh Title: Sr. Manager of Fan Engagemen Date: 12/12/2022

# 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 <b>Nonprofit</b> Corporation:	Lightning Foundation
Name of Responsible Party (President or CEO ONLY):	Elizabeth Frazier
Title of Responsible Party:	In Charge of Distribution
Physical Address of Responsible Party:	401 Channelside Drive, Tampa, FL 33602
Phone Number of Responsible Party:	(813) 301-6652
Email Address of Responsible Party:	efrazier@viniksportsgroup.com
Nonprofit (Employee Identification Number):	59-3542305

---

Name of the <b>For-profit</b> Corporation:	Vinik Sports Group
Name of Responsible Party (President or CEO ONLY):	Steve Griggs
Title of Responsible Party:	Chief Executive Officer
Physical Address of Responsible Party:	401 Channelside Drive, Tampa, FL 33602
Phone Number of Responsible Party:	(813) 301-6500
Email Address of Responsible Party:	
For-profit (Employee Identification Number)	80-0153370

**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:

mchodosh@viniksportsgroup.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.		
<b>TOTAL GROSS REVENUE</b>		

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

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

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

1.		
2.		
3.		
4.		
5.		
6.		
<b>TOTAL ALLOCATION OF NET INCOME</b>		

Prepared by:  Date:

Print Application

Submit Application by  
Email



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

## Detail by Entity Name

Foreign Limited Partnership  
LIGHTNING HOCKEY LP

### Filing Information

**Document Number** B08000000131  
**FEI/EIN Number** 80-0153370  
**Date Filed** 06/20/2008  
**State** DE  
**Status** ACTIVE

### Principal Address

401 CHANNELSIDE DRIVE  
TAMPA, FL 33602

Changed: 04/26/2010

### Mailing Address

401 CHANNELSIDE DRIVE  
TAMPA, FL 33602

Changed: 04/26/2010

### Registered Agent Name & Address

Feaster, Jay H  
401 CHANNELSIDE DRIVE  
TAMPA, FL 33602

Name Changed: 03/16/2022

Address Changed: 10/15/2015

### General Partner Detail

#### **Name & Address**

LIGHTNING HOCKEY GP, LLC  
401 CHANNELSIDE DRIVE  
TAMPA, FL 33602

### Annual Reports

<b>Report Year</b>	<b>Filed Date</b>
2020	04/06/2020

2021 04/21/2021  
2022 03/16/2022

**Document Images**

<a href="#">03/16/2022 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/21/2021 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/06/2020 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/16/2019 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/10/2018 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/21/2017 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">02/12/2016 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">10/15/2015 -- Reg. Agent Change</a>	View image in PDF format
<a href="#">02/11/2015 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/31/2014 -- Reg. Agent Change</a>	View image in PDF format
<a href="#">01/15/2014 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">07/02/2013 -- Reg. Agent Change</a>	View image in PDF format
<a href="#">01/17/2013 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">10/22/2012 -- Reg. Agent Change</a>	View image in PDF format
<a href="#">04/17/2012 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/25/2011 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/26/2010 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/30/2009 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">06/20/2008 -- Foreign LP</a>	View image in PDF format



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

## Detail by Entity Name

Florida Not For Profit Corporation  
LIGHTNING FOUNDATION, INC.

### Filing Information

<b>Document Number</b>	N98000006632
<b>FEI/EIN Number</b>	59-3542305
<b>Date Filed</b>	11/18/1998
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	AMENDMENT
<b>Event Date Filed</b>	06/24/2013
<b>Event Effective Date</b>	NONE

### Principal Address

401 CHANNELSIDE DR.  
TAMPA, FL 33602

### Mailing Address

401 CHANNELSIDE DR.  
TAMPA, FL 33602

### Registered Agent Name & Address

Feaster, Jay H  
401 CHANNELSIDE DR  
TAMPA, FL 33602

Name Changed: 03/16/2022

Address Changed: 10/15/2015

### Officer/Director Detail

#### **Name & Address**

Title D

VINIK, JEFFREY  
401 CHANNELSIDE DR.  
TAMPA, FL 33602

Title D

VINIK, PENNY  
401 CHANNELSIDE DR.  
TAMPA, FL 33602

Title D

Griggs, Steve  
401 CHANNELSIDE DR.  
TAMPA, FL 33602

Title D

BriseBois, Julien  
401 CHANNELSIDE DR.  
TAMPA, FL 33602

Title S

Feaster, Jay H  
401 CHANNELSIDE DR.  
TAMPA, FL 33602

Title D

Sher, Craig  
401 Channelside Drive  
TAMPA, FL 33602

#### **Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2020	04/06/2020
2021	04/21/2021
2022	03/16/2022

#### **Document Images**

<a href="#">03/16/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">02/11/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">02/26/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/24/2013 -- Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">01/17/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

# Permit



Parks and Recreation  
1400 19th Street North  
St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
EMAIL:stpeteparksrec@stpete.org

**Permit # R9565**

Status Tentative  
Date Jan 5, 2023 11:09 AM  
Expiration Date Mar 6, 2023

<b>Organization Name</b>	Lightning Foundation Inc - 1250	<b>Organization Phone 1</b>	+1 (813) 301-6677
<b>Customer Type</b>	Non-Profit (Tax-Exempt)	<b>Number</b>	
<b>Organization Address</b>	401 CHANNELSIDE DR TAMPA, FL 33602		
<b>Agent Name</b>	Marc Chodosh	<b>Primary Phone Number</b>	+1 (813) 301-6677
		<b>Email Address</b>	mchodosh@viniksportsgroup.com
<b>System User</b>	45937		

Rental Fee	\$460.00
Discounts	\$0.00
<b>Subtotal</b>	<b>\$460.00</b>
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$460.00</b>
Total Payment	\$0.00
Refunds	\$0.00
<b>Balance</b>	<b>\$460.00</b>

<b>BOLTS HOCKEY FEST</b>	1 resource(s)	1 booking(s)	<b>Subtotal: \$460.00</b>
Booking Summary			
<b>AWP Park (Cosponsored Event)</b>			<b>Center: Albert Whitted Park</b>
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>
Mar 25, 2023 12:00 AM	Mar 26, 2023 10:00 PM	800	\$0.00
Resource level fees			\$460.00

Custom Questions	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	Yes
Will this event be having fireworks?	No
Will this event be having liquor?	No
Will this event be using fencing?	Yes

Payment Schedules		Original Balance: \$460.00    Current Balance: \$460.00		
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE
Feb 1, 2023	\$460.00	\$0.00	\$0.00	\$460.00

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



Date Received: 12/29/22  
 Check or Cash: \_\_\_\_\_  
 Application #: 77  
 Packet: C  
 Permit #: R9380

Event Title: Saturday Morning Summer Market Phone No.: 727-855-1937 Fax No.: N/A  
 Entity Name: St. Petersburg Saturday Morning Market, Inc. Federal I.D. Number: 20-1994099  
 Event Date(s): Saturdays June - August 2023 Location: Williams Park  
 Day 1 of Event: All Saturdays Time Gates Open: 9:00 a.m. Ending Time: 1:00 p.m.  
 Day 2 of Event: \_\_\_\_\_ Time Gates Open: \_\_\_\_\_ Ending Time: \_\_\_\_\_  
 Day 3 of Event: \_\_\_\_\_ Time Gates Open: \_\_\_\_\_ Ending Time: \_\_\_\_\_  
 Application Prepared by: Tami Simms Phone: 727-743-6262  
 Title: President, Board of Directors Cell Phone: 727-743-6262  
 Address: P.O. Box 1213 City: St. Petersburg State: FL Zip: 33731  
 Email Address: SaturdayMkt@yahoo.com  
 Additional Contact Person: Lacey Ott, Market Manager Day Phone: 727-855-1937  
 What month/year were you incorporated as nonprofit? April 2012  
 List all 501(c)3 entities that will benefit from this event. St. Petersburg Saturday Morning Market, Inc.  
 Name of the for-profit entity? \_\_\_\_\_

**Describe your event with details.**

A weekly outdoor market with local farmers who offer organic and sustainably raised fresh vegetables, fruits, and meats; a wide variety of artisan food vendors; juried artists, crafters & makers; an incredible variety of ready-to-eat foods; live music and entertainment. The Market participates in the "Florida Fresh" program that doubles EBT/SNAP dollars for access to fresh fruits and vegetables.

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

- \* Business Revenue for the vendors
- \* Doubled EBT benefits for SNAP participants to acquire healthy, fresh food
- \* The Market attracts people from throughout the Tampa Bay area who will spend additional dollars downtown (parking revenue, shopping at other local businesses, dining at other local restaurants)

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? \$200,000.00 Per Occurrence

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.SaturdayMorningMarket.com

Please provide a phone number that can be advertised to the public. 727-855-1937

What is the estimated attendance for this event? Spectators 2,500 Participants 150 Last Year's Total Attendance 10,000+



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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater  
 Coliseum  
 Sunken Gardens  
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

Name:	<input type="text" value="Tami Simms"/>	Title:	<input type="text" value="President"/>	Date:	<input type="text" value="12/28/22"/>
Co-Sign:	<input type="text" value="Lacey A. Ott"/>	Title:	<input type="text" value="Executive Director"/>	Date:	<input type="text" value="12/29/22"/>

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input checked="" type="checkbox"/> Located in Park		Park Permit
<input checked="" type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input checked="" type="checkbox"/> Vending Food / Beverage		Health Inspection
<input checked="" type="checkbox"/> Vendors / Exhibitors	How many? <input style="width: 150px;" type="text" value="70"/>	Alcohol Permit Additional insurance Required
<input type="checkbox"/> Vending Beer / Wine		
<input type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <input style="width: 100px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Fence Installation	What type? <input style="width: 200px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Other Structures	What structure? <input style="width: 200px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input type="checkbox"/> VIP Area		
<input type="checkbox"/> Staging	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Amplified Sound	<input type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input type="checkbox"/> Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD	
<input type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <input style="width: 50px;" type="text"/> Disabled Units <input style="width: 50px;" type="text"/> Hand Washing <input style="width: 50px;" type="text"/>	
<input type="checkbox"/> Off-site Parking / Shuttle		
<input type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators?  YES  NO

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

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

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

Name: 

St. Petersburg Saturday Morning Market, Inc.

 Phone: 

727-855-1937

Address (including zip): 

P.O. Box 1213, St. Petersburg, FL 33731

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

Williams Park Bandshell - recorded music played through a single speaker on stage

List Vending Products. Name & Provider.

Forthcoming

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.

Three parking spaces red-bagged for load-in at the northwest corner of the park. Vendor parking in the non-metered City Hall parking lot.

Other Comments: Please describe your fee structure.

Vendors pay \$25 per week, per space (10x10).

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: Tami Simms

Title: President

Date: 12/28/22

## Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the <b>Nonprofit</b> Corporation:	St. Petersburg Saturday Morning Market, Inc.
Name of Responsible Party (President or CEO ONLY):	Tami Simms
Title of Responsible Party:	President
Physical Address of Responsible Party:	622 1st Avenue S, St. Petersburg FL 33701
Phone Number of Responsible Party:	727-855-1937
Email Address of Responsible Party:	SaturdayMkt@yahoo.com
Nonprofit (Employee Identification Number):	20-1994099

---

Name of the <b>For-profit</b> 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:

SaturdayMkt@yahoo.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.	Vendor Fees	\$25,500.00
2.		
3.		
4.		
5.		
6.		
7.		
8.		
<b>TOTAL GROSS REVENUE</b>		\$25,500

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

1.	Park Permit	\$4270.00
2.	Parking (bagged city meters)	\$600.00
3.	Employee wages (tax, fees included)	\$22,000.00
4.	Social Media Contractor	\$2000.00
5.	Office Rental	\$1160.00
6.		
7.		
8.		
9.		
10.		
11.		
12.		
<b>TOTAL OPERATING EXPENSES</b>		\$30,030.00
<b>TOTAL NET INCOME</b>		0.00

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

1.		\$0.00
2.		
3.		
4.		
5.		
6.		
<b>TOTAL ALLOCATION OF NET INCOME</b>		

Prepared by:

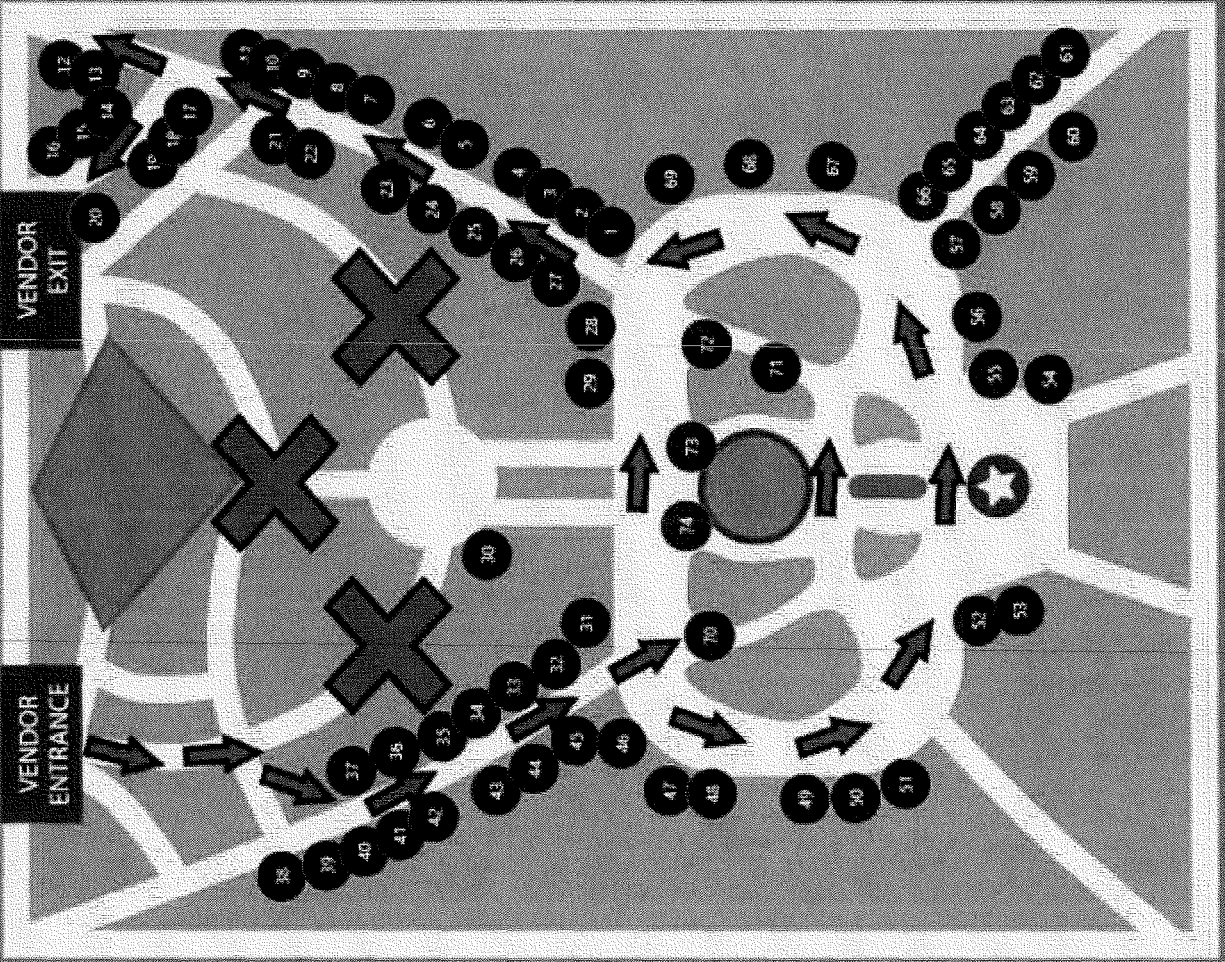
Date:

3RD STREET N

NORTH 2ND AVE

NORTH 1ST AVE

NORTH 4TH STREET



VENDOR EXIT

VENDOR ENTRANCE

+ \* -

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

DEPARTMENT OF THE TREASURY

Date: **APR 10 2012**

ST PETERSBURG SATURDAY MORNING  
MARKET INC  
PO BOX 1213  
ST PETERSBURG, FL 33731-1213

Employer Identification Number:  
20-1994099  
DLN:  
17053061312002  
Contact Person:  
DIANE M ECKARD ID# 31394  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
June 30  
Public Charity Status:  
509(a)(2)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
February 28, 2012  
Contribution Deductibility:  
Yes  
Addendum Applies:  
Yes

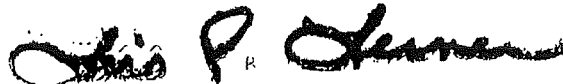
Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Lois G. Lerner  
Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)



ST PETERSBURG SATURDAY MORNING

We approved your request for reinstatement under Notice 2011-44, and you agreed to the postmark date of your application as the effective date for reinstatement.



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

## Detail by Entity Name

Florida Not For Profit Corporation

ST. PETERSBURG SATURDAY MORNING MARKET, INC.

### Filing Information

<b>Document Number</b>	N04000011218
<b>FEI/EIN Number</b>	20-1994099
<b>Date Filed</b>	11/24/2004
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	AMENDMENT
<b>Event Date Filed</b>	02/20/2012
<b>Event Effective Date</b>	NONE

### Principal Address

622 1st Avenue S  
ST. PETERSBURG, FL 33701

Changed: 03/12/2022

### Mailing Address

P.O. Box 1213  
ST. PETERSBURG, FL 33731

Changed: 03/12/2022

### Registered Agent Name & Address

WYKELL, ANN  
5080 Locust St NE  
#226  
ST. PETERSBURG, FL 33703

Name Changed: 03/12/2022

Address Changed: 03/12/2022

### Officer/Director Detail

#### **Name & Address**

Title Director

RINGOLD, CAROL

2704 NE Everett  
Portland, OR 97232

Title Director, Treasurer

Goodwin, Dave  
6570 Emerson Av S  
St Petersburg, FL 33707

Title President

Simms, Tami R.  
1336 36th Avenue N  
Saint Petersburg, FL 33704

Title Secretary

Wykell, Ann  
5080 Locust St NE  
#226  
St. Petersburg, FL 33703

#### Annual Reports

<b>Report Year</b>	<b>Filed Date</b>
2020	05/26/2020
2021	01/26/2021
2022	03/12/2022

#### Document Images

<a href="#">03/12/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/26/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/26/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/13/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/03/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/09/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/04/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/19/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/09/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/25/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/20/2012 -- Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">01/12/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/06/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">10/03/2010 -- REINSTATEMENT</a>	<a href="#">View image in PDF format</a>
<a href="#">10/23/2009 -- REINSTATEMENT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/15/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/14/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/11/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/14/2005 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

# Permit



Parks and Recreation  
 1400 19th Street North  
 St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
 EMAIL:stpeteparksrec@stpete.org

**Permit # R9380**

Status Tentative  
 Date Dec 19, 2022 2:56 PM  
 Expiration Date Feb 17, 2023

<b>Organization Name</b>	Special Events - 160	<b>Organization Phone 1 Number</b>	+1 (727) 892-5197
<b>Customer Type</b>	Department Partner	<b>Organization Phone 2 Number</b>	+1 (727) 893-7734
<b>Organization Address</b>	1400 19TH ST N ST PETERSBURG, FL 33713		
<b>Agent Name</b>	Denis W Burns	<b>Secondary Phone Number</b>	+1 (727) 235-5379
		<b>Primary Phone Number</b>	+1 (727) 892-5197
		<b>Text Phone Number</b>	+1 (727) 235-5379
		<b>Email Address</b>	denis.burns@stpete.org
<b>System User</b>	28933		

Rental Fee	\$0.00
Discounts	\$0.00
Subtotal	\$0.00
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$0.00</b>
Total Payment	\$0.00
Refunds	\$0.00
Balance	\$0.00

<b>Saturday Morning Summer Market</b>	1 resource(s)	10 booking(s)	Subtotal: \$0.00
Booking Summary			
<b>WP Park (City Department Use)</b>			<b>Center: Williams Park</b>
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>
May 27, 2023 5:00 AM	Jul 29, 2023 3:00 PM	--	
<i>Occurs every Saturday effective May 27, 2023 until Jul 29, 2023 from 5:00 AM to 3:00 PM</i>			

<b>Custom Questions</b>	
<b>QUESTION</b>	<b>ANSWER</b>
What City of St. Petersburg Department?	PARKS & RECREATION

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



Date Received: 10/27/22  
 Check or Cash: \_\_\_\_\_  
 Application #: 78  
 Packet: C  
 Permit #: 29618

Event Title: Spring Festival/Easter Egg Hunt Phone No.: 7274526984 Fax No.: \_\_\_\_\_

Entity Name: Pier Events, LLC Federal I.D. Number: 83-4411794

Event Date(s): April 7th, 8th, and 9th Location: Spa Beach Park

Day 1 of Event: April 7th Time Gates Open: 4pm Ending Time: 10pm

Day 2 of Event: April 8th Time Gates Open: 11am Ending Time: 10pm

Day 3 of Event: April 9th Time Gates Open: 11am Ending Time: 6pm

Application Prepared by: Ferdian Jap Phone: 727-452-6984

Title: Partner Cell Phone: 727-452-6984

Address: 1507 W Cypress St City: Tampa State: FL Zip: 33606

Email Address: ferdianj@gmail.com

Additional Contact Person: Monica Varner Day Phone: 813-7867480

What month/year were you incorporated as nonprofit? 01/2022

List all 501(c)3 entities that will benefit from this event. Friends of the Pier, Inc.

Name of the for-profit entity? Pier Events, LLC

**Describe your event with details.**

Spring Festival w/ Easter theme.  
 Day 1 - Putt Putt on the Pier Spring Edition only  
 Day 2 - Putt Putt on the Pier Spring Edition plus Easter egg set up  
 Day 3 - Spring Festival w/ Easter egg hunt & putt putt on the pier

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

This event will generate attendance to the St Pete Pier who will patronize tenants on the Pier and Downtown businesses.

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

Does your group presently have liability insurance?  YES  NO How much? \$1m/\$2m

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

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

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

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

What is the estimated attendance for this event? Spectators 2500 Participants \_\_\_\_\_ Last Year's Total Attendance \_\_\_\_\_

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

Recreation Equipment

Special Events Facilities

Non-City Locations

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

Mahaffey Theater  
 Coliseum  
 Sunken Gardens  
 Boyd Hill

Which Location?

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

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

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

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

Name: Ferhan P Title: Partner Date: 1/7/23  
 Co-Sign: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators?  YES  NO

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

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

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

Name: 

Ferdian Jap

 Phone: 

7274526984

Address (including zip): 

1507 W Cypress St Tampa, FL 33606

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

Family friendly dj

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.

Friends of the Pier, Inc.

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

N/A

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

TBD





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

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Friends of the Pier, inc.  
Name of Responsible Party (President or CEO ONLY): Ferdian Jap  
Title of Responsible Party: Board Member  
Physical Address of Responsible Party: 1507 W cypress St  
Phone Number of Responsible Party: 7274526984  
Email Address of Responsible Party: ferdianj@gmail.com  
Nonprofit (Employee Identification Number): 35-2707145

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Name of the **For-profit** Corporation: Pier Events, LLC  
Name of Responsible Party (President or CEO ONLY): Monica Varner  
Title of Responsible Party: Partner  
Physical Address of Responsible Party: 1507 W Cypress St  
Phone Number of Responsible Party: 8137867480  
Email Address of Responsible Party: Monica@bigcityeventsfl.com  
For-profit (Employee Identification Number) 83-4411794

**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:

ferdianj@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.	N/A - New Event	
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:

*[Signature]*

Date:

11/7/23

Print Application

Submit Application by  
Email



Department of the Treasury  
Internal Revenue Service  
Tax Exempt and Government Entities  
P.O. Box 2508  
Cincinnati, OH 45201

FRIENDS OF THE PIER INC  
C/O FERDIAN JAP  
1507 W CYPRESS ST  
TAMPA, FL 33606

Date:  
11/10/2021  
Employer ID number:  
35-2707145  
Person to contact:  
Name: Customer Service  
ID number: 31954  
Telephone: (877) 829-5500  
Accounting period ending:  
September 30  
Public charity status:  
509(a)(2)  
Form 990 / 990-EZ / 990-N required:  
Yes  
Effective date of exemption:  
January 11, 2021  
Contribution deductibility:  
Yes  
Addendum applies:  
No  
DLN:  
26053530006631

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](http://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.

Sincerely,

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements



Department of State / Division of Corporations / Search Records / Search by Entity Name /

<a href="#">Previous On List</a>	<a href="#">Next On List</a>	<a href="#">Return to List</a>	friends of the pier, Inc
			<input type="button" value="Search"/>
No Events No Name History			
<b>Detail by Entity Name</b>			
Florida Not For Profit Corporation FRIENDS OF THE PIER, INC.			
<b>Filing Information</b>			
Document Number	N21060000409		
FEVEIN Number	NONE		
Date Filed	01/11/2021		
Effective Date	01/05/2021		
State	FL		
Status	ACTIVE		
<b>Principal Address</b>			
600 2ND AVE NE ST. PETERSBURG, FL 33602			
<b>Mailing Address</b>			
1507 W CYPRESS ST TAMPA, FL 33606			
<b>Registered Agent Name &amp; Address</b>			
JAP, FERDIAN 1507 W CYPRESS ST TAMPA, FL 33606			
<b>Officer/Director Detail</b>			
<b>Name &amp; Address</b>			
Title D			
JAP, FERDIAN L 1507 W CYPRESS ST TAMPA, FL 33606			
Title D			
VARNER, MONICA 1507 W CYPRESS ST TAMPA, FL 33606			
Title D			
WAIER, RYAN 1507 W CYPRESS ST TAMPA, FL 33606			
<b>Annual Reports</b>			
No Annual Reports Filed			
<b>Document Images</b>			
01/11/2021 - Domestic Non-Profit		<input type="button" value="View Image in PDF format"/>	
<a href="#">Previous On List</a>	<a href="#">Next On List</a>	<a href="#">Return to List</a>	friends of the pier, Inc
			<input type="button" value="Search"/>
No Events No Name History			



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## Detail by Entity Name

Florida Limited Liability Company  
PIER EVENTS, LLC

### Filing Information

<b>Document Number</b>	L18000046747
<b>FEI/EIN Number</b>	83-4411794
<b>Date Filed</b>	02/21/2018
<b>Effective Date</b>	02/15/2018
<b>State</b>	FL
<b>Status</b>	ACTIVE

### Principal Address

600 2nd Ave NE  
St. Petersburg, FL 33701

Changed: 04/29/2021

### Mailing Address

1507 W CYPRESS ST  
TAMPA, FL 33606

Changed: 04/29/2021

### Registered Agent Name & Address

BIG CITY EVENTS, LLC  
1507 W CYPRESS ST  
TAMPA, FL 33606

Address Changed: 04/29/2021

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

JAP, FERDIAN  
1723 W CYPRESS ST  
TAMPA, FL 33606

Title MGR

VARNER, MONICA

1723 W CYPRESS ST  
TAMPA, FL 33606

Title MGR

WAIER, RYAN  
1723 W CYPRESS ST  
TAMPA, FL 33606

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2020	06/29/2020
2021	04/29/2021
2022	04/09/2022

**Document Images**

<a href="#">04/09/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/29/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/29/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/14/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/21/2018 -- Florida Limited Liability</a>	<a href="#">View image in PDF format</a>

# Permit



Parks and Recreation  
1400 19th Street North  
St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
EMAIL:stpeteparksrec@stpete.org

**Permit # R9618**

Status Tentative  
Date Jan 9, 2023 11:00 AM  
Expiration Date Mar 10, 2023

<b>Organization Name</b>	Pier Events LLC - 1539	<b>Organization Phone 1</b>	+1 (727) 452-6984
<b>Customer Type</b>	Commercial (Taxed)	<b>Number</b>	
<b>Organization Address</b>	600 2ND AVE NE ST. PETERSBURG, FL 33701		
<b>Agent Name</b>	Ferdian Jap	<b>Primary Phone Number</b>	+1 (727) 452-6984
		<b>Email Address</b>	ferdianj@gmail.com
<b>System User</b>	45937		

Rental Fee	\$690.00
Rental Tax	\$44.85
Discounts	\$0.00
<b>Subtotal</b>	<b>\$734.85</b>
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$734.85</b>
Total Payment	\$0.00
Refunds	\$0.00
<b>Balance</b>	<b>\$734.85</b>

<b>SPRING FESTIVAL/EASTER EGG HUNT</b>		1 resource(s)	1 booking(s)	<b>Subtotal: \$690.00</b>
Booking Summary				
<b>SBP Park (Cosponsored Event)</b>			<b>Center: Spa Beach Park</b>	
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>	
Apr 7, 2023 12:00 AM	Apr 9, 2023 10:00 PM	2500	\$0.00	
<b>Resource level fees</b>			<b>\$690.00</b>	

<b>Custom Questions</b>	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	Yes
Will this event be having fireworks?	No
Will this event be having liquor?	No
Will this event be using fencing?	Yes



Payment Schedules		Original Balance: \$734.85    Current Balance: \$734.85		
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE
Feb 1, 2023	\$734.85	\$0.00	\$0.00	\$734.85

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



Date Received: 10/27/22  
Check or Cash: \_\_\_\_\_  
Application #: 79  
Packet: C  
Permit #: R9620

Event Title: Derby Party Phone No.: 7274526984 Fax No.: \_\_\_\_\_  
Entity Name: Pier Events, LLC Federal I.D. Number: 83-4411794  
Event Date(s): May 6th, 2023 Location: Spa Beach Park  
Day 1 of Event: May 6th Time Gates Open: 4pm Ending Time: 10pm  
Day 2 of Event: \_\_\_\_\_ Time Gates Open: \_\_\_\_\_ Ending Time: \_\_\_\_\_  
Day 3 of Event: \_\_\_\_\_ Time Gates Open: \_\_\_\_\_ Ending Time: \_\_\_\_\_  
Application Prepared by: Ferdian Jap Phone: 727-452-6984  
Title: Partner Cell Phone: 727-452-6984  
Address: 1507 W Cypress St City: Tampa State: FL Zip: 33606  
Email Address: ferdianj@gmail.com  
Additional Contact Person: Monica Varner Day Phone: 813-7867480  
What month/year were you incorporated as nonprofit? 01/2022  
List all 501(c)3 entities that will benefit from this event. Friends of the Pier, inc.  
Name of the for-profit entity? Pier Events, LLC

**Describe your event with details.**

Kentucky derby watch party with LED wall broadcasting the Kentucky Derby race. Bars, VIP tent, and other games/activities with a DJ

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

This event will generate attendance to the St Pete Pier who will patronize tenants on the Pier and Downtown businesses.

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

Does your group presently have liability insurance?  YES  NO How much? \$1m/\$2m  
Are there plans to sell or distribute beer/wine at your event?  YES  NO  
Will there be an admission / registration fee?  YES  NO Advanced Fee: \_\_\_\_\_ Day of: \_\_\_\_\_

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

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

What is the estimated attendance for this event? Spectators 2500 Participants \_\_\_\_\_ Last Year's Total Attendance \_\_\_\_\_

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

Recreation Equipment

Special Events Facilities

Non-City Locations

Showmobile (Yes/No) \_\_\_\_\_

Mahaffey Theater

Which Location? \_\_\_\_\_

# Bleacher(s) needed. Each bleacher approx. 180 people) \_\_\_\_\_

Coliseum

Tables (6 ft) # needed \_\_\_\_\_

Chairs # needed \_\_\_\_\_

Sunken Gardens

Public Address System \_\_\_\_\_

Boyd Hill

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

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

POLICE: \_\_\_\_\_ Public Safety Personnel, Marine Services

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

FIRE: \_\_\_\_\_ Paramedics, Inspectors

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

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

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

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Sign: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators?  YES  NO

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

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

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

Name: 

Ferdian Jap

 Phone: 

7274526984

Address (including zip): 

1507 W Cypress St Tampa, FL 33606

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

One stage, DJ only

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.

Friends of the Pier, Inc.

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

N/A

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

TBD

Other Comments: Please describe your fee structure.

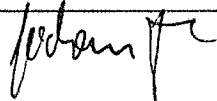
Other comments:

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

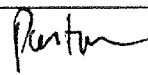
**WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT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

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

Name:



Title:



Date:

1/7/23

## Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Friends of the Pier, inc.

Name of Responsible Party (President or CEO ONLY): Ferdian Jap

Title of Responsible Party: Board Member

Physical Address of Responsible Party: 1507 W cypress St

Phone Number of Responsible Party: 7274526984

Email Address of Responsible Party: ferdianj@gmail.com

Nonprofit (Employee Identification Number): 35-2707145

---

Name of the **For-profit** Corporation: Pier Events, LLC

Name of Responsible Party (President or CEO ONLY): Monica Varner

Title of Responsible Party: Partner

Physical Address of Responsible Party: 1507 W Cypress St

Phone Number of Responsible Party: 8137867480

Email Address of Responsible Party: Monica@bigcityeventsfl.com

For-profit (Employee Identification Number) 83-4411794

**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: ferdianj@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.	N/A - New Event	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
<b>TOTAL GROSS REVENUE</b>		

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

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

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

1.		
2.		
3.		
4.		
5.		
6.		
<b>TOTAL ALLOCATION OF NET INCOME</b>		

Prepared by:

*[Signature]*

Date:

1/7/13

Print Application

Submit Application by  
Email





Department of the Treasury  
Internal Revenue Service  
Tax Exempt and Government Entities  
P.O. Box 2508  
Cincinnati, OH 45201

FRIENDS OF THE PIER INC  
C/O FERDIAN JAP  
1507 W CYPRESS ST  
TAMPA, FL 33606

Date:  
11/10/2021  
Employer ID number:  
35-2707145  
Person to contact:  
Name: Customer Service  
ID number: 31954  
Telephone: (877) 829-5500  
Accounting period ending:  
September 30  
Public charity status:  
509(a)(2)  
Form 990 / 990-EZ / 990-N required:  
Yes  
Effective date of exemption:  
January 11, 2021  
Contribution deductibility:  
Yes  
Addendum applies:  
No  
DLN:  
26053530006631

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.

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For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://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.

Sincerely,

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements



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friends of the pier, inc

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No Events   No Name History

**Detail by Entity Name**

Florida Not For Profit Corporation  
 FRIENDS OF THE PIER, INC.

Filing Information

Document Number      N21000000409  
 FE/EIN Number          NONE  
 Date Filed                01/11/2021  
 Effective Date          01/05/2021  
 State                        FL  
 Status                      ACTIVE

Principal Address

600 2ND AVE NE  
 ST. PETERSBURG, FL 33802

Mailing Address

1507 W CYPRESS ST  
 TAMPA, FL 33606

Registered Agent Name & Address

JAP, FERDIAN  
 1507 W CYPRESS ST  
 TAMPA, FL 33606

Officer/Director Detail

Name & Address

Title D

JAP, FERDIAN L  
 1507 W CYPRESS ST  
 TAMPA, FL 33606

Title D

VARNER, MONICA  
 1507 W CYPRESS ST  
 TAMPA, FL 33606

Title D

WAIER, RYAN  
 1507 W CYPRESS ST  
 TAMPA, FL 33606

Annual Reports

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friends of the pier, inc

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No Events   No Name History



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## Detail by Entity Name

Florida Limited Liability Company  
PIER EVENTS, LLC

### Filing Information

<b>Document Number</b>	L18000046747
<b>FEI/EIN Number</b>	83-4411794
<b>Date Filed</b>	02/21/2018
<b>Effective Date</b>	02/15/2018
<b>State</b>	FL
<b>Status</b>	ACTIVE

### Principal Address

600 2nd Ave NE  
St. Petersburg, FL 33701

Changed: 04/29/2021

### Mailing Address

1507 W CYPRESS ST  
TAMPA, FL 33606

Changed: 04/29/2021

### Registered Agent Name & Address

BIG CITY EVENTS, LLC  
1507 W CYPRESS ST  
TAMPA, FL 33606

Address Changed: 04/29/2021

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

JAP, FERDIAN  
1723 W CYPRESS ST  
TAMPA, FL 33606

Title MGR

VARNER, MONICA

1723 W CYPRESS ST  
TAMPA, FL 33606

Title MGR

WAIER, RYAN  
1723 W CYPRESS ST  
TAMPA, FL 33606

#### Annual Reports

Report Year	Filed Date
2020	06/29/2020
2021	04/29/2021
2022	04/09/2022

#### Document Images

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<a href="#">06/29/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/14/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/21/2018 -- Florida Limited Liability</a>	<a href="#">View image in PDF format</a>



# Permit

Parks and Recreation  
 1400 19th Street North  
 St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
 EMAIL:stpeteparksrec@stpete.org

**Permit # R9620**

Status Tentative  
 Date Jan 9, 2023 11:03 AM  
 Expiration Date Mar 10, 2023

<b>Organization Name</b>	Pier Events LLC - 1539	<b>Organization Phone 1</b>	+1 (727) 452-6984
<b>Customer Type</b>	Commercial (Taxed)	<b>Number</b>	
<b>Organization Address</b>	600 2ND AVE NE ST. PETERSBURG, FL 33701		
<b>Agent Name</b>	Ferdian Jap	<b>Primary Phone Number</b>	+1 (727) 452-6984
		<b>Email Address</b>	ferdianj@gmail.com
<b>System User</b>	45937		

Rental Fee	\$230.00
Rental Tax	\$14.95
Discounts	\$0.00
<b>Subtotal</b>	<b>\$244.95</b>
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$244.95</b>
Total Payment	\$0.00
Refunds	\$0.00
<b>Balance</b>	<b>\$244.95</b>

<b>DERBY PARTY</b>	1 resource(s)	1 booking(s)	<b>Subtotal: \$230.00</b>
Booking Summary			
<b>SBP Park (Cosponsored Event)</b>			<b>Center: Spa Beach Park</b>
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>
May 6, 2023 12:00 AM	May 6, 2023 11:00 PM	2500	\$0.00
<b>Resource level fees</b>			<b>\$230.00</b>

<b>Custom Questions</b>	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	Yes
Will this event be having fireworks?	No
Will this event be having liquor?	No
Will this event be using fencing?	Yes

Payment Schedules		Original Balance: \$244.95    Current Balance: \$244.95		
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE
Feb 1, 2023	\$244.95	\$0.00	\$0.00	\$244.95

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



Date Received: 12/27/22  
 Check or Cash: \_\_\_\_\_  
 Application #: B0  
 Packet: D  
 Permit #: R9621

Event Title: Concert Hold Phone No.: 7274526984 Fax No.: \_\_\_\_\_  
 Entity Name: Pier Events, LLC Federal I.D. Number: 83-4411794  
 Event Date(s): July 2nd, 2023 Location: Spa Beach Park  
 Day 1 of Event: July 2nd Time Gates Open: 4pm Ending Time: 10pm  
 Day 2 of Event: \_\_\_\_\_ Time Gates Open: \_\_\_\_\_ Ending Time: \_\_\_\_\_  
 Day 3 of Event: \_\_\_\_\_ Time Gates Open: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Application Prepared by: Ferdian Jap Phone: 727-452-6984  
 Title: Partner Cell Phone: 727-452-6984  
 Address: 1507 W Cypress St City: Tampa State: FL Zip: 33606  
 Email Address: ferdianj@gmail.com  
 Additional Contact Person: Monica Varner Day Phone: 813-7867480

What month/year were you incorporated as nonprofit? 01/2022  
 List all 501(c)3 entities that will benefit from this event. Friends of the Pier, Inc.  
 Name of the for-profit entity? Pier Events, LLC

**Describe your event with details.**

Hold for a possible concert with Stick Figure

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

This event will generate attendance to the St Pete Pier who will patronize tenants on the Pier and Downtown businesses.

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

Does your group presently have liability insurance?  YES  NO How much? \$1m/\$2m

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

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

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

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

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

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

Recreation Equipment

Showmobile (Yes/No)

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

Tables (6 ft) # needed  Chairs # needed

Public Address System

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

Special Events Facilities

Mahaffey Theater

Coliseum

Sunken Gardens

Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

Name:  Title:  Date:

Co-Sign:  Title:  Date:

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

PLEASE ATTACH THE FOLLOWING

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

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



PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input checked="" type="checkbox"/> Located in Park		Park Permit
<input checked="" type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input checked="" type="checkbox"/> Vending Food / Beverage		Health Inspection
<input checked="" type="checkbox"/> Vendors / Exhibitors	How many? <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>	
<input checked="" type="checkbox"/> Vending Beer / Wine		Alcohol Permit Additional insurance Required
<input type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>	Temporary Structure Permit
<input type="checkbox"/> Fence Installation	What type? <span style="border: 1px solid black; display: inline-block; width: 200px; height: 15px;"></span>	Temporary Structure Permit
<input type="checkbox"/> Other Structures	What structure? <span style="border: 1px solid black; display: inline-block; width: 200px; height: 15px;"></span>	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input type="checkbox"/> VIP Area		
<input checked="" type="checkbox"/> Staging	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Amplified Sound	<input type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input checked="" type="checkbox"/> Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD	
<input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> Disabled Units <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> Hand Washing <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	
<input type="checkbox"/> Off-site Parking / Shuttle		
<input type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

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: 

Ferdian Jap

 Phone: 

7274526984

  
Address (including zip): 

1507 W Cypress St Tampa, FL 33606

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

One main stage, 3 to 4 bands total.

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.

Friends of the Pier, Inc.

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

N/A

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

TBD

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: Jordan F Title: Parks Date: 1/2/23

## Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the <b>Nonprofit</b> Corporation:	Friends of the Pier, Inc.
Name of Responsible Party (President or CEO ONLY):	Ferdian Jap
Title of Responsible Party:	Board Member
Physical Address of Responsible Party:	1507 W cypress St
Phone Number of Responsible Party:	7274526984
Email Address of Responsible Party:	ferdianj@gmail.com
Nonprofit (Employee Identification Number):	35-2707145

Name of the <b>For-profit</b> Corporation:	Pier Events, LLC
Name of Responsible Party (President or CEO ONLY):	Monica Varner
Title of Responsible Party:	Partner
Physical Address of Responsible Party:	1507 W Cypress St
Phone Number of Responsible Party:	8137867480
Email Address of Responsible Party:	Monica@bigcityeventsfl.com
For-profit (Employee Identification Number)	83-4411794

**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:

ferdianj@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.	N/A - New Event	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
<b>TOTAL GROSS REVENUE</b>		

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

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

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

1.		
2.		
3.		
4.		
5.		
6.		
<b>TOTAL ALLOCATION OF NET INCOME</b>		

Prepared by:

Date:





Department of the Treasury  
Internal Revenue Service  
Tax Exempt and Government Entities  
P.O. Box 2508  
Cincinnati, OH 45201

FRIENDS OF THE PIER INC  
C/O FERDIAN JAP  
1507 W CYPRESS ST  
TAMPA, FL 33606

Date: 11/10/2021  
Employer ID number: 35-2707145  
Person to contact: Name: Customer Service  
ID number: 31954  
Telephone: (877) 829-5500  
Accounting period ending: September 30  
Public charity status: 509(a)(2)  
Form 990 / 990-EZ / 990-N required: Yes  
Effective date of exemption: January 11, 2021  
Contribution deductibility: Yes  
Addendum applies: No  
DLN: 26053530006631

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](http://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.

Sincerely,

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements



Department of State / Division of Corporations / Search Records / Search by Entity Name /

[Previous On List](#)
[Next On List](#)
[Return to List](#)
[Friends of the Pier, Inc](#)  
Search

No Events    No Name History

**Detail by Entity Name**

Florida Not For Profit Corporation  
FRIENDS OF THE PIER, INC.

**Filing Information**

Document Number	N21000000409
FE/EIN Number	NONE
Date Filed	01/11/2021
Effective Date	01/05/2021
State	FL
Status	ACTIVE

**Principal Address**

600 2ND AVENUE  
ST. PETERSBURG, FL 33602

**Mailing Address**

1507 W CYPRESS ST  
TAMPA, FL 33606

**Registered Agent Name & Address**

JAP, FERDIAN  
1507 W CYPRESS ST  
TAMPA, FL 33606

**Officer/Director Detail**

**Name & Address**

Title D

JAP, FERDIAN L  
1507 W CYPRESS ST  
TAMPA, FL 33606

Title D

VARNER, MONICA  
1507 W CYPRESS ST  
TAMPA, FL 33606

Title D

WAIER, RYAN  
1507 W CYPRESS ST  
TAMPA, FL 33606

**Annual Reports**

No Annual Reports Filed

**Document Images**

01/11/2021 -- Domestic Non-Profit [View Image in PDF Format \(1/1/21\)](#)

[Previous On List](#)
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[Return to List](#)
[Friends of the Pier, Inc](#)  
Search

No Events    No Name History



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

## Detail by Entity Name

Florida Limited Liability Company  
PIER EVENTS, LLC

### Filing Information

<b>Document Number</b>	L18000046747
<b>FEI/EIN Number</b>	83-4411794
<b>Date Filed</b>	02/21/2018
<b>Effective Date</b>	02/15/2018
<b>State</b>	FL
<b>Status</b>	ACTIVE

### Principal Address

600 2nd Ave NE  
St. Petersburg, FL 33701

Changed: 04/29/2021

### Mailing Address

1507 W CYPRESS ST  
TAMPA, FL 33606

Changed: 04/29/2021

### Registered Agent Name & Address

BIG CITY EVENTS, LLC  
1507 W CYPRESS ST  
TAMPA, FL 33606

Address Changed: 04/29/2021

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

JAP, FERDIAN  
1723 W CYPRESS ST  
TAMPA, FL 33606

Title MGR

VARNER, MONICA



1723 W CYPRESS ST  
TAMPA, FL 33606

Title MGR

WAIER, RYAN  
1723 W CYPRESS ST  
TAMPA, FL 33606

#### **Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2020	06/29/2020
2021	04/29/2021
2022	04/09/2022

#### **Document Images**

<a href="#">04/09/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/29/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/29/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/14/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/21/2018 -- Florida Limited Liability</a>	<a href="#">View image in PDF format</a>

# Permit



Parks and Recreation  
1400 19th Street North  
St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
EMAIL:stpeteparksrec@stpete.org

**Permit # R9621**

Status Tentative  
Date Jan 9, 2023 11:05 AM  
Expiration Date Mar 10, 2023

<b>Organization Name</b>	Pier Events LLC - 1539	<b>Organization Phone 1</b>	+1 (727) 452-6984
<b>Customer Type</b>	Commercial (Taxed)	<b>Number</b>	
<b>Organization Address</b>	600 2ND AVE NE ST. PETERSBURG, FL 33701		
<b>Agent Name</b>	Ferdian Jap	<b>Primary Phone Number</b>	+1 (727) 452-6984
		<b>Email Address</b>	ferdianj@gmail.com
<b>System User</b>	45937		

Rental Fee	\$230.00
Rental Tax	\$14.95
Discounts	\$0.00
<b>Subtotal</b>	<b>\$244.95</b>
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$244.95</b>
Total Payment	\$0.00
Refunds	\$0.00
<b>Balance</b>	<b>\$244.95</b>

<b>CONCERT</b>	1 resource(s)	1 booking(s)	<b>Subtotal: \$230.00</b>
Booking Summary			
<b>SBP Park (Cosponsored Event)</b>			<b>Center: Spa Beach Park</b>
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>
Jul 2, 2023 12:00 AM	Jul 2, 2023 11:00 PM	4000	\$0.00
<b>Resource level fees</b>			<b>\$230.00</b>

Custom Questions	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	Yes
Will this event be having fireworks?	No
Will this event be having liquor?	No
Will this event be using fencing?	Yes

Payment Schedules		Original Balance: \$244.95    Current Balance: \$244.95		
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE
Feb 1, 2023	\$244.95	\$0.00	\$0.00	\$244.95

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



Date Received: 1/7/23  
 Check or Cash: \_\_\_\_\_  
 Application #: 81  
 Packet: D  
 Permit #: R9622

Event Title: Piertoberfest Phone No.: 7274526984 Fax No.: \_\_\_\_\_  
 Entity Name: Pier Events, LLC Federal I.D. Number: 83-4411794  
 Event Date(s): September 30th Location: Spa Beach Park  
 Day 1 of Event: 9/30 Time Gates Open: 11am Ending Time: 9pm  
 Day 2 of Event: \_\_\_\_\_ Time Gates Open: \_\_\_\_\_ Ending Time: \_\_\_\_\_  
 Day 3 of Event: \_\_\_\_\_ Time Gates Open: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Application Prepared by: Ferdian Jap Phone: 727-452-6984  
 Title: Partner Cell Phone: 727-452-6984  
 Address: 1507 W Cypress St City: Tampa State: FL Zip: 33606  
 Email Address: ferdianj@gmail.com  
 Additional Contact Person: Monica Varner Day Phone: 813-7867480  
 What month/year were you incorporated as nonprofit? 01/2022  
 List all 501(c)3 entities that will benefit from this event. Friends of the Pier, Inc.  
 Name of the for-profit entity? Pier Events, LLC

**Describe your event with details.**

Piertoberfest is a celebration of Oktoberfest on the St Pete Pier.

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

This event will generate attendance to the St Pete Pier who will patronize tenants on the Pier and Downtown businesses.

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

Does your group presently have liability insurance?  YES  NO How much? \$1m/\$2m

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

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

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

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

What is the estimated attendance for this event? Spectators 2500 Participants \_\_\_\_\_ Last Year's Total Attendance \_\_\_\_\_

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

Recreation Equipment

Showmobile (Yes/No)

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

Tables (6 ft) # needed  Chairs # needed

Public Address System

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

Special Events Facilities

Mahaffey Theater

Coliseum

Sunken Gardens

Boyd Hill

Non-City Locations

Which Location?

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

POLICE: Public Safety Personnel, Marine Services

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

FIRE: Paramedics, Inspectors

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

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

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

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

Name:  Title:  Date:

Co-Sign:  Title:  Date:

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input checked="" type="checkbox"/> Located in Park		Park Permit
<input checked="" type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input checked="" type="checkbox"/> Vending Food / Beverage		Health Inspection
<input checked="" type="checkbox"/> Vendors / Exhibitors	How many? <input style="width: 150px;" type="text"/>	
<input checked="" type="checkbox"/> Vending Beer / Wine		Alcohol Permit Additional Insurance Required
<input type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <input style="width: 100px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Fence Installation	What type? <input style="width: 200px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Other Structures	What structure? <input style="width: 200px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input type="checkbox"/> VIP Area		
<input checked="" type="checkbox"/> Staging	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Amplified Sound	<input type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input checked="" type="checkbox"/> Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD	
<input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <input style="width: 40px;" type="text"/> Disabled Units <input style="width: 40px;" type="text"/> Hand Washing <input style="width: 40px;" type="text"/>	
<input type="checkbox"/> Off-site Parking / Shuttle		
<input type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators?  YES  NO

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

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

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

Name: 

Ferdian Jap

 Phone: 

7274526984

Address (including zip): 

1507 W Cypress St Tampa, FL 33606

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

One main stage, 3 to 4 bands total. German dancers.

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.

Friends of the Pier, Inc.

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

N/A

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

TBD

Other Comments: Please describe your fee structure.

Other comments:

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

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

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

Name:  Title:  Date:



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

Please complete the information below for each responsible party.

Name of the <b>Nonprofit</b> Corporation:	Friends of the Pier, Inc.
Name of Responsible Party (President or CEO ONLY):	Ferdian Jap
Title of Responsible Party:	Board Member
Physical Address of Responsible Party:	1507 W cypress St
Phone Number of Responsible Party:	7274526984
Email Address of Responsible Party:	ferdianj@gmail.com
Nonprofit (Employee Identification Number):	35-2707145

Name of the <b>For-profit</b> Corporation:	Pier Events, LLC
Name of Responsible Party (President or CEO ONLY):	Monica Varner
Title of Responsible Party:	Partner
Physical Address of Responsible Party:	1507 W Cypress St
Phone Number of Responsible Party:	8137867480
Email Address of Responsible Party:	Monica@bigcityeventsfl.com
For-profit (Employee Identification Number)	83-4411794

**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)**

	<b>Amount</b>
1. Ticket Revenue	\$15,000.00
2. Onsite Revenue	\$15,000.00
3. Sponsorship	\$5,000.00
4. Vendor Fees	\$3,500.00
5.	
6.	
7.	
8.	
<b>TOTAL GROSS REVENUE</b>	<b>\$38,500.00</b>

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

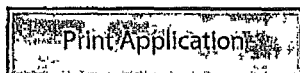
1. Parks/Police	\$3,500.00
2. Stage, Sound, Lighting	\$6,000.00
3. Tent & other Rentals	\$10,000.00
4. Labor & Production	\$6,000.00
5. Insurance, Admin, & Permitting	\$2,500.00
6. COGS	\$5,000.00
7.	
8.	
9.	
10.	
11.	
12.	
<b>TOTAL OPERATING EXPENSES</b>	<b>\$33,000.00</b>
<b>TOTAL NET INCOME</b>	<b>\$5,500.00</b>

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

1. Friends of the Pier Inc.	\$2,500.00
2. Pier Events	\$3,000.00
3.	
4.	
5.	
6.	
<b>TOTAL ALLOCATION OF NET INCOME</b>	<b>\$5,500.00</b>

Prepared by:

Date:





Department of the Treasury  
Internal Revenue Service  
Tax Exempt and Government Entities  
P.O. Box 2508  
Cincinnati, OH 45201

FRIENDS OF THE PIER INC  
C/O FERDIAN JAP  
1507 W CYPRESS ST  
TAMPA, FL 33606

Date: 11/10/2021  
Employer ID number: 35-2707145  
Person to contact: Name: Customer Service  
ID number: 31954  
Telephone: (877) 829-5500  
Accounting period ending: September 30  
Public charity status: 509(a)(2)  
Form 990 / 990-EZ / 990-N required: Yes  
Effective date of exemption: January 11, 2021  
Contribution deductibility: Yes  
Addendum applies: No  
DLN: 26053530006631

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](http://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.

Sincerely,

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements



Department of State / Division of Corporations / Search Records / Search by Entity Name /

[Previous On List](#) / [Next On List](#) / [Return to List](#) / [friends of the pier, inc](#)  
  
 No Events / No Name History

**Detail by Entity Name**

Florida Not For Profit Corporation  
**FRIENDS OF THE PIER, INC.**

Filing Information

**Document Number** N2100000409  
**FE/EIN Number** NONE  
**Date Filed** 01/11/2021  
**Effective Date** 01/05/2021  
**State** FL  
**Status** ACTIVE

Principal Address

600 2ND AVE NE  
 ST. PETERSBURG, FL 33802

Mailing Address

1507 W CYPRESS ST  
 TAMPA, FL 33606

Registered Agent Name & Address

JAP, FERDIAN  
 1507 W CYPRESS ST  
 TAMPA, FL 33606

Officer/Director Detail

Name & Address

Title D

JAP, FERDIAN L  
 1507 W CYPRESS ST  
 TAMPA, FL 33606

Title D

VARNER, MONICA  
 1507 W CYPRESS ST  
 TAMPA, FL 33606

Title D

WAJER, RYAN  
 1507 W CYPRESS ST  
 TAMPA, FL 33606

Annual Reports

No Annual Reports Filed

Document Images

01/11/2021 - Domestic Non-Profit [View Images in PDF format](#)

[Previous On List](#) / [Next On List](#) / [Return to List](#) / [friends of the pier, inc](#)  
  
 No Events / No Name History



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

## Detail by Entity Name

Florida Limited Liability Company

PIER EVENTS, LLC

### Filing Information

**Document Number** L18000046747  
**FEI/EIN Number** 83-4411794  
**Date Filed** 02/21/2018  
**Effective Date** 02/15/2018  
**State** FL  
**Status** ACTIVE

### Principal Address

600 2nd Ave NE  
St. Petersburg, FL 33701

Changed: 04/29/2021

### Mailing Address

1507 W CYPRESS ST  
TAMPA, FL 33606

Changed: 04/29/2021

### Registered Agent Name & Address

BIG CITY EVENTS, LLC  
1507 W CYPRESS ST  
TAMPA, FL 33606

Address Changed: 04/29/2021

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

JAP, FERDIAN  
1723 W CYPRESS ST  
TAMPA, FL 33606

Title MGR

VARNER, MONICA

1723 W CYPRESS ST  
TAMPA, FL 33606

Title MGR

WAIER, RYAN  
1723 W CYPRESS ST  
TAMPA, FL 33606

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2020	06/29/2020
2021	04/29/2021
2022	04/09/2022

**Document Images**

<a href="#">04/09/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/29/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/29/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/14/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/21/2018 -- Florida Limited Liability</a>	<a href="#">View image in PDF format</a>

# Permit



Parks and Recreation  
1400 19th Street North  
St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
EMAIL:stpeteparksrec@stpete.org

**Permit # R9622**

Status Tentative  
Date Jan 9, 2023 11:06 AM  
Expiration Date Mar 10, 2023

<b>Organization Name</b>	Pier Events LLC - 1539	<b>Organization Phone 1</b>	+1 (727) 452-6984
<b>Customer Type</b>	Commercial (Taxed)	<b>Number</b>	
<b>Organization Address</b>	600 2ND AVE NE ST. PETERSBURG, FL 33701		
<b>Agent Name</b>	Ferdian Jap	<b>Primary Phone Number</b>	+1 (727) 452-6984
		<b>Email Address</b>	ferdianj@gmail.com
<b>System User</b>	45937		

Rental Fee	\$230.00
Rental Tax	\$14.95
Discounts	\$0.00
<b>Subtotal</b>	<b>\$244.95</b>
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$244.95</b>
Total Payment	\$0.00
Refunds	\$0.00
<b>Balance</b>	<b>\$244.95</b>

<b>PIERTOBERFEST</b>	1 resource(s)	1 booking(s)	<b>Subtotal: \$230.00</b>
Booking Summary			
<b>SBP Park (Cosponsored Event)</b>			<b>Center: Spa Beach Park</b>
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>
Sep 30, 2023 12:00 AM	Sep 30, 2023 11:00 PM	2500	\$0.00
<b>Resource level fees</b>			<b>\$230.00</b>

<b>Custom Questions</b>	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	Yes
Will this event be having fireworks?	No
Will this event be having liquor?	No
Will this event be using fencing?	Yes

Payment Schedules		Original Balance: \$244.95    Current Balance: \$244.95		
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE
Feb 1, 2023	\$244.95	\$0.00	\$0.00	\$244.95



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



Date Received: 12/27/22  
 Check or Cash: \_\_\_\_\_  
 Application #: 82  
 Packet: D  
 Permit #: R9623

Event Title: The Fourth Phone No.: 7274526984 Fax No.: \_\_\_\_\_  
 Entity Name: Pier Events, LLC Federal I.D. Number: 83-4411794  
 Event Date(s): July 4th, 2023 Location: Spa Beach Park  
 Day 1 of Event: July 4th Time Gates Open: 4pm Ending Time: 10pm  
 Day 2 of Event: \_\_\_\_\_ Time Gates Open: \_\_\_\_\_ Ending Time: \_\_\_\_\_  
 Day 3 of Event: \_\_\_\_\_ Time Gates Open: \_\_\_\_\_ Ending Time: \_\_\_\_\_  
 Application Prepared by: Ferdian Jap Phone: 727-452-6984  
 Title: Partner Cell Phone: 727-452-6984  
 Address: 1507 W Cypress St City: Tampa State: FL Zip: 33606  
 Email Address: ferdianj@gmail.com  
 Additional Contact Person: Monica Varner Day Phone: 813-7867480  
 What month/year were you incorporated as nonprofit? 01/2022  
 List all 501(c)3 entities that will benefit from this event. Friends of the Pier, inc.  
 Name of the for-profit entity? Pier Events, LLC

**Describe your event with details.**

Third annual The Fourth, celebrating independence day with bands, food trucks, and fireworks by the City of St Pete

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

This event will generate attendance to the St Pete Pier who will patronize tenants on the Pier and Downtown businesses.

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

Does your group presently have liability insurance?  YES  NO How much? \$1m/\$2m  
 Are there plans to sell or distribute beer/wine at your event?  YES  NO  
 Will there be an admission / registration fee?  YES  NO Advanced Fee: \_\_\_\_\_ Day of: \_\_\_\_\_

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

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

What is the estimated attendance for this event? Spectators 2500 Participants \_\_\_\_\_ Last Year's Total Attendance \_\_\_\_\_

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater  
 Coliseum  
 Sunken Gardens  
 Boyd Hill

Non-City Locations

Which Location? [ ]

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

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

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

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

Name: Ferdian Jar Title: putn ✓ Date: 1/7/23  
Co-Sign: [Signature] Title: [ ] Date: [ ]

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators?  YES  NO

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

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

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

Name: Ferdian Jap Phone: 7274526984

Address (including zip): 1507 W Cypress St Tampa, FL 33606

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

One main stage, 2 to 3 bands total with fireworks as a finale

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.

Friends of the Pier, Inc.

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

N/A

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

TBD

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: John A. [Signature] Title: [Signature] Date: 11/2/13

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

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Friends of the Pier, inc.  
Name of Responsible Party (President or CEO ONLY): Ferdian Jap  
Title of Responsible Party: Board Member  
Physical Address of Responsible Party: 1507 W cypress St  
Phone Number of Responsible Party: 7274526984  
Email Address of Responsible Party: ferdianj@gmail.com  
Nonprofit (Employee Identification Number): 35-2707145

---

Name of the **For-profit** Corporation: Pier Events, LLC  
Name of Responsible Party (President or CEO ONLY): Monica Varner  
Title of Responsible Party: Partner  
Physical Address of Responsible Party: 1507 W Cypress St  
Phone Number of Responsible Party: 8137867480  
Email Address of Responsible Party: Monica@bigcityeventsfl.com  
For-profit (Employee Identification Number) 83-4411794

**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: ferdianj@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)**

	<b>Amount</b>
1. Sponsors	\$5,000.00
2. On-site Revenue	\$20,000.00
3. Vendor Fees	\$3,500.00
4.	
5.	
6.	
7.	
8.	
<b>TOTAL GROSS REVENUE</b>	<b>\$28,500.00</b>

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

1. Production & staff	\$4,500.00
2. Tent rentals	\$4,000.00
3. Stage, Sound, Lighting	\$6,000.00
4. COGS	\$5,500.00
5. Bands	\$5,000.00
6. Insurance, other admin	\$2,000.00
7.	
8.	
9.	
10.	
11.	
12.	
<b>TOTAL OPERATING EXPENSES</b>	<b>\$27,000.00</b>
<b>TOTAL NET INCOME</b>	<b>\$1,500.00</b>

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

1. Friends of The Pier	\$1,500.00
2.	
3.	
4.	
5.	
6.	
<b>TOTAL ALLOCATION OF NET INCOME</b>	<b>\$1,500.00</b>

Prepared by:

*[Signature]*

Date:

11/2/03

Print Application

Submit Application by  
Email



Department of the Treasury  
Internal Revenue Service  
Tax Exempt and Government Entities  
P.O. Box 2508  
Cincinnati, OH 45201

FRIENDS OF THE PIER INC  
C/O FERDIAN JAP  
1507 W CYPRESS ST  
TAMPA, FL 33606

Date:  
11/10/2021  
Employer ID number:  
35-2707145  
Person to contact:  
Name: Customer Service  
ID number: 31954  
Telephone: (877) 829-5500  
Accounting period ending:  
September 30  
Public charity status:  
509(a)(2)  
Form 990 / 990-EZ / 990-N required:  
Yes  
Effective date of exemption:  
January 11, 2021  
Contribution deductibility:  
Yes  
Addendum applies:  
No  
DLN:  
26053530006631

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](http://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.

Sincerely,

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements





Department of State / Division of Corporations / Search Records / Search by Entity Name /

<a href="#">Previous On List</a>	<a href="#">Next On List</a>	<a href="#">Return to List</a>	friends of the pier, inc <a href="#">Search</a>												
<p>No Events    No Name History</p> <p><b>Detail by Entity Name</b>                  Florida Not For Profit Corporation                  FRIENDS OF THE PIER, INC.</p> <p><b>Filing Information</b></p> <table border="0"> <tr><td>Document Number</td><td>N21000000409</td></tr> <tr><td>FE/EIN Number</td><td>NONE</td></tr> <tr><td>Date Filed</td><td>01/11/2021</td></tr> <tr><td>Effective Date</td><td>01/05/2021</td></tr> <tr><td>State</td><td>FL</td></tr> <tr><td>Status</td><td>ACTIVE</td></tr> </table> <p><b>Principal Address</b>                  600 2ND AVE NE                  ST. PETERSBURG, FL 33602</p> <p><b>Mailing Address</b>                  1507 W CYPRESS ST                  TAMPA, FL 33606</p> <p><b>Registered Agent Name &amp; Address</b>                  JAP, FERDIAN                  1507 W CYPRESS ST                  TAMPA, FL 33606</p> <p><b>Officer/Director Detail</b></p> <p><b>Name &amp; Address</b></p> <p>Title D                  JAP, FERDIAN L                  1507 W CYPRESS ST                  TAMPA, FL 33606</p> <p>Title D                  VARNER, MONICA                  1507 W CYPRESS ST                  TAMPA, FL 33606</p> <p>Title D                  WAIER, RYAN                  1507 W CYPRESS ST                  TAMPA, FL 33606</p> <p><b>Annual Reports</b>                  No Annual Reports Filed</p> <p><b>Document Images</b>                  01/11/2021 - Domestic Non-Profit <a href="#">View Image in PDF format</a></p>				Document Number	N21000000409	FE/EIN Number	NONE	Date Filed	01/11/2021	Effective Date	01/05/2021	State	FL	Status	ACTIVE
Document Number	N21000000409														
FE/EIN Number	NONE														
Date Filed	01/11/2021														
Effective Date	01/05/2021														
State	FL														
Status	ACTIVE														
<a href="#">Previous On List</a>	<a href="#">Next On List</a>	<a href="#">Return to List</a>	friends of the pier, inc <a href="#">Search</a>												
<p>No Events    No Name History</p>															



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

## Detail by Entity Name

Florida Limited Liability Company  
PIER EVENTS, LLC

### Filing Information

**Document Number** L18000046747  
**FEI/EIN Number** 83-4411794  
**Date Filed** 02/21/2018  
**Effective Date** 02/15/2018  
**State** FL  
**Status** ACTIVE

### Principal Address

600 2nd Ave NE  
St. Petersburg, FL 33701

Changed: 04/29/2021

### Mailing Address

1507 W CYPRESS ST  
TAMPA, FL 33606

Changed: 04/29/2021

### Registered Agent Name & Address

BIG CITY EVENTS, LLC  
1507 W CYPRESS ST  
TAMPA, FL 33606

Address Changed: 04/29/2021

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

JAP, FERDIAN  
1723 W CYPRESS ST  
TAMPA, FL 33606

Title MGR

VARNER, MONICA

1723 W CYPRESS ST  
TAMPA, FL 33606

Title MGR

WAIER, RYAN  
1723 W CYPRESS ST  
TAMPA, FL 33606

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2020	06/29/2020
2021	04/29/2021
2022	04/09/2022

**Document Images**

<a href="#">04/09/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/29/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/29/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/14/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/21/2018 -- Florida Limited Liability</a>	<a href="#">View image in PDF format</a>



# Permit

Parks and Recreation  
 1400 19th Street North  
 St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
 EMAIL:stpeteparksrec@stpete.org

**Permit # R9623**

Status Tentative  
 Date Jan 9, 2023 11:10 AM  
 Expiration Date Mar 10, 2023

<b>Organization Name</b>	Pier Events LLC - 1539	<b>Organization Phone 1</b>	+1 (727) 452-6984
<b>Customer Type</b>	Commercial (Taxed)	<b>Number</b>	
<b>Organization Address</b>	600 2ND AVE NE ST. PETERSBURG, FL 33701		
<b>Agent Name</b>	Ferdian Jap	<b>Primary Phone Number</b>	+1 (727) 452-6984
		<b>Email Address</b>	ferdianj@gmail.com
<b>System User</b>	45937		

Rental Fee	\$230.00
Rental Tax	\$14.95
Discounts	\$0.00
<b>Subtotal</b>	<b>\$244.95</b>
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$244.95</b>
Total Payment	\$0.00
Refunds	\$0.00
Balance	\$244.95

<b>THE FOURTH</b>	1 resource(s)	1 booking(s)	<b>Subtotal: \$230.00</b>
Booking Summary			
<b>SBP Park (Cosponsored Event)</b>			<b>Center: Spa Beach Park</b>
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>
Jul 4, 2023 1:00 PM	Jul 5, 2023 12:00 PM	2500	\$0.00
Resource level fees			\$230.00

Custom Questions	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	Yes
Will this event be having fireworks?	No
Will this event be having liquor?	No
Will this event be using fencing?	Yes

Payment Schedules		Original Balance: \$244.95    Current Balance: \$244.95			
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE	
Feb 1, 2023	\$244.95	\$0.00	\$0.00	\$244.95	

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



Date Received: 1/9/23  
 Check or Cash: \_\_\_\_\_  
 Application #: 83  
 Packet: D  
 Permit #: R9627

Event Title: One Step Closer to the Cure 2023 Phone No.: 863 381-2034 Fax No.: \_\_\_\_\_  
 Entity Name: Celma Mastry Ovarian Cancer Foundation Federal I.D. Number: 33-1023477  
 Event Date(s): 09/08/23 -09/09/23 Location: Albert Whitted Park - St. Petersburg, Florida  
 Day 1 of Event: 09/08/23 Time Gates Open: 11:00 a.m Ending Time: \_\_\_\_\_  
 Day 2 of Event: 09/09/23 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 Carlan Phone: 863 381-2034  
 Title: Chairman Cell Phone: 863 381-2034  
 Address: 512 Sandy Hook Road City: Treasure Island State: Florida Zip: 33706  
 Email Address: ccarlan@cmocf.org  
 Additional Contact Person: Patrick Mcgee Day Phone: 727-820-7790

What month/year were you incorporated as nonprofit? July 2003  
 List all 501(c)3 entities that will benefit from this event. Celma Mastry Ovarian Cancer Foundation Hope Fund  
 Name of the for-profit entity? \_\_\_\_\_

**Describe your event with details.**

5K/1 Mile Run/Walk starting in Albert Whitted Park Downtown St. Pete.

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

One Step Closer 2023 event brings participants to St. Petersburg's downtown area from surrounding cities and states and showcase what our city has to offer along the waterfront. Hotels and restaurants are visited by participants in the event. CMOCF's Hope Fund distributes financial aid to women in treatment of Ovarian Cancer in 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? \$1,000,000.00  
 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: 25-40 Day of: 30-55  
 Please provide the website address for your event. cmocf.org

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

What is the estimated attendance for this event? Spectators \_\_\_\_\_ Participants 700-100 Last Year's Total Attendance 600

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater  
 Coliseum  
 Sunken Gardens  
 Boyd Hill

Non-City Locations

Which Location? \_\_\_\_\_

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

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

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

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

Name: Claudette M. Carlan Title: Chairman Date: 01/09/2023  
Co-Sign: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

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

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

Marketing: Please check all that apply.

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

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



Electrical Requirements:

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

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

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

Will you supply your own generators?  YES  NO

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

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

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

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

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

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

Phone with Bluetooth

List Vending Products. Name & Provider.

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

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

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

Set up on 09/08/2023 - with overnight security and event day 09/09/2023

Other Comments: Please describe your fee structure.

Early registration for 1 mile starts at \$25.00 As date of event nears the fee will increase by \$5 or \$10.  
5K registration starts at \$35.00 As date of event nears the fee will increase by \$5 or \$10.

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: Claudette M. Carlan

Title: Chairman

Date: 01/09/2023

**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: 512 Sandy Hook Road, Treasure Island, Florida 33706  
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  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

BY EMAIL

Email Address: ccarlan@cmocf.org

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

Name of Event: One Step Closer to the Cure 2023  
Date(s) of Event: 9/09/2023 -           

<b>I. REVENUE SOURCES (attach sheet if more space is needed)</b>	<b>Amount</b>
1. Sponsorships	\$46,500.00
2. Donations	15,841.00
3. Race Fees	24,750.00
4.	
5.	
6.	
7.	
8.	\$87,091.00
<b>TOTAL GROSS REVENUE</b>	

<b>II. EXPENSES (attach sheet if more space is needed)</b>	
1. T-Shirts, Medals, Advertising, City and Race Director	39,000.00
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
<b>TOTAL OPERATING EXPENSES</b>	
<b>TOTAL NET INCOME</b>	

<b>III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)</b>	
1. All funds go to CMOF's Hope Fund to distribute for financial assistance to patients in ne	\$48,091.00
2.	
3.	
4.	
5.	
6.	
<b>TOTAL ALLOCATION OF NET INCOME</b>	

Prepared by: Claudette M. Carlan Date: 01/09/2023

**Print Application**

**Submit Application by  
Email**



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

## Detail by Entity Name

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

### Filing Information

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

### Principal Address

10640 W 121st Avenue Road  
Dunnellon, FL 34432

Changed: 01/30/2022

### Mailing Address

PO Box 48787  
SAINT PETERSBURG, FL 33743-8787

Changed: 02/02/2021

### Registered Agent Name & Address

MASTRY, CONSTANTINE E  
10640 SW 121 Ave Road  
Dunnellon, FL 34432-5421

Name Changed: 11/01/2017

Address Changed: 01/14/2020

### Officer/Director Detail

#### **Name & Address**

Title VPSD

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

## Title P

CARLAN, CLAUDETTE M.  
P.O. BOX 48787  
St. Petersburg, FL 33743-8787

## 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
2020	01/14/2020
2021	02/02/2021
2022	01/30/2022

**Document Images**

<a href="#">01/30/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/02/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/14/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/16/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/12/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">11/01/2017 -- REINSTATEMENT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/23/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">11/30/2015 -- Merger</a>	<a href="#">View image in PDF format</a>
<a href="#">01/08/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/09/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/12/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/05/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/05/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/16/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/14/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/08/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/07/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/17/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/11/2005 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/06/2004 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/17/2003 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/17/2003 -- Name Change</a>	<a href="#">View image in PDF format</a>
<a href="#">04/08/2002 -- Domestic Non-Profit</a>	<a href="#">View image in PDF format</a>

# Permit



Parks and Recreation  
1400 19th Street North  
St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
EMAIL:stpeteparksrec@stpete.org

**Permit # R9627**

Status Tentative  
Date Jan 9, 2023 11:25 AM  
Expiration Date Mar 10, 2023

<b>Organization Name</b>	Celma Mastry Ovarian Cancer Foundation Inc - 184	<b>Organization Phone 1 Number</b>	+1 (863) 381-2034
<b>Customer Type</b>	Non-Profit (Tax-Exempt)		
<b>Organization Address</b>	2801 ANVIL ST. N. ST PETERSBURG, FL 33710		
<b>Agent Name</b>	Claudette Carlan	<b>Primary Phone Number</b>	+1 (863) 381-2034
		<b>Email Address</b>	CCARLAN@CMOCF.ORG
<b>System User</b>	45937		

Rental Fee	\$460.00
Discounts	\$0.00
<b>Subtotal</b>	<b>\$460.00</b>
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$460.00</b>
<b>Total Payment</b>	<b>\$0.00</b>
Refunds	\$0.00
<b>Balance</b>	<b>\$460.00</b>

<b>ONE STEP CLOSER TO THE CURE 2023</b>	1 resource(s)	1 booking(s)	<b>Subtotal: \$460.00</b>
Booking Summary			
<b>AWP Park (Cosponsored Event)</b>			<b>Center: Albert Whitted Park</b>
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>
Sep 8, 2023 12:00 AM	Sep 9, 2023 5:00 PM	700	\$0.00
Resource level fees			\$460.00

Custom Questions	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	Yes
Will this event be having fireworks?	No
Will this event be having liquor?	No
Will this event be using fencing?	Yes

Payment Schedules		Original Balance: \$460.00			Current Balance: \$460.00
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE	
Feb 1, 2023	\$460.00	\$0.00	\$0.00	\$460.00	



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



Date Received: 1/9/23  
 Check or Cash: \_\_\_\_\_  
 Application #: \_\_\_\_\_  
 Packet: \_\_\_\_\_  
 Permit #: R9636

Event Title: Publix PB&J Run Phone No.: (727) 524-4464 Fax No.: (727) 524-4474

Entity Name: Directions for Living Federal I.D. Number: 59-2092715

Event Date(s): September 22-23, 2022 Location: Albert Whitted Park

Day 1 of Event: Sept 22, 2022 Time Gates Open: 4pm Ending Time: 7pm

Day 2 of Event: Sept 23, 2022 Time Gates Open: 6am Ending Time: 11am

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

Application Prepared by: Summer Gray Phone: (727) 524-4464 ext 1723

Title: Senior Director of Marketing & Business Development; Race Director Cell Phone: (941) 928-4481

Address: 1437 S Belcher Rd City: Clearwater State: FL Zip: 33764

Email Address: SGray@DirectionsForLiving.org

Additional Contact Person: Brittany Houchins Day Phone: (937) 935-9841

What month/year were you incorporated as nonprofit? 1982

List all 501(c)3 entities that will benefit from this event. Directions for Mental Health, Inc., DBA Directions for Living

Name of the for-profit entity? N/A

**Describe your event with details.**

The 7th annual Publix PB&J Run fundraiser will be returning on September 23, 2022. This is Directions for Living's signature annual fundraiser, a 5k/10k event with a solid track record of devoted participants who flock to the creative branding and five-star-rated execution of the run. The PB&J Run features certified closed courses, chip-timing, coveted tech shirts and custom finisher medals, cash prizes, an interactive PB&J Post Party with dozens of vendors and music, and (of course) unlimited PB&Js for all participants. The event is tailored to engage competitive runners and beginners alike. The event will begin in Albert Whitted Park on September 22nd for packet pick up, which will include some of our vendors to engage with our runners. On the morning of September 23rd, the 10K will begin at 7am and the 5K will begin at 8:15am. Runners can choose to run both courses for our 15K challenge.

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

The PB&J Run sold out its first year (2017) with 750 runners, a number which doubled in its second year (2018), and has continued to increase every year since. This record of steady growth is in direct correlation with the positive engagement with the event as runners spread the word and attract new participants each year. Each year, the PB&J Run draws runners from dozens of different states, in addition to runners from Tampa Bay and across the state of Florida which benefits local hotels, restaurants, runners' groups, and other businesses. In addition to that, the primary goal of the PB&J Run is to raise funds to financially support the life-saving mental health, substance abuse, and homeless prevention services of Directions for Living, a 501(c)3 non-profit which serves tens of thousands of St. Petersburg and Pinellas County residents each year.

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 occurrence \$3,000,000

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

Will there be an admission / registration fee?  YES  NO Advanced Fee: \$35 - \$65 Day of: \$45 - \$75

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

Please provide a phone number that can be advertised to the public. (727) 524-4464 ext 1723

What is the estimated attendance for this event? Spectators 500 Participants 2,000 Last Year's Total Attendance 2,000

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater  
 Coliseum  
 Sunken Gardens  
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

Name:	<input type="text" value="Summer Gray"/>	Title:	<input type="text" value="Senior Director of Marketing &amp; E"/>	Date:	<input type="text" value="1/9/2023"/>
Co-Sign:	<input type="text" value="Brittany Houchins"/>	Title:	<input type="text" value="Supervisor of Special Events &amp; C"/>	Date:	<input type="text" value="1/9/2023"/>

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators?  YES  NO

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

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

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

Name: 

Directions for Living c/o Summer Gray

 Phone: 

(727) 524-4464 ext 1723

Address (including zip): 

1437 S Belcher Rd, Clearwater, FL 33764

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

We will have one DJ playing music. No stages or 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.

N/A

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

To thank our sponsors, to give logistical instructions to runners and spectators, to announce overall race winners, and to start each race.

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

We would like to start unloading items for our event on the morning of Friday, September 22nd by 8am. We don't expect load in/load out to be an issue on Friday since it will be done before participants arrive. The morning of the run on Saturday, September 23, vendors and suppliers will need to unloading starting at 4am. If there is a space available for them to do this, that would be great.

Other Comments: Please describe your fee structure.

\$100 for vendors  
\$35 - \$65 for runners in advance  
\$45 - \$75 for runners registering the weekend of the event

Other comments:

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

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

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

Name: Summer Gray

Title: Sr. Director of Marketing

Date: January 9, 2023

## Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the <b>Nonprofit</b> Corporation:	Directions for Mental Health, Inc., DBA Directions for Living
Name of Responsible Party (President or CEO ONLY):	April Lott
Title of Responsible Party:	President & CEO
Physical Address of Responsible Party:	1437 S Belcher Rd., Clearwater, FL 33764
Phone Number of Responsible Party:	(727) 524-4464 ext. 1702
Email Address of Responsible Party:	ALott@DirectionsforLiving.org
Nonprofit (Employee Identification Number):	59-2092715

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Name of the <b>For-profit</b> 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: PB&J Run  
Date(s) of Event: Sep 16, 2022 - 9/17/2022

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

	<b>Amount</b>
1. Runner pre-registration	\$38,183.00
2. Runner registration (race weekend)	\$3,559.00
3. Sponsors	\$55,250.00
4. Vendors	\$825.00
5.	
6.	
7.	
8.	
<b>TOTAL GROSS REVENUE</b>	<b>\$97,817.00</b>

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

1. Promotions & advertising	\$1,965.66
2. Shirts and socks	\$9,834.00
3. Medals	\$11,671.00
4. Cones	\$5,900.00
5. DJ, photo/video,	\$1,700.00
6. Chip timing and race bibs	\$3,990.00
7. Vendors (port o lets, tables, chairs)	\$4,702.75
8. Food, drink, and general supplies	\$3,264.21
9. Security	\$180.00
10. Law enforcement/road closures, and course certification	\$4,261.50
11. City fees	\$935.00
12. Cash prizes	\$1,200.00
<b>TOTAL OPERATING EXPENSES</b>	<b>\$49,604.12</b>
<b>TOTAL NET INCOME</b>	<b>\$48,212.88</b>

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

1. To fund the children and family services of Directions for Living	\$48,212.88
2.	
3.	
4.	
5.	
6.	
<b>TOTAL ALLOCATION OF NET INCOME</b>	<b>\$48,212.88</b>

Prepared by:

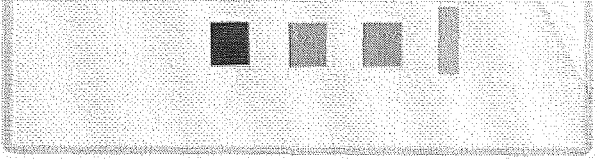
Summer Gray

Date:

January 9, 2023

Print Application

Submit Application by  
Email



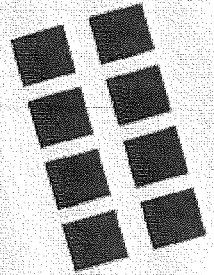
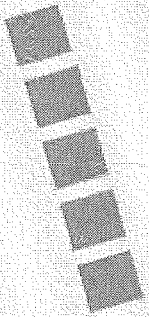
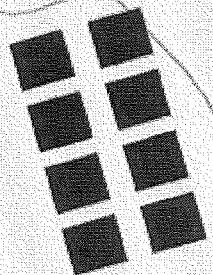
466

Dan Wheldon Way

Dan Wheldon Way

Dan Wheldon Way

Bayshore Dr SE




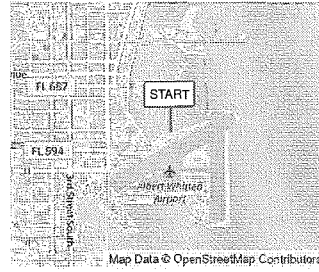


# Albert Whitted 10K Run

## ROUTE INFORMATION



**ROUTE LENGTH** 6.111 miles  
**ASCENT** 200 ft  
**DESCENT** 200 ft  
**HILLS** ↑ 34.9% | ↓ 40.4% | → 24.8%  
**TERRAIN** Road   
**START** **LAT:** 27.766793, **LNG:** -82.628984



## NOTES

Albert Whitted 10K Run



**ROUTE DIRECTIONS**

No	Miles	Turn	Directions
1	0.000		Start on Dan Wheldon Way
2	0.113	→	Turn right onto Bay Shore Drive Southeast
3	0.946	→	Turn right onto 5th Avenue Northeast
4	1.292	←	Turn left onto 7th Avenue Northeast
5	1.410	→	Turn right onto North Shore Drive Northeast
6	3.045	→	Turn right onto Bay Shore Drive Northeast
7	3.390	←	Turn left onto Bay Shore Drive Northeast
8	4.491	←	Turn left onto 1st Street Southeast
9	4.590	↘	Turn sharp right onto 6th Avenue South
10	4.780	←	Turn left onto 3rd Street South
11	5.440	→	Turn right onto 6th Avenue South
12	5.629	↘	Turn sharp right onto 1st Street Southeast
13	5.731	→	Turn right onto Dali Boulevard
14	5.998	→	Turn right onto Dan Wheldon Way
15	6.111		FINISH



## Consumer's Certificate of Exemption

DR-14  
R. 01/18

Issued Pursuant to Chapter 212, Florida Statutes

85-8012614783C-7	.05/31/2019	05/31/2024	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

DIRECTIONS FOR MENTAL HEALTH INC  
DIRECTIONS FOR LIVING  
1437 S BELCHER RD  
CLEARWATER FL 33764-2829

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



## Important Information for Exempt Organizations

DR-14  
R. 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.

## Publix PB&J Run 2023 Schedule

### FRIDAY, 9/22

- **10am** – setup begins
- **12pm** – vendors setup
- **2pm** – packet pickup
- **7pm** – packet pickup ends

### SATURDAY, 9/23

- **4:30am** – setup begins
- **5:30am** – check-in begins
- **7am** – 10k start
- **8:15am** – 5k start
- **9 -12pm** – awards & finish festival
- **12pm – 2pm** – clean-up

JAN 12 1983

Date: DEC 29 1981

Employer Identification Number:

59-2092716 59-2092715

Accounting Period Ending:

June 30

Form 990 Required:  Yes  No

Mental Health Services of North  
Pinellas, Inc.  
1437 South Belcher Rd.  
Clearwater, FL 33516

DIRECTIONS FOR MENTAL HEALTH  
1437 S. Belcher Rd.  
Suite 200  
Clearwater, FL 34624-2829

Person to Contact:

W. Moses/eb  
Contact Telephone Number:

(404) 221-4516

FTN: 580015192

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 170(b)(1)(A)(iii) and 509(a)(1).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should contact us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

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.

The box checked in the heading of this letter shows whether you must file Form 990, Return of Organization Exempt from Income tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than \$10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees.

If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

  
District Director

Enclosures:

990 & Instructions

Schedule A & Instructions

cc: Joseph D. Edwards, Esq.

APR 29 1991

Internal Revenue Service  
District Director

Department of the Treasury  
EO Group 7404  
C - 1130  
Atlanta, GA 30301  
DIRECTIONS  
FOR MENTAL HEALTH, INC.

Date: April 26, 1991

Directions for Mental Health, Inc.  
1437 S. Belcher Rd., Ste. 200  
Clearwater, FL 34624

Employer Identification Number:  
59-2092715

Person To Contact:  
MARIE DUMAS  
Contact Telephone Number:  
(404) 331-3006  
Date of Exemption:  
December, 1981  
Internal Revenue Code  
Section: 501(c)(3)

Dear Sir or Madam:

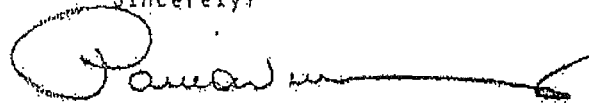
Thank you for submitting the information shown on the enclosure. We have made it a part of your file.

The changes indicated do not adversely affect your exempt status and the exemption letter issued to you continues in effect.

Please let us know about any future change in the character, purpose, method of operation, name or address of your organization. This is a requirement for retaining your exempt status.

Thank you for your cooperation.

Sincerely,



Paul Williams  
District Director



Department of the Treasury  
Internal Revenue Service

ATLANTA, GA 31101

In reply refer to: 07074636  
SEP. 26, 1985 LTR 139C N  
59-2092715

00177

MENTAL HEALTH SERVICES OF UPPER  
PINELLAS INC  
1437 S BELCHER RD  
CLEARWATER, FL 33546

**RECEIVED**

SEP 27 1985

Mental Health Services  
of Upper Pinellas, Inc.

Dear Sirs:

We are sorry, but we assigned you more than one employer identification number.

Your correct employer identification number is 59-2092715. Do not use the employer identification number 59-2092716 assigned to you previously; it is incorrect. We will transfer any payments or returns filed under this number to your account under your correct employer identification number.

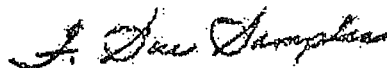
Please use the correct number and your full account name exactly as shown above on business tax returns, payments, and related correspondence.

If you have any questions, please write to us at the address shown on this letter. If you prefer, you may call the IRS telephone number listed in your local directory. An employee there may be able to help you, but the office at the address shown on this letter is most familiar with your case.

If you write to us, please provide your telephone number and the most convenient time for us to call in case we need more information. Attach this letter to any correspondence to help us identify your case. Keep the copy for your records.

Thank you for your cooperation.

Sincerely yours,



Chief, Taxpayer Assistance Section



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by FEI/EIN Number](#) /

## Detail by FEI/EIN Number

Florida Not For Profit Corporation  
DIRECTIONS FOR MENTAL HEALTH, INC,

### Filing Information

**Document Number** 758612  
**FEI/EIN Number** 59-2092715  
**Date Filed** 06/03/1981  
**State** FL  
**Status** ACTIVE  
**Last Event** NAME CHANGE AMENDMENT  
**Event Date Filed** 10/24/1989  
**Event Effective Date** NONE

### Principal Address

1437 SOUTH BELCHER ROAD  
CLEARWATER, FL 33764

Changed: 05/12/1998

### Mailing Address

1437 SOUTH BELCHER ROAD  
CLEARWATER, FL 33764

Changed: 05/12/1998

### Registered Agent Name & Address

LOTT, APRIL PRES  
1437 S BELCHER RD  
CLEARWATER, FL 33764

Name Changed: 01/11/2011

Address Changed: 05/12/1998

### Officer/Director Detail

#### **Name & Address**

Title P

LOTT, APRIL  
1437 S BELCHER ROAD  
CLEARWATER, FL 33764

## Title Chairman

Trump, Katrina  
200 Central Ave  
St Petersburg, FL 33701

## Title VC

Croy, Nancy  
1437 S. Belcher Road  
Clearwater, FL 33764

## Title Secretary

Rathmell, Jeff  
1437 S. Belcher Road  
Suite 110  
Clearwater, FL 33764

## Title Treasurer

Dixon, Christina  
1437 S. Belcher Road  
Clearwater, FL 33764

## Title CFO

Merson, Wendy, CFO  
1437 S Belcher Road  
Clearwater, FL 33764

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2020	05/18/2020
2021	03/23/2021
2022	03/21/2022

**Document Images**

<a href="#">03/21/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">05/18/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/01/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">03/20/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">07/02/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/02/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">08/08/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/04/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

# Permit



Parks and Recreation  
 1400 19th Street North  
 St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
 EMAIL:stpeteparksrec@stpete.org

**Permit # R9636**

Status Tentative  
 Date Jan 9, 2023 1:28 PM  
 Expiration Date Mar 10, 2023

<b>Organization Name</b>	Directions For Mental Health Inc - 1444	<b>Organization Phone 1</b>	+1 (727) 524-4464x1723
<b>Customer Type</b>	Non-Profit (Tax-Exempt)	<b>Number</b>	
<b>Organization Address</b>	1437 S BELCHER RD CLEARWATER, FL 33764		
<b>Agent Name</b>	SUMMER GRAY	<b>Primary Phone Number</b>	+1 (941) 928-4481
		<b>Email Address</b>	SGRAY@DIRECTIONSFORLIVING.ORG
<b>System User</b>	45937		

Rental Fee	\$460.00
Discounts	\$0.00
<b>Subtotal</b>	<b>\$460.00</b>
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$460.00</b>
Total Payment	\$0.00
Refunds	\$0.00
<b>Balance</b>	<b>\$460.00</b>

<b>PUBLIX PB&amp;J RUN</b>	1 resource(s)	1 booking(s)	<b>Subtotal: \$460.00</b>
Booking Summary			
<b>AWP Park (Cosponsored Event)</b>			<b>Center: Albert Whitted Park</b>
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>
Sep 22, 2023 12:00 AM	Sep 23, 2023 5:00 PM	2000	\$0.00
Resource level fees			\$460.00

Custom Questions	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	Yes
Will this event be having fireworks?	No
Will this event be having liquor?	No
Will this event be using fencing?	Yes

Payment Schedules		Original Balance: \$460.00			Current Balance: \$460.00
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE	
Feb 1, 2023	\$460.00	\$0.00	\$0.00	\$460.00	

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



Date Received: 1/4/23  
 Check or Cash: \_\_\_\_\_  
 Application #: 185  
 Packet: C  
 Permit #: \_\_\_\_\_

Event Title: St Pete Pride Month Kick Off Phone No.: 7273420084 Fax No.: \_\_\_\_\_

Entity Name: St Pete Pride, Inc Federal I.D. Number: 14-1876777

Event Date(s): June 2, 2023 Location: Grand Central District

Day 1 of Event: June 2, 2023 Time Gates Open: 7:00 pm Ending Time: 11:00 pm

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

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

Application Prepared by: Nicole Berman Phone: 401-529-2230

Title: Executive Director Cell Phone: \_\_\_\_\_

Address: 3251 3rd Ave N City: St. Petersburg State: FL Zip: 37133

Email Address: nicole@stpetepride.com

Additional Contact Person: Tiffany Friesberg Day Phone: 323-552-6075

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

List all 501(c)3 entities that will benefit from this event. St Pete Pride

Name of the for-profit entity? n/a

**Describe your event with details.**

The St Pete Pride Kick Off event is held to support the culture and advancement of the LGBTQ+ Community with a focus on celebrating the community in the heart of the Grand Central District, where our organization began.

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

The Kick Off event strenghtens St.Petersburg's image as an inclusive and progressive city. The event generates revenue for local businesses - especially hotels and the hospitality sector. Studies have proven that our diverse and inclusive atmosphere have encouraged business relocations and new residents to seek out St. Petersburg as their primary destination.

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.stpetepride.org

Please provide a phone number that can be advertised to the public. 727-342-0084

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

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater  
 Coliseum  
 Sunken Gardens  
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

Name:	<input type="text" value="Nicole Berman"/>	Title:	<input type="text" value="Executive Director"/>	Date:	<input type="text" value="12/6/2022"/>
Co-Sign:	<input type="text" value="Tiffany Freisberg"/>	Title:	<input type="text" value="Board President"/>	Date:	<input type="text" value="12/6/2022"/>

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

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

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

Marketing: Please check all that apply.

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

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



Electrical Requirements:

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

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

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

Will you supply your own generators?  YES  NO

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

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

Yes, requesting closing time variance.

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

Name:  Phone:

Address (including zip):

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

Live entertainment, DJ and performers

List Vending Products. Name & Provider.

Various

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

St Pete Pride  
3251 3rd Ave N, St. Petersburg, FL 33713

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

Celebration of diversity within the LGBTQ+ community and the importance of supporting Pride events.

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

Load In/Out for event- for production and event operations 4pm, load out 12pm.

Other Comments: Please describe your fee structure.

n/a

Other comments:

This will be the first Kick-Off party for St Pete Pride to host as an event, there is no prior year information to include in this application.

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

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

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

Name:  Title:  Date:

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

Please complete the information below for each responsible party.

Name of the <b>Nonprofit</b> Corporation:	St Pete Pride, Inc
Name of Responsible Party (President or CEO ONLY):	Tiffany Friesberg
Title of Responsible Party:	Board President
Physical Address of Responsible Party:	3251 3rd Ave N, Suite 125, St. Petersburg FL 33713
Phone Number of Responsible Party:	727-342-0084
Email Address of Responsible Party:	tiffany@stpetepride.com
Nonprofit (Employee Identification Number):	14-1876777

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Name of the <b>For-profit</b> 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.		
<b>TOTAL GROSS REVENUE</b>		

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

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

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


1.		
2.		
3.		
4.		
5.		
6.		
<b>TOTAL ALLOCATION OF NET INCOME</b>		


Prepared by:


Date:

[Print Application](#)

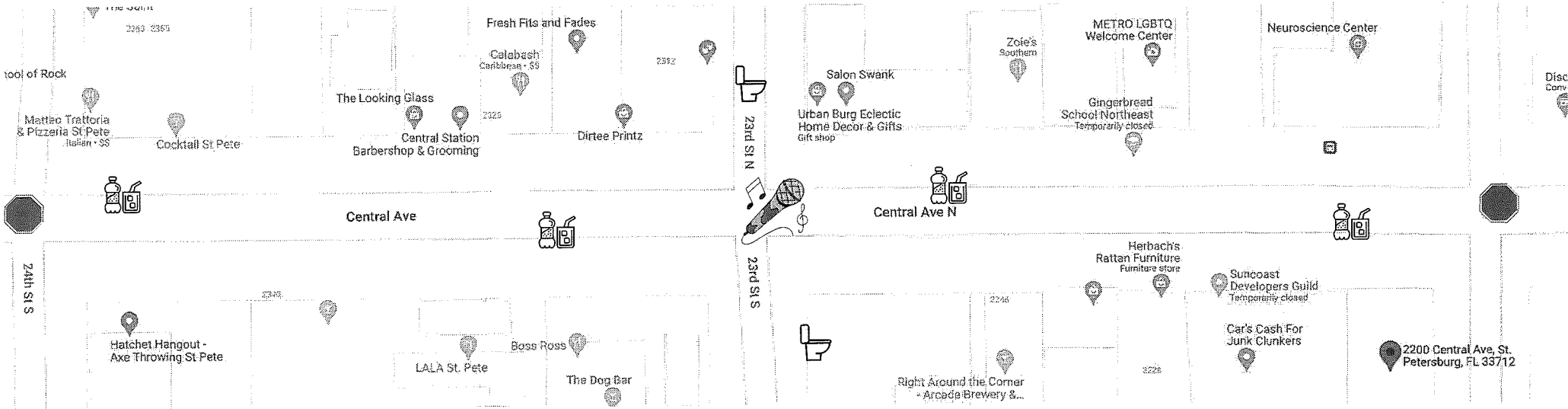
[Submit Application by Email](#)

 start/end street closure

 music/entertainment

 beverage station

 restrooms



# Kick-Off



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

## Detail by Entity Name

Florida Not For Profit Corporation  
ST. PETE PRIDE, INC.

### Filing Information

**Document Number** N03000002767  
**FEI/EIN Number** 14-1876777  
**Date Filed** 03/26/2003  
**State** FL  
**Status** ACTIVE

### Principal Address

3251 3rd Ave N  
St. Petersburg, FL 33713

Changed: 04/11/2021

### Mailing Address

PO BOX 12647  
ST. PETERSBURG, FL 33733

Changed: 02/12/2009

### Registered Agent Name & Address

Robison, Molly  
3251 3rd Ave N  
St. Petersburg, FL 33713

Name Changed: 01/26/2022

Address Changed: 04/11/2021

### Officer/Director Detail

#### **Name & Address**

Title Treasurer

SOLOMONS, STANLEY P  
PO BOX 12647  
ST. PETERSBURG, FL 33733

Title Secretary

Robison, Molly  
 PO Box 12647  
 ST. PETERSBURG, FL 33733

Title President

Freisberg, Tiffany  
 PO BOX 12647  
 ST. PETERSBURG, FL 33733

Title Board Member

Chonqui, Fernando  
 PO BOX 12647  
 ST. PETERSBURG, FL 33733

Title Board Member

Mears, Carey  
 PO BOX 12647  
 ST. PETERSBURG, FL 33733

Title Board Member

Alves, Gabe  
 PO BOX 12647  
 ST. PETERSBURG, FL 33733

Title Board Member

Hobbs, Clifford  
 PO BOX 12647  
 ST. PETERSBURG, FL 33733

#### Annual Reports

<b>Report Year</b>	<b>Filed Date</b>
2020	03/18/2020
2021	04/11/2021
2022	01/26/2022

#### Document Images

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<a href="#">01/16/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">12/06/2018 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">11/23/2018 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/25/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">09/18/2017 -- AMENDED ANNUAL REPORT</a>	

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



Date Received: 1/4/23  
 Check or Cash: \_\_\_\_\_  
 Application #: 86  
 Packet: C  
 Permit #: 29071

Event Title: St Pete Pride LGBTQ+ Youth and Family Day Phone No.: 7273420084 Fax No.: \_\_\_\_\_

Entity Name: St Pete Pride, Inc Federal I.D. Number: 14-1876777

Event Date(s): June 10, 2023 Location: St Pete Waterfront

Day 1 of Event:	<u>June 10, 2023</u>	Time Gates Open:	<u>11:00am</u>	Ending Time:	<u>4:00 pm</u>
Day 2 of Event:	_____	Time Gates Open:	_____	Ending Time:	_____
Day 3 of Event:	_____	Time Gates Open:	_____	Ending Time:	_____

Application Prepared by: Nicole Berman Phone: 401-529-2230

Title: Executive Director Cell Phone: 401-529-2230

Address: 3251 3rd Ave N City: St. Petersburg State: FL Zip: 37133

Email Address: nicole@stpetepride.com

Additional Contact Person: Tiffany Friesberg Day Phone: 323-552-6075

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

List all 501(c)3 entities that will benefit from this event. St Pete Pride

Name of the for-profit entity? n/a

**Describe your event with details.**

The St Pete Pride LGBTQ+ Youth and Family Day is held to support the culture and advancement of the LGBTQ+ Community with a focus on youth and families. The event will feature family-focused vendors, entertainment, and activities. LGBTQ+ families and allies will gather for this one of a kind Pride celebration.

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

The LBGTQ+ Youth and Family Day event strenghtens St.Petersburg's image as an inclusive and progressive city. The event generates revenue for local businesses - especially hotels and the hospitality sector. Studies have proven that our diverse and inclusive atmosphere have encouraged business relocations and new residents to seek out St. Petersburg as their primary destination.

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.stpetepride.org

Please provide a phone number that can be advertised to the public. 727-342-0084

What is the estimated attendance for this event? Spectators 4,000 Participants 250 Last Year's Total Attendance 4,000



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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater  
 Coliseum  
 Sunken Gardens  
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

Name:	<input type="text" value="Nicole Berman"/>	Title:	<input type="text" value="Executive Director"/>	Date:	<input type="text" value="12/6/2022"/>
Co-Sign:	<input type="text" value="Tiffany Freisbery"/>	Title:	<input type="text" value="Board President"/>	Date:	<input type="text" value="12/6/2022"/>

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Sound will require power. Food vendors in food court area will require additional power. We may supplement with generators (as 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.

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.

Live entertainment, 1 stage, up to 10 acts

List Vending Products. Name & Provider.

Various

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

St Pete Pride  
3251 3rd Ave N, St. Petersburg, FL 33713

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

Celebration of diversity within the LGBTQ+ community and the importance of supporting LGBTQ+ youth

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

Load In/Out for June 9 10am - June 11 10pm. Attendee load in 8am- Load Out 6pm June 10 only.

Other Comments: Please describe your fee structure.

Fee structures vary by organization type- non-profit, small business, corporate etc. Add ons available and vary by event. Fees may range from \$150-\$500.

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 Berman

Title: Executive Director

Date: 12/6/2022

## Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the <b>Nonprofit</b> Corporation:	St Pete Pride, Inc
Name of Responsible Party (President or CEO ONLY):	Tiffany Friesberg
Title of Responsible Party:	Board President
Physical Address of Responsible Party:	3251 3rd Ave N, Suite 125, St. Petersburg FL 33713
Phone Number of Responsible Party:	727-342-0084
Email Address of Responsible Party:	tiffany@stpetepride.com
Nonprofit (Employee Identification Number):	14-1876777

---

Name of the <b>For-profit</b> 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: St Pete Pride Family Day  
 Date(s) of Event: June 18, 2022 - June 18 2022

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

	Amount
1. Corporate Donations	\$535,000.00
2. Individual Donations	\$25,000.00
3. Event Revenue	\$225,000.00
4.	
5.	
6.	
7.	
8.	
<b>TOTAL GROSS REVENUE</b>	
	\$785,000.00

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

1. Production/Event Operations	\$57,000.00
2. Marketing	\$25,000.00
3. Entertainment	\$100,000.00
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
<b>TOTAL OPERATING EXPENSES</b>	
	\$182,000.00
<b>TOTAL NET INCOME</b>	
	\$603,000.00



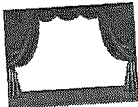




**III. ALLOCATION OF NET INCOME ( attach sheet if more space is needed)**

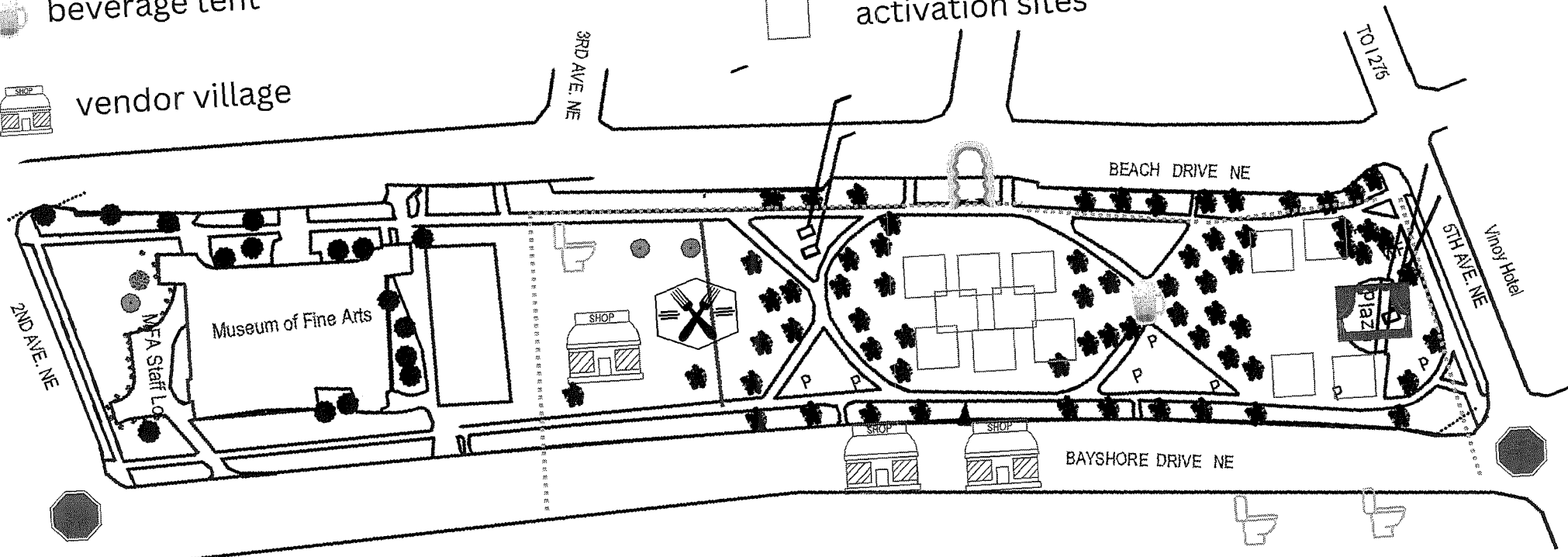
1. Additional Event Expenses	\$353,000.00
2. Employee Salaries	\$100,000.00
3. Operational Expenses	\$25,000.00
4.	
5.	
6.	
<b>TOTAL ALLOCATION OF NET INCOME</b>	
	\$478,000.00

Prepared by: Nicole Berman Date: 12/6/2022

Print Application

Submit Application by  
Email

- ..... 6" fence
-  food court
-  archway
-  stage
-  restrooms
-  beverage tent
-  activation sites
-  vendor village



# North Straub Family Day



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

## Detail by Entity Name

Florida Not For Profit Corporation  
ST. PETE PRIDE, INC.

### Filing Information

**Document Number** N03000002767  
**FEI/EIN Number** 14-1876777  
**Date Filed** 03/26/2003  
**State** FL  
**Status** ACTIVE

### Principal Address

3251 3rd Ave N  
St. Petersburg, FL 33713

Changed: 04/11/2021

### Mailing Address

PO BOX 12647  
ST. PETERSBURG, FL 33733

Changed: 02/12/2009

### Registered Agent Name & Address

Robison, Molly  
3251 3rd Ave N  
St. Petersburg, FL 33713

Name Changed: 01/26/2022

Address Changed: 04/11/2021

### Officer/Director Detail

#### **Name & Address**

Title Treasurer

SOLOMONS, STANLEY P  
PO BOX 12647  
ST. PETERSBURG, FL 33733

Title Secretary



Robison, Molly  
 PO Box 12647  
 ST. PETERSBURG, FL 33733

Title President

Freisberg, Tiffany  
 PO BOX 12647  
 ST. PETERSBURG, FL 33733

Title Board Member

Chonqui, Fernando  
 PO BOX 12647  
 ST. PETERSBURG, FL 33733

Title Board Member

Mears, Carey  
 PO BOX 12647  
 ST. PETERSBURG, FL 33733

Title Board Member

Alves, Gabe  
 PO BOX 12647  
 ST. PETERSBURG, FL 33733

Title Board Member

Hobbs, Clifford  
 PO BOX 12647  
 ST. PETERSBURG, FL 33733

#### **Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2020	03/18/2020
2021	04/11/2021
2022	01/26/2022

#### **Document Images**

<a href="#">01/26/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/11/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/18/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/16/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">12/06/2018 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">11/23/2018 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/25/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">09/18/2017 -- AMENDED ANNUAL REPORT</a>	

# Permit



Parks and Recreation  
1400 19th Street North  
St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
EMAIL:stpeteparksrec@stpete.org

**Permit # R9571**  
Status Tentative  
Date Jan 5, 2023 11:37 AM  
Expiration Date Mar 6, 2023

<b>Organization Name</b>	St. Pete Pride Inc - 258	<b>Organization Phone 1</b>	+1 (727) 342-0084
<b>Customer Type</b>	Non-Profit (Tax-Exempt)	<b>Number</b>	
<b>Organization Address</b>	3251 3RD AVE N ST PETERSBURG, FL 33713		
<b>Agent Name</b>	NICOLE BERMAN	<b>Primary Phone</b>	+1 (401) 529-2230
		<b>Number</b>	
		<b>Email Address</b>	NICOLE@STPETEPRIDE.COM
<b>System User</b>	45937		

Rental Fee	\$460.00
Discounts	\$0.00
<b>Subtotal</b>	<b>\$460.00</b>
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$460.00</b>
<b>Total Payment</b>	<b>\$0.00</b>
Refunds	\$0.00
<b>Balance</b>	<b>\$460.00</b>

<b>ST PETE PRIDE FAMILY DAY</b>		1 resource(s)	1 booking(s)	<b>Subtotal: \$460.00</b>
Booking Summary				
<b>NOSP Park (Cosponsored Event)</b>			<b>Center: North Straub Park</b>	
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>	
Jun 9, 2023 12:00 AM	Jun 10, 2023 10:00 PM	4000	\$0.00	
Resource level fees			\$460.00	

Custom Questions	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	Yes
Will this event be having fireworks?	No
Will this event be having liquor?	No
Will this event be using fencing?	Yes

Payment Schedules		Original Balance: \$460.00    Current Balance: \$460.00			
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE	
Feb 1, 2023	\$460.00	\$0.00	\$0.00	\$460.00	

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



Date Received: 1/4/23  
 Check or Cash: \_\_\_\_\_  
 Application #: 87  
 Packet: C  
 Permit #: R9572

Event Title: St Pete Pride Weekend Phone No.: 7273420084 Fax No.: \_\_\_\_\_

Entity Name: St Pete Pride, Inc Federal I.D. Number: 14-187677

Event Date(s): June 23-25, 2023 Location: Downtown St Pete and Grand Central District

Day 1 of Event: June 24, 2023 Time Gates Open: 2:00pm Ending Time: 10:00pm

Day 2 of Event: June 25, 2023 Time Gates Open: 11:00am Ending Time: 4:00pm

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

Application Prepared by: Nicole Berman Phone: 401-529-2230

Title: Executive Director Cell Phone: \_\_\_\_\_

Address: 3251 3rd Ave N City: St. Petersburg State: FL Zip: 37133

Email Address: nicole@stpetepride.com

Additional Contact Person: Tiffany Friesberg Day Phone: 323-552-6075

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

List all 501(c)3 entities that will benefit from this event. St Pete Pride

Name of the for-profit entity? n/a

**Describe your event with details.**

The St Pete Pride Parade and Festival are held to support the culture and advancement of the LGBTQ+ Community both locally, nationally and globally. On Friday evening, St Pete Pride will host a concert to kickoff our Pride Weekend of festivities at Jannus Live. Saturday, tens of thousands of attendees will line the streets of Downtown St. Pete to cheer on parade participants and attend the main St Pete Pride festival. On Sunday, the Grand Central District will be lined with booths, live music, and interactive experiences as St Pete hosts one of the largest and most distinguished LGBTQ+ celebrations in the country.

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

The Pride Concert, Parade and Festival strengthen St.Petersburg's image as an inclusive and progressive city. The signature weekend celebrations attract visitors from all around the country, thereby generating revenue for local businesses - especially hotels and the hospitality sector. Studies have proven that our diverse and inclusive atmosphere have encouraged business relocations and new residents to seek out St. Petersburg as their primary destination.

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.stpetepride.org

Please provide a phone number that can be advertised to the public. 727-342-0084

What is the estimated attendance for this event? Spectators 200,000 Participants 5,000 Last Year's Total Attendance 205,000

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater  
 Coliseum  
 Sunken Gardens  
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

Name:	<input type="text" value="Nicole Berman"/>	Title:	<input type="text" value="Executive Director"/>	Date:	<input type="text" value="12/6/2022"/>
Co-Sign:	<input type="text" value="Tiffany Freisberg"/>	Title:	<input type="text" value="Board President"/>	Date:	<input type="text" value="12/6/2022"/>

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

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

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

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Stage will require additional power. In addition, food vendors in food court area will require additional power. We may supplement with generators (as 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.

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.

Live music and other artistic performances (dance, poetry, etc), 2 stages (June 24 only), up to 20 acts

List Vending Products. Name & Provider.

Various

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

St Pete Pride, Inc  
PO Box 12647  
St. Petersburg, FL 33733

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

Parade - March to recognize the diversity and equality towards LGBTQ+ people  
Festival - Celebration of diversity within the LGBTQ+ community

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

Load In/Out for June 24 event- for production and event operations June 23 10am - June 25 10pm. Parking for semi's on/in parks preferred. Attendee load in festival 11am load out 10pm-12pm. Parade load in/line up 12pm.

Load In/Out for June 25 for all 7am-7pm

Other Comments: Please describe your fee structure.

Fee structures vary by event, Festival, Parade, Street Fair and by organization type- non-profit, small business, corporate etc. Add ons available and vary by event. Fees may range from \$150-\$500.

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 Berman

Title: Executive Director

Date: 12/6/2022



## Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the <b>Nonprofit</b> Corporation:	St Pete Pride, Inc
Name of Responsible Party (President or CEO ONLY):	Tiffany Friesberg
Title of Responsible Party:	Board President
Physical Address of Responsible Party:	3251 3rd Ave N, Suite 125, St. Petersburg FL 33713
Phone Number of Responsible Party:	727-342-0084
Email Address of Responsible Party:	tiffany@stpetepride.com
Nonprofit (Employee Identification Number):	14-1876777

---

Name of the <b>For-profit</b> 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:

nicole@stpetepride.com, jim@stpetepride.com

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

Name of Event: St Pete Pride Weekend  
 Date(s) of Event: June 23, 2022 - June 25, 2022

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

		Amount
1.	Corporate Donations	\$535,000.00
2.	Individual Donations	\$25,000.00
3.	Event Revenue	\$225,000.00
4.		
5.		
6.		
7.		
8.		
<b>TOTAL GROSS REVENUE</b>		<b>\$785,000.00</b>

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

1.	Production/Event Operations	\$350,000.00
2.	Marketing	\$25,000.00
3.	Entertainment	\$100,000.00
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
<b>TOTAL OPERATING EXPENSES</b>		<b>\$475,000.00</b>
<b>TOTAL NET INCOME</b>		<b>\$310,000.00</b>

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

1.	Additional Event Expenses	\$185,000.00
2.	Employee Salaries	\$100,000.00
3.	Operational Expenses	\$25,000.00
4.		
5.		
6.		
<b>TOTAL ALLOCATION OF NET INCOME</b>		<b>\$310,000.00</b>

Prepared by: Nicole Berman Date: 12/6/2022

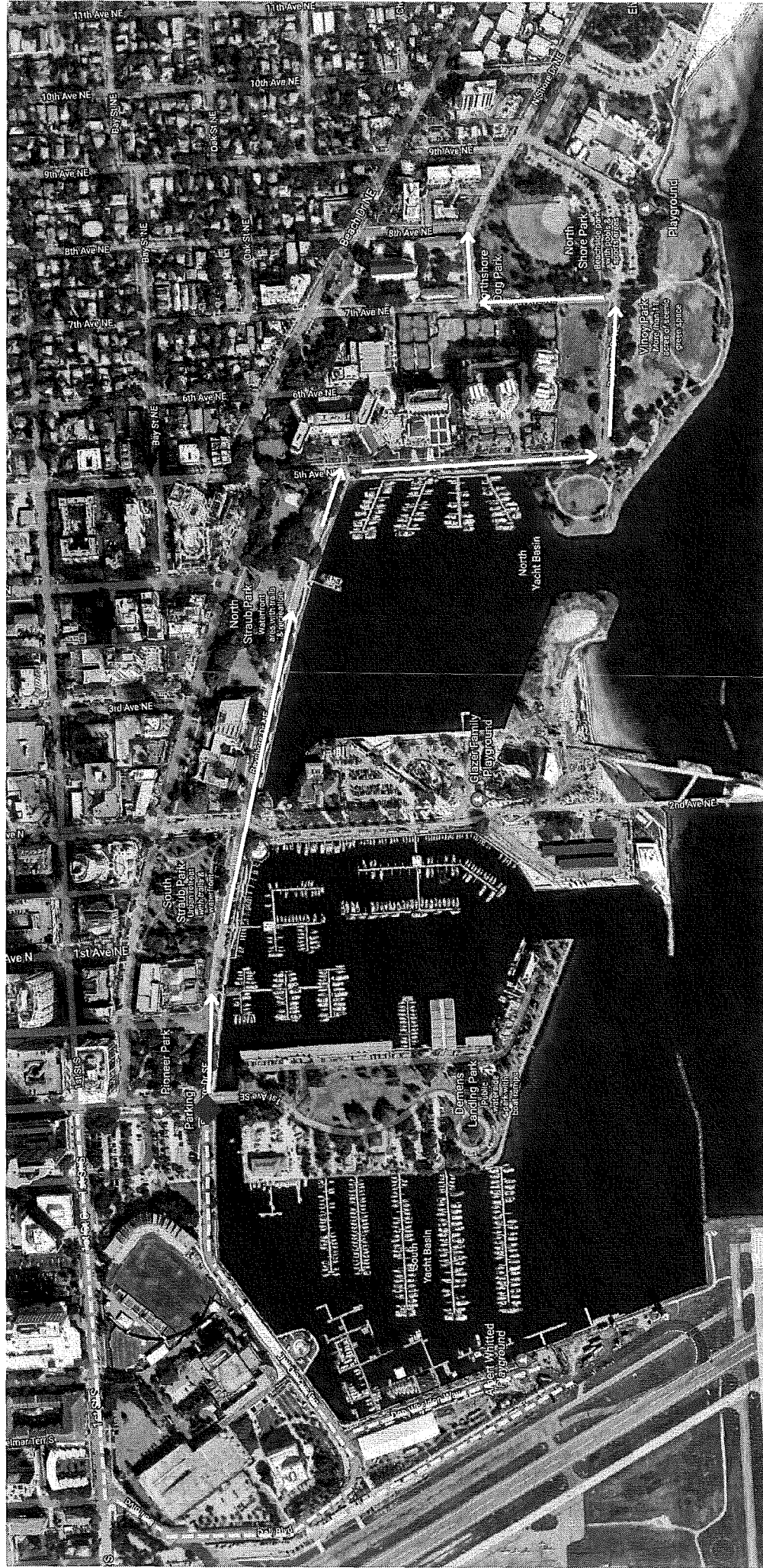
Print Application

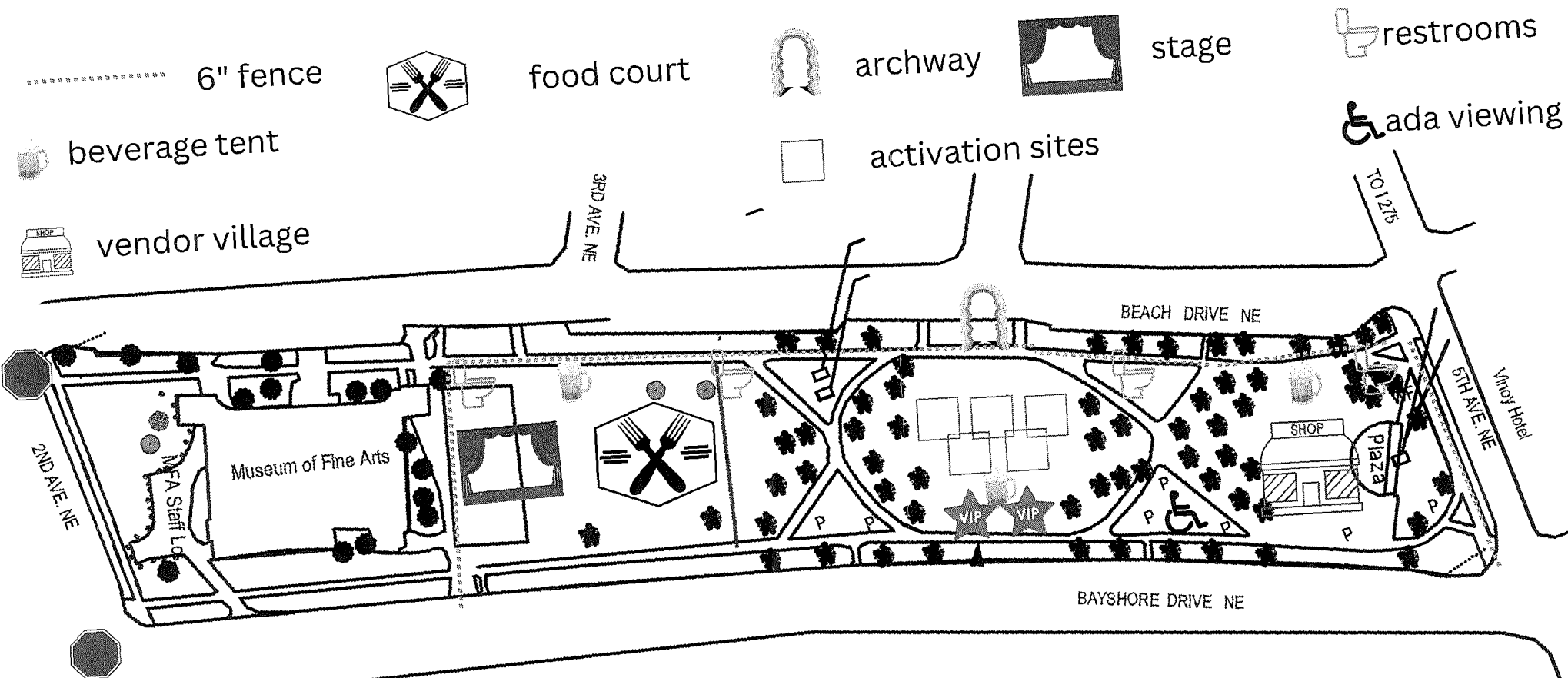
Submit Application by  
Email

◆ parade start


⇐ staging area


→ parade route








# North Straub Parade Day

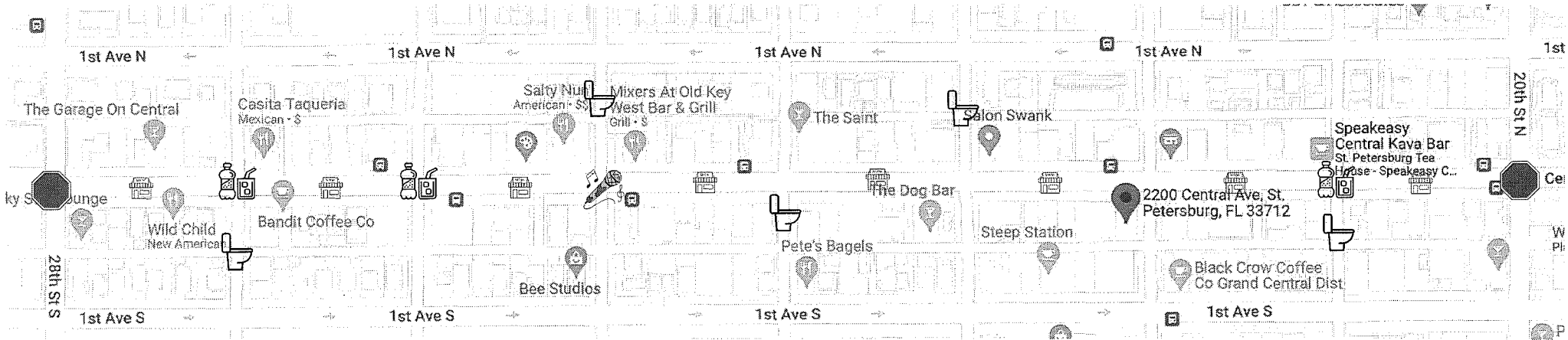
 start/end street closure

 music/entertainment

 beverage station

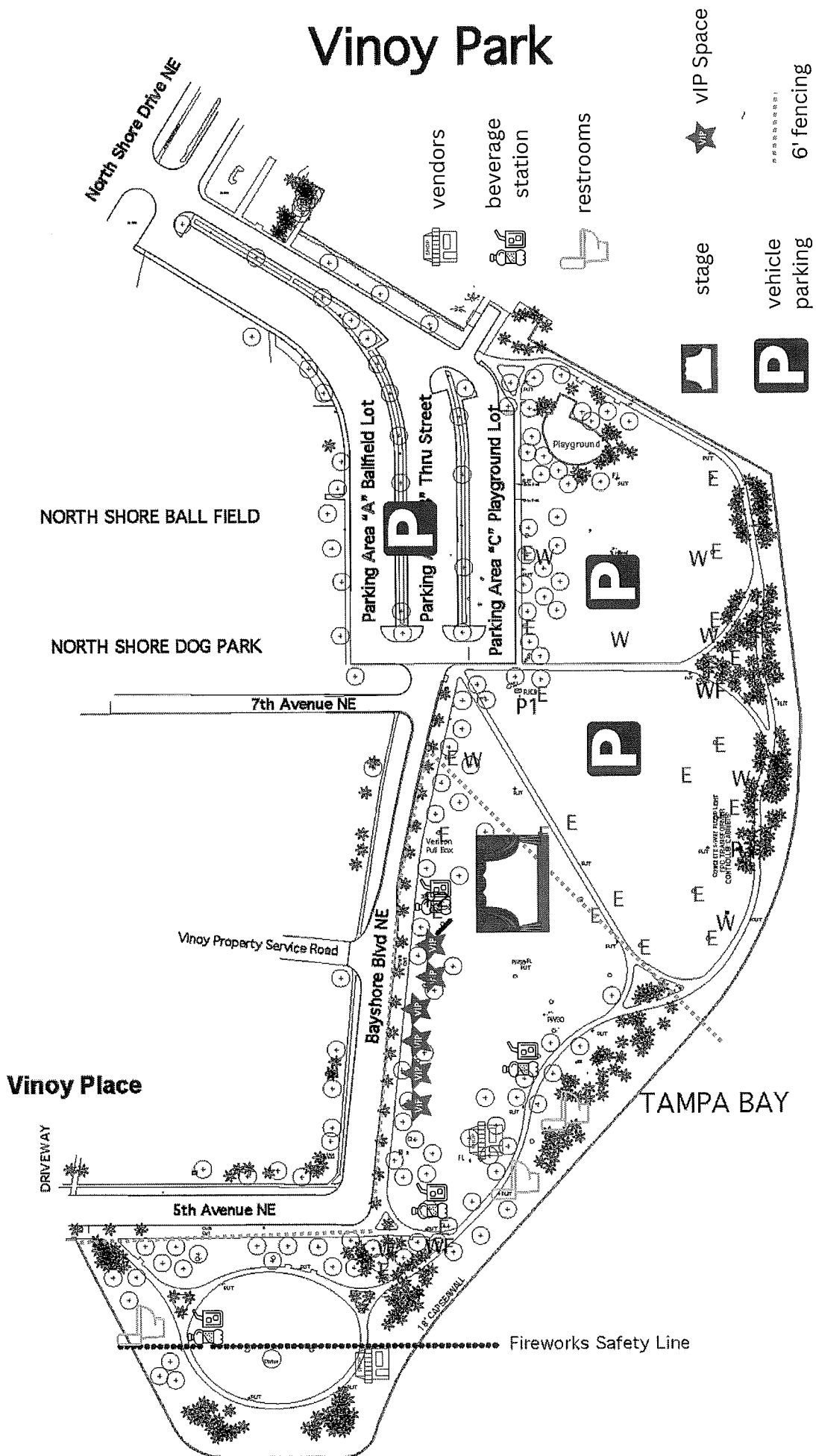
 vendors

 restrooms



# Street Carnival/Festival

# Vinoy Park



vendors

beverage station

restrooms

VIP Space

stage

vehicle parking

6' fencing

NORTH SHORE BALL FIELD

NORTH SHORE DOG PARK

7th Avenue NE

Vinoy Property Service Road

Baysshore Blvd NE

Vinoy Place

DRIVEWAY

5th Avenue NE

TAMPA BAY

Fireworks Safety Line

Parking Area "A" Ballfield Lot

Parking Area "C" Playground Lot

Playground

Verizon Full Book

CONCESSION STAND





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

## Detail by Entity Name

Florida Not For Profit Corporation  
ST. PETE PRIDE, INC.

### Filing Information

**Document Number** N03000002767  
**FEI/EIN Number** 14-1876777  
**Date Filed** 03/26/2003  
**State** FL  
**Status** ACTIVE

### Principal Address

3251 3rd Ave N  
St. Petersburg, FL 33713

Changed: 04/11/2021

### Mailing Address

PO BOX 12647  
ST. PETERSBURG, FL 33733

Changed: 02/12/2009

### Registered Agent Name & Address

Robison, Molly  
3251 3rd Ave N  
St. Petersburg, FL 33713

Name Changed: 01/26/2022

Address Changed: 04/11/2021

### Officer/Director Detail

#### **Name & Address**

Title Treasurer

SOLOMONS, STANLEY P  
PO BOX 12647  
ST. PETERSBURG, FL 33733

Title Secretary

Robison, Molly  
 PO Box 12647  
 ST. PETERSBURG, FL 33733

Title President

Freisberg, Tiffany  
 PO BOX 12647  
 ST. PETERSBURG, FL 33733

Title Board Member

Chonqui, Fernando  
 PO BOX 12647  
 ST. PETERSBURG, FL 33733

Title Board Member

Mears, Carey  
 PO BOX 12647  
 ST. PETERSBURG, FL 33733

Title Board Member

Alves, Gabe  
 PO BOX 12647  
 ST. PETERSBURG, FL 33733

Title Board Member

Hobbs, Clifford  
 PO BOX 12647  
 ST. PETERSBURG, FL 33733

#### Annual Reports

<b>Report Year</b>	<b>Filed Date</b>
2020	03/18/2020
2021	04/11/2021
2022	01/26/2022

#### Document Images

<a href="#">01/26/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/11/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/18/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/16/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">12/06/2018 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">11/23/2018 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/25/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">09/18/2017 -- AMENDED ANNUAL REPORT</a>	



# Permit



Parks and Recreation  
1400 19th Street North  
St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
EMAIL:stpeteparksrec@stpete.org

**Permit # R9572**

Status Tentative  
Date Jan 5, 2023 11:41 AM  
Expiration Date Mar 6, 2023

<b>Organization Name</b>	St. Pete Pride Inc - 258	<b>Organization Phone 1</b>	+1 (727) 342-0084
<b>Customer Type</b>	Non-Profit (Tax-Exempt)	<b>Number</b>	
<b>Organization Address</b>	3251 3RD AVE N ST PETERSBURG, FL 33713		
<hr/>			
<b>Agent Name</b>	NICOLE BERMAN	<b>Primary Phone</b>	+1 (401) 529-2230
		<b>Number</b>	
		<b>Email Address</b>	NICOLE@STPETEPRIDE.COM
<hr/>			
<b>System User</b>	45937		

Rental Fee	\$1,910.00
Discounts	\$0.00
<b>Subtotal</b>	<b>\$1,910.00</b>
<hr/>	
Deposits	\$0.00
Deposit Discounts	\$0.00
<hr/>	
<b>Total Permit Fee</b>	<b>\$1,910.00</b>
<hr/>	
Total Payment	\$0.00
Refunds	\$0.00
<b>Balance</b>	<b>\$1,910.00</b>

<b>ST PETE PRIDE WEEKEND</b>		4 resource(s)	4 booking(s)	<b>Subtotal: \$1,910.00</b>
Booking Summary				
<b>NOSP Park (Cosponsored Event)</b>			<b>Center: North Straub Park</b>	
START DATE/TIME	END DATE/TIME	ATTENDEE	AMT W/O TAX	
Jun 23, 2023 12:00 AM	Jun 24, 2023 10:00 PM	200000	\$0.00	
Resource level fees			\$460.00	
<b>VIP Park &amp; Mole (Cosponsored Event)</b>			<b>Center: Vinoy Park</b>	
START DATE/TIME	END DATE/TIME	ATTENDEE	AMT W/O TAX	
Jun 23, 2023 12:00 AM	Jun 25, 2023 10:00 PM	200000	\$0.00	
Resource level fees			\$990.00	
<b>AWP Park (Cosponsored Event)</b>			<b>Center: Albert Whitted Park</b>	
START DATE/TIME	END DATE/TIME	ATTENDEE	AMT W/O TAX	
Jun 24, 2023 12:00 AM	Jun 24, 2023 10:00 PM	200000	\$0.00	
Resource level fees			\$230.00	

SOSP Park (Cosponsored Event)		Center: South Straub Park	
START DATE/TIME	END DATE/TIME	ATTENDEE	AMT W/O TAX
Jun 24, 2023 12:00 AM	Jun 24, 2023 10:00 PM	200000	\$0.00
Resource level fees			\$230.00

Custom Questions	
QUESTION	ANSWER
Will this event be having beer or wine?	Yes
Will this event be having fireworks?	No
Will this event be having liquor?	Yes
Will this event be using fencing?	Yes

Payment Schedules					Original Balance: \$1,910.00	Current Balance: \$1,910.00
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE		
Feb 1, 2023	\$1,910.00	\$0.00	\$0.00	\$1,910.00		

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



Date Received: 12/29/22  
Check or Cash: \_\_\_\_\_  
Application #: 88  
Packet: C  
Permit #: R9663

Event Title: Gulf to bay food truck rallies Mothly Phone No.: 8135277290 Fax No.: \_\_\_\_\_

Entity Name: Gulf To Bay Food Truck Association GTBFTA Federal I.D. Number: 46-4784426

Event Date(s): 4/7 ,5/5 ..... first friday of every month Location: Albert Whitted and Straub park first choice

Day 1 of Event: 4/7/2023 Time Gates Open: 5pm Ending Time: 10pm

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

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

Application Prepared by: AJ Zido Phone: \_\_\_\_\_

Title: president Cell Phone: 8135277290

Address: 1255 caracas ave City: clearwater State: fl Zip: 33764

Email Address: gulf FOBAYFTA@gmail.com

Additional Contact Person: Angela crooks Day Phone: 7277090748

What month/year were you incorporated as nonprofit? 1/2014

List all 501(c)3 entities that will benefit from this event. GTBFTA members , a charity westfall for parking

Name of the for-profit entity? \_\_\_\_\_

**Describe your event with details.**

Mothly food truck themed rallies, we hosted them in the past and were very succcessfull

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

Food trucks rallies attract visitors, which stimulate the growth of tourism and other businesses in downtown St pete .The social benefits of festivals are less visible, but they are just as important.  
Also most food truck are for pinelass county.

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? 1million/2million

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.gulf FOBAYFTA.org

Please provide a phone number that can be advertised to the public. 8135277290

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

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

Recreation Equipment

Special Events Facilities

Non-City Locations

Showmobile (Yes/No)  no  
# 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)

Mahaffey Theater  
 Coliseum  
 Sunken Gardens  
 Boyd Hill

Which Location?  
 albert whitted , Straub

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

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

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

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

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

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

Marketing: Please check all that apply.

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

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

**Electrical Requirements:**

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

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

Other:

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

Will you supply your own generators?  YES  NO

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

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

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

Name: GTBFTA Phone: 8135277290

Address (including zip): 1255 caracas ave clearwater fl 33764

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

live band

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.

We will carry our own license

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

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

we need parking for our attendees at Albert Whitted park.  
food truck start loading in around 3pm to 4 PM.  
Events end at 10 PM

Other Comments: Please describe your fee structure.

create monthly events for food truck members. invest any profit into marketing and creating more events and paying bills .

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: AJ Zido

Title: president

Date: 12/15/2022

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

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Gulf To Bay Food Truck Association  
Name of Responsible Party (President or CEO ONLY): AJ ZIDO  
Title of Responsible Party: president  
Physical Address of Responsible Party: 1255 caracas ave clearwater FL 33764  
Phone Number of Responsible Party: 8135277290  
Email Address of Responsible Party: Gulftobayfta@gmail.com  
Nonprofit (Employee Identification Number): 46-4784426

---

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

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

What method of invoicing would your organization prefer?

BY Mail

Contact Name: AJ Zido  
Address: 1255 caracas ave  
City, State, Zip: clearwater 33764

BY EMAIL

Email Address: gulftobayfta@gmail.com



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

Name of Event: GTFTA rallies  
Date(s) of Event: varries every mont -                     

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

**Amount**

1.	beer	varies
2.	percentage of food truck sales	varies
3.		
4.		
5.		
6.		
7.		
8.		
<b>TOTAL GROSS REVENUE</b>		

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

1.	all city rentals	varies
2.	park and recreation city bill	varies
3.	police	varies
4.	staff	varies
5.	insurance	varies
6.	accounting	varies
7.	marketing	varies
8.	entertanement	varies
9.	mis	
10.		
11.		
12.		
<b>TOTAL OPERATING EXPENSES</b>		
<b>TOTAL NET INCOME</b>		

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

1.	any additional income goes back into future events	1K-2K
2.		
3.		
4.		
5.		
6.		
<b>TOTAL ALLOCATION OF NET INCOME</b>		

Prepared by: AJ ZIDO

Date: 12/15/22

Print Application

Submit Application by  
Email



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

## Detail by Entity Name

Florida Not For Profit Corporation  
GULF TO BAY FOOD TRUCK ASSOCIATION INC.

### Filing Information

<b>Document Number</b>	N14000001027
<b>FEI/EIN Number</b>	46-4784426
<b>Date Filed</b>	01/27/2014
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	REINSTATEMENT
<b>Event Date Filed</b>	09/27/2021

### Principal Address

1255 Caracas Ave  
Clearwater, FL 33764

Changed: 04/20/2022

### Mailing Address

1255 caracas Ave  
Clearwater, FL 33764

Changed: 04/20/2022

### Registered Agent Name & Address

najib, zidouhia M  
11110 Elmfield Drive  
Tampa, FL 33625

Name Changed: 01/20/2020

Address Changed: 09/27/2021

### Officer/Director Detail

#### **Name & Address**

Title President

Zidouhia , Najib  
1255 Caracas Ave  
Clearwater, FL 33764

Title Secretary

Yazbeck , Angela  
11110 ELMFIELD DR.,  
Tampa, FL 33625

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2020	01/20/2020
2021	09/27/2021
2022	04/20/2022

**Document Images**

<a href="#">04/20/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">09/27/2021 -- REINSTATEMENT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/20/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/13/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/15/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/10/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/28/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/22/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/27/2014 -- Domestic Non-Profit</a>	<a href="#">View image in PDF format</a>



# Permit

Parks and Recreation  
 1400 19th Street North  
 St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
 EMAIL:stpeteparksrec@stpete.org

**Permit # R9663**

Status Tentative  
 Date Jan 10, 2023 9:08 AM  
 Expiration Date Mar 11, 2023

<b>Organization Name</b>	Gulf To Bay Food Truck Association Inc - 39	<b>Organization Phone 1</b>	+1 (727) 709-0748
<b>Customer Type</b>	Non-Profit (Tax-Exempt)	<b>Number</b>	
<b>Organization Address</b>	1255 CARACAS AVE CLEARWATER, FL 33764		
<b>Agent Name</b>	AJ ZIDO	<b>Primary Phone Number</b>	+1 (813) 527-7290
		<b>Email Address</b>	GULFTOBAYFTA@GMAIL.COM
<b>System User</b>	45937		

Rental Fee	\$230.00
Discounts	\$0.00
<b>Subtotal</b>	<b>\$230.00</b>
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$230.00</b>
Total Payment	\$0.00
Refunds	\$0.00
<b>Balance</b>	<b>\$230.00</b>

<b>GULF TO BAY FOOD TRUCK RALLY</b>		1 resource(s)	1 booking(s)	<b>Subtotal: \$230.00</b>
Booking Summary				
<b>AWP Park (Cosponsored Event)</b>			<b>Center: Albert Whitted Park</b>	
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>	
Apr 7, 2023 12:00 AM	Apr 7, 2023 11:00 PM	1000	\$0.00	
<b>Resource level fees</b>			<b>\$230.00</b>	

Custom Questions	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	Yes
Will this event be having fireworks?	No
Will this event be having liquor?	No
Will this event be using fencing?	Yes

Payment Schedules		Original Balance: \$230.00    Current Balance: \$230.00		
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE
Feb 1, 2023	\$230.00	\$0.00	\$0.00	\$230.00

**PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENT APPLICATION**



Check or Cash: \_\_\_\_\_  
Application #: 89  
Packet: D  
Permit #: R9667

Event Title: Downtown Shawn Brown Phone No.: 727-858-9820 Fax No.: \_\_\_\_\_

Entity Name: Shawn Brown Foundation Federal I.D. Number: 47-50007727

Event Date(s): \_\_\_\_\_ Location: Albert Whitted Park

Day 1 of Event: 8/12/23 Time Gates Open: 5:30p.m. Ending Time: 10:00p.m.

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

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

Application Prepared by: Elane D. Smith Phone: 727-858-9820

Title: Foundation Board Member Cell Phone: 727-858-9820

Address: 12140 Rande Road City: New Port Riche State: Fl Zip: 34654

Email Address: Elainedsmith1221@gmail.com

Additional Contact Person: \_\_\_\_\_ Day Phone: \_\_\_\_\_

What month/year were you incorporated as nonprofit? 09/17/2015

List all 501(c)3 entities that will benefit from this event. Shawn Brown Foundation, INC

Name of the for-profit entity? \_\_\_\_\_

**Describe your event with details.**

Food, Beer and Wine Trucks in the park with a concert stage and bands performing.  
A waiver to sell Liquor will be submitted.

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

We plan to market outside of the St.Pete area to attract visitors to the downtown.

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

Does your group presently have liability insurance?  YES  NO How much? 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: none Day of: \$20

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 50 Last Year's Total Attendance new event

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  
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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.

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

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

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

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

Marketing: Please check all that apply.

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

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



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

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

Other:

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

Will you supply your own generators?  YES  NO

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

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

We will submit a Waiver Request to serve Liquor.

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

Name: Shawn Brown

Phone: 813-924-8943

Address (including zip): 930 Lake Charles Circle, Lutz, FL 33548

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

One stage with bands playing Jazz, R&B and Classic Rock

List Vending Products. Name & Provider.

Food, Beer and Wine. Vendors TBD.

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

Shawn Brown Foundation, INC, 4010 W Boy Scout Blvd, Ste. 260, Tampa, FL 33607

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

No Speeches.

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

We will move in the food trucks from 1:00p.m. to 5:00p.m. on the day of the event.

Other Comments: Please describe your fee structure.

We plan to charge \$20 per person at the gate which will include (2) drink tickets. All ID's will be checked for anyone wanting alcohol.

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: Elaine D. Smith

Title: Board Member

Date: 09/14/2023

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

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Shawn Brown Foundation, INC  
Name of Responsible Party (President or CEO ONLY): Shawn Brown  
Title of Responsible Party: President  
Physical Address of Responsible Party: 930 Lake Charles Circle, Lutz, Fl 33548  
Phone Number of Responsible Party: 813-924-8943  
Email Address of Responsible Party: Shawneman@yahoo.com  
Nonprofit (Employee Identification Number): 47-5007727

---

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: Shawneman@yahoo.com

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

Date(s) of Event:

-
---

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

Amount

1.	Gate Admission (Estimate)	6000.
2.	Food Trucks	1500.
3.	Beer & Wine Trucks	1000.
4.		
5.		
6.		
7.		
8.		

**TOTAL GROSS REVENUE**

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

1.	Fencing	
2.	Security	
3.	Port-a-lets	
4.	Stage Rental	1200.
5.	Park Rental	230.
6.	Marketing	1000.
7.	Tickets & Wristbands	300.
8.	Bands	6000.
9.	Food & Drinks for Bands	400.
10.	Staff for Sound & Lights	800.
11.	Liability Insurance	
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: Elaine D. Smith

Date: 09/14/2023

Print Application

Submit Application by  
Email



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## Detail by Entity Name

Florida Not For Profit Corporation  
SHAWN BROWN FOUNDATION, INC.

### Filing Information

<b>Document Number</b>	N15000009196
<b>FEI/EIN Number</b>	47-5007727
<b>Date Filed</b>	09/21/2015
<b>Effective Date</b>	09/17/2015
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	AMENDMENT
<b>Event Date Filed</b>	10/14/2016
<b>Event Effective Date</b>	NONE

### Principal Address

4010 WEST BOY SCOUT BLVD.  
260  
TAMPA, FL 33607

### Mailing Address

4010 WEST BOY SCOUT BLVD.  
260  
TAMPA, FL 33607

### Registered Agent Name & Address

HARRIS, SCOTT S  
4010 WEST BOY SCOUT BLVD.  
260  
TAMPA, FL 33607

### Officer/Director Detail

#### **Name & Address**

Title President

Brown, Shawn  
930 Lake Charles Circle  
LUTZ, FL 33548

Title VP

Pepin-Brown, Terry Lea  
930 Lake Charles Circle  
LUTZ, FL 33548

Title S/T

HARRIS, SCOTT S  
4010 WEST BOY SCOUT BLVD.  
TAMPA, FL 33607

#### Annual Reports

<b>Report Year</b>	<b>Filed Date</b>
2020	06/26/2020
2021	02/26/2021
2022	02/28/2022

#### Document Images

<a href="#">02/28/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/26/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/26/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/29/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/08/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/29/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">10/14/2016 -- Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">05/19/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">09/21/2015 -- Domestic Non-Profit</a>	<a href="#">View image in PDF format</a>

# Permit



Parks and Recreation  
1400 19th Street North  
St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
EMAIL:stpeteparksrec@stpete.org

**Permit # R9667**

Status Tentative  
Date Jan 10, 2023 9:43 AM  
Expiration Date Mar 11, 2023

<b>Organization Name</b>	SHAWN BROWN FOUNDATION, INC. - 1745	<b>Organization Phone 1 Number</b>	+1 (813) 924-8943
<b>Customer Type</b>	Non-Profit (Tax-Exempt)		
<b>Organization Address</b>	930 LAKE CHARLES CIRCLE LUTZ, FL 33548		
<b>Agent Name</b>	ELANE SMITH	<b>Primary Phone Number</b>	+1 (727) 858-9820
		<b>Email Address</b>	ELAINEDSMITH1221@GMAIL.COM
<b>System User</b>	45937		

Rental Fee	\$230.00
Discounts	\$0.00
Subtotal	\$230.00
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$230.00</b>
Total Payment	\$0.00
Refunds	\$0.00
Balance	\$230.00

<b>DOWNTOWN SHAWN BROWN</b>	1 resource(s)	1 booking(s)	Subtotal: \$230.00
Booking Summary			
<b>AWP Park (Cosponsored Event)</b>			<b>Center: Albert Whitted Park</b>
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>
Aug 12, 2023 12:00 AM	Aug 12, 2023 11:00 PM	500	\$0.00
Resource level fees			\$230.00

Custom Questions	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	Yes
Will this event be having fireworks?	No
Will this event be having liquor?	No
Will this event be using fencing?	Yes

Payment Schedules		Original Balance: \$230.00    Current Balance: \$230.00			
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE	
Feb 1, 2023	\$230.00	\$0.00	\$0.00	\$230.00	



FY24 Events

1	SPYC J/70 World Championship (new event)
2	World Shuffleboard Championships
3	St. Pete Run Fest
4	Out of the Darkness Walk
5	Florida Orchestra Pops in the Park
6	CraftArt Festival
7	Fall Festival / Trunk or Treat
8	Shopapalooza Festival
9	St. Pete Pier Fall Festival (liquor)
10	Coffee Pot Turkey Trot
11	Boley Jingle Bell Run
12	Walk to End Alzheimer's
13	Girls on the Run 5k (Fall)
14	SPIFFS
15	Savor St. Pete (liquor)
16	Halloween on Central
17	
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31	

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



Date Received: 6/15/22  
Check or Cash: \_\_\_\_\_  
Application #: 101  
Packet: A  
Permit #: R7086

Event Title: SPYC J/70 World Championship Phone No.: 8223873 Fax No.: \_\_\_\_\_  
Entity Name: St. Petersburg Yacht Club Federal I.D. Number: 59-0433240  
Event Date(s): 10/27/23 - 11/6/23 Location: Albert Whitted Park  
Day 1 of Event: \_\_\_\_\_ Time Gates Open: \_\_\_\_\_ Ending Time: \_\_\_\_\_  
Day 2 of Event: \_\_\_\_\_ Time Gates Open: \_\_\_\_\_ Ending Time: \_\_\_\_\_  
Day 3 of Event: \_\_\_\_\_ Time Gates Open: \_\_\_\_\_ Ending Time: \_\_\_\_\_  
Application Prepared by: Shawn Macking Phone: 7278223113  
Title: Waterfront Director Cell Phone: \_\_\_\_\_  
Address: 11 Central Ave City: St. Petersburg State: FL Zip: 33701  
Email Address: waterfront-director@spyc.org  
Additional Contact Person: Todd Fedyszyn Day Phone: \_\_\_\_\_  
What month/year were you incorporated as nonprofit? 1909  
List all 501(c)3 entities that will benefit from this event. \_\_\_\_\_  
Name of the for-profit entity? \_\_\_\_\_

**Describe your event with details.**

J/70 World Championship - Sailboat Race w/ 90 Sailboats visiting from around the world.

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

400 Sailors & Race Officials, plus families, friends, and spectators will travel to St. Petersburg for an expected average of 10 days. Estimated economic impact to St. Petersburg is over \$700,000.

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

Does your group presently have liability insurance?  YES  NO How much? \$11,000,000

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: N/A Day of: N/A

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

Please provide a phone number that can be advertised to the public. 727-822-3873

What is the estimated attendance for this event? Spectators Not in p. Participants 300 Last Year's Total Attendance \_\_\_\_\_

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater  
 Coliseum  
 Sunken Gardens  
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

Name:	<input type="text" value="Shawn Macking"/>	Title:	<input type="text" value="Waterfront Director"/>	Date:	<input type="text" value="6/20/22"/>
Co-Sign:	<input type="text" value="Todd Fedyszyn"/>	Title:	<input type="text" value="Race Director"/>	Date:	<input type="text" value="6/20/22"/>

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

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

<u>Condition</u>		<u>Obligation</u>
<input type="checkbox"/> Public Invited		General Liability Insurance
<input checked="" type="checkbox"/> Located in Park		Park Permit
<input type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input type="checkbox"/> Vending Food / Beverage		Health Inspection
<input type="checkbox"/> Vendors / Exhibitors	How many? <input style="width: 150px;" type="text"/>	
<input type="checkbox"/> Vending Beer / Wine		Alcohol Permit Additional insurance Required
<input type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <input style="width: 100px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Fence Installation	What type? <input style="width: 200px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Other Structures	What structure? <input style="width: 200px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input type="checkbox"/> VIP Area		
<input checked="" type="checkbox"/> Staging	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input type="checkbox"/> Amplified Sound	<input type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input type="checkbox"/> Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD	
<input type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <input style="width: 50px;" type="text"/> Disabled Units <input style="width: 50px;" type="text"/> Hand Washing <input style="width: 50px;" type="text"/>	
<input type="checkbox"/> Off-site Parking / Shuttle		
<input checked="" type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

Other:

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

Two cranes located in AWP to launch competitor boats three days leading up to the event, then again for two days on the backside of the event to haul out of the water. Trailers will be stored in gated lot on backside of AWP (airport grounds). No power required.

Will you supply your own generators?  YES  NO

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

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

No

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

Name:

Phone:

Address (including zip):

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

List Vending Products. Name & Provider.

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

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

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

Other Comments: Please describe your fee structure.

Other comments:

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

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

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

Name:  Title:  Date:

## Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

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

Name of Responsible Party (President or CEO ONLY): William "Bill" Waters, Sr

Title of Responsible Party: Commodore

Physical Address of Responsible Party: 11 Central Ave

Phone Number of Responsible Party: 727-822-3873

Email Address of Responsible Party:

Nonprofit (Employee Identification Number): 59-0433240

---

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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

What method of invoicing would your organization prefer?

BY Mail

Contact Name

Address

City, State, Zip

BY EMAIL

Email Address:

waterfront-director@spyc.org

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

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

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

**Amount**

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
<b>TOTAL GROSS REVENUE</b>		

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

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

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

1.		
2.		
3.		
4.		
5.		
6.		
<b>TOTAL ALLOCATION OF NET INCOME</b>		

Prepared by:  Date:

Print Application

Submit Application by  
Email





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

## Detail by Entity Name

Florida Not For Profit Corporation  
ST. PETERSBURG YACHT CLUB

### Filing Information

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

### Principal Address

11 CENTRAL AVE  
ST. PETERSBURG, FL 33701

Changed: 01/19/2011

### Mailing Address

11 CENTRAL AVE  
ST. PETERSBURG, FL 33701

Changed: 01/19/2011

### Registered Agent Name & Address

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

Name Changed: 02/04/2016

Address Changed: 02/04/2016

### Officer/Director Detail

#### **Name & Address**

Title General Manager

Robicheaux, Rhett

11 CENTRAL AVE  
ST. PETERSBURG, FL 33701

Title Director

DiVito, Joseph  
11 CENTRAL AVE  
ST. PETERSBURG, FL 33701

Title Director

Smith, Brian  
11 CENTRAL AVE  
ST. PETERSBURG, FL 33701

Title Director

Waters, Bill  
11 Central Avenue  
St. Petersburg, FL 33701

Title Director

Boyle, Scott  
11 Central Avenue  
ST. PETERSBURG, FL 33701

Title Secretary

Hickey, Veronica  
11 Central Avenue  
St. Petersburg, FL 33701

#### Annual Reports

Report Year	Filed Date
2021	01/11/2021
2021	08/13/2021
2022	01/19/2022

#### Document Images

<a href="#">01/19/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">10/13/2021 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">08/13/2021 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/11/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">08/18/2020 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/15/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/15/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/15/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">10/26/2017 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

# Permit



Parks and Recreation  
1400 19th Street North  
St. Petersburg, FL, US 33713

PHONE:(727) 893-7441  
EMAIL:stpeteparksrec@stpete.org

**Permit # R7088**

Status Tentative  
Date Jul 7, 2022 10:07 AM  
Expiration Date Sep 5, 2022

<b>Organization Name</b>	St. Petersburg Yacht Club - 61	<b>Organization Phone 1</b>	+1 (727) 458-9297
<b>Customer Type</b>	Non-Profit (Tax-Exempt)	<b>Number</b>	
<b>Organization Address</b>	11 CENTRAL AVE ST PETERSBURG, FL 33701		
<b>Agent Name</b>	SHAWN MACKING	<b>Primary Phone</b>	+1 (727) 822-3113
		<b>Number</b>	
		<b>Email Address</b>	WATERFRONT-DIRECTOR@SPYC.ORG
<b>System User</b>	45937		

Rental Fee	\$2,300.00
Discounts	\$0.00
<b>Subtotal</b>	<b>\$2,300.00</b>
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$2,300.00</b>
<b>Total Payment</b>	<b>\$0.00</b>
Refunds	\$0.00
<b>Balance</b>	<b>\$2,300.00</b>

<b>SPYCJ/70 World Championship</b>	1 resource(s)	1 booking(s)	<b>Subtotal: \$2,300.00</b>
Booking Summary			
<b>AWP Park (Cosponsored Event)</b>			<b>Center: Albert Whitted Park</b>
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>
Oct 27, 2022 12:00 AM	Nov 6, 2022 12:00 AM	500	\$0.00
Resource level fees			<b>\$2,300.00</b>

<b>Custom Questions</b>	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	No
Will this event be having fireworks?	No
Will this event be having liquor?	No
Will this event be using fencing?	No

Payment Schedules		Original Balance: \$2,300.00    Current Balance: \$2,300.00			
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE	
Aug 5, 2022	\$2,300.00	\$0.00	\$0.00	\$2,300.00	

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



Date Received: 7/15/22  
Check or Cash: \_\_\_\_\_  
Application #: 2  
Packet: A  
Permit #: POS.

Event Title: 2023 World Shuffleboard Championship Phone No.: 727-822-2083 Fax No.: \_\_\_\_\_  
Entity Name: St. Petersburg Shuffleboard Club Federal I.D. Number: 59-0433229  
Event Date(s): 10/22/2023-10/27/2023 Location: St. Petersburg Shuffleboard Club  
Day 1 of Event: 10/23/2023 Time Gates Open: 9 AM Ending Time: 5 PM  
Day 2 of Event: 10/24/2023 Time Gates Open: 9 AM Ending Time: 5 PM  
Day 3 of Event: 10/25/2023 Time Gates Open: 9 AM Ending Time: 5 PM  
Application Prepared by: Christine Page Phone: 727-641-6454  
Title: Executive Director Cell Phone: 727-641-6454  
Address: 559 Mirror Lake Dr. N. City: St. Petersburg State: FL Zip: 33701  
Email Address: christine.page@stpeteshuffle.com  
Additional Contact Person: Beth Allen Day Phone: 727-418-4182  
What month/year were you incorporated as nonprofit? March 1944  
List all 501(c)3 entities that will benefit from this event. International Shuffleboard Association  
Name of the for-profit entity? St. Petersburg Shuffleboard Club

**Describe your event with details.**

The St. Petersburg Shuffleboard Club is the host of the International Shuffleboard Association's 2023 World Shuffleboard Championship. The tournament will be held October 23 - 27, 2023, with some optional pre-tournament activities for the players on Saturday and Sunday, October 21-22. We anticipate approximately 120 players from 10-14 countries.

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

Approximately 120 international shuffleboard players will spend the week in St. Petersburg competing at the St. Petersburg Shuffleboard Club.

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

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

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

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

Please provide the website address for your event. www.stpeteshuffle.com and world-shuffleboard.org/

Please provide a phone number that can be advertised to the public. 727-822-2083

What is the estimated attendance for this event? Spectators 500 Participants 120 Last Year's Total Attendance N/A

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater  
 Coliseum  
 Sunken Gardens  
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input type="checkbox"/> Located in Park		Park Permit
<input checked="" type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input checked="" type="checkbox"/> Vending Food / Beverage		Health Inspection
<input type="checkbox"/> Vendors / Exhibitors	How many? <input style="width: 150px;" type="text"/>	Alcohol Permit Additional insurance Required
<input type="checkbox"/> Vending Beer / Wine		
<input checked="" type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <input style="width: 100px; text-align: center; value: 1;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Fence Installation	What type? <input style="width: 200px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Other Structures	What structure? <input style="width: 200px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input type="checkbox"/> VIP Area		
<input type="checkbox"/> Staging	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Amplified Sound	<input type="checkbox"/> Performers <input checked="" type="checkbox"/> Announcement Only	
<input checked="" type="checkbox"/> Security	<input type="checkbox"/> Daytime - Private <input checked="" type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD	
<input type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <input style="width: 50px;" type="text"/> Disabled Units <input style="width: 50px;" type="text"/> Hand Washing <input style="width: 50px;" type="text"/>	
<input type="checkbox"/> Off-site Parking / Shuttle		
<input type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators?  YES  NO

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

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

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

Name: 

St. Petersburg Shuffleboard Club

 Phone: 

727-822-2083

Address (including zip): 

559 Mirror Lake Dr. N., St. Petersburg, FL 33701

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

List Vending Products. Name & Provider.

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

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

On Monday morning, October 23, there will be opening ceremonies at the St. Petersburg Shuffleboard Club, in which there will be some welcoming speeches.

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



Other Comments: Please describe your fee structure.

Each player participating in the 2023 World Championship will pay a player fee of approximately \$400. Spectators may watch the games for free.

Other comments:

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

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

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

Name:

Title:

Date:

## Appendix 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:  -

<b>I. REVENUE SOURCES (attach sheet if more space is needed)</b>	<b>Amount</b>
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>
7. <input type="text"/>	<input type="text"/>
8. <input type="text"/>	<input type="text"/>
<b>TOTAL GROSS REVENUE</b>	<input type="text"/>

<b>II. EXPENSES (attach sheet if more space is needed)</b>	
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>
7. <input type="text"/>	<input type="text"/>
8. <input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>
11. <input type="text"/>	<input type="text"/>
12. <input type="text"/>	<input type="text"/>
<b>TOTAL OPERATING EXPENSES</b>	<input type="text"/>
<b>TOTAL NET INCOME</b>	<input type="text"/>

<b>III. ALLOCATION OF NET INCOME ( attach sheet if more space is needed)</b>	
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>
<b>TOTAL ALLOCATION OF NET INCOME</b>	<input type="text"/>

Prepared by:  Date:

Print Application

Submit Application by  
Email



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

## Detail by Entity Name

Florida Not For Profit Corporation  
ST. PETERSBURG SHUFFLEBOARD CLUB

### Filing Information

**Document Number** 742577  
**FEI/EIN Number** 59-0433229  
**Date Filed** 04/26/1978  
**State** FL  
**Status** ACTIVE

### Principal Address

559 MIRROR LAKE DR. N  
ST. PETERSBURG, FL 33701

Changed: 04/21/2002

### Mailing Address

559 MIRROR LAKE DR. N  
ST. PETERSBURG, FL 33701

Changed: 04/21/2002

### Registered Agent Name & Address

PAGE, CHRISTINE PDT  
559 Mirror Lake Dr. N.  
SAINT PETERSBURG, FL 33701

Name Changed: 04/28/2011

Address Changed: 04/23/2015

### Officer/Director Detail

#### **Name & Address**

Title Executive Director

Page, Christine  
559 Mirror Lake Drive North  
ST PETERSBURG, FL 33701

Title President

Taylor, Alyson  
559 Mirror Lake Dr. N.  
SAINT PETERSBURG, FL 33701

Title Treasurer

Grzybowski, Angela  
559 MIRROR LAKE DRIVE N  
SAINT PETERSBURG, FL 33701

Title VP

Seybold, Thanh  
559 MIRROR LAKE DR. N  
ST. PETERSBURG, FL 33701

Title Member-at-Large

Chazan, Lewis  
559 MIRROR LAKE DR. N  
ST. PETERSBURG, FL 33701

Title Member-at-Large

Auchtung, Mark  
559 Mirror Lake Drive North  
St Petersburg, FL 33701

Title Member-at-Large

Reed, Martha  
559 Mirror Lake Drive North  
St Petersburg, FL 33701

Title Secretary

Burn, Robert  
559 MIRROR LAKE DR. N  
ST. PETERSBURG, FL 33701

Title Member-at-Large

Pursley, Douglas  
559 MIRROR LAKE DR. N  
ST. PETERSBURG, FL 33701

Title Member-at-Large

Kulisky, Nathan  
559 MIRROR LAKE DR. N  
ST. PETERSBURG, FL 33701

**Annual Reports**

Report Year	Filed Date
2020	05/05/2020
2021	05/13/2021
2022	04/20/2022

**Document Images**

<a href="#">04/20/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/13/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/05/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/17/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/27/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/18/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/16/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/23/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/25/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/14/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/27/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/28/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/19/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/10/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/02/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/18/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/12/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/13/2005 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/29/2004 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/09/2003 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/21/2002 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/21/2001 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/27/2000 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/02/1999 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/16/1998 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/17/1997 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/27/1996 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/16/1995 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

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



Date Received: 10/24/22  
 Check or Cash: \_\_\_\_\_  
 Application #: 3  
 Packet: A  
 Permit #: R9561

Event Title: St Pete Run Fest Phone No.: 727-417-4294 Fax No.: \_\_\_\_\_  
 Entity Name: St Pete Run Fest Federal I.D. Number: 04-3590391  
 Event Date(s): November 10-12, 2023 Location: Al Lang/Whitted/Pioneer/Vinoy Parks & Bayshore Dr./Spa B  
 Day 1 of Event: 11/10/23 Time Gates Open: 2 PM Ending Time: 8PM  
 Day 2 of Event: 11/11/23 Time Gates Open: 6 AM Ending Time: 8 PM  
 Day 3 of Event: 11/12/23 Time Gates Open: 6 AM Ending Time: 2 PM

Application Prepared by: Ryan Jordan Phone: 727-417-4294  
 Title: Partner 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, Jump for Kids, American Cancer Society  
 Name of the for-profit entity? EndorFun Sports

**Describe your event with details.**

The St Pete Run Fest is a 6th 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 Health 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 2022 netting over 2000 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 ag

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

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

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

Please provide a phone number that can be advertised to the public. 727-417-4294

What is the estimated attendance for this event? Spectators 6,000+ Participants 11,000+ Last Year's Total Attendance 10,000+

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater  
 Coliseum  
 Sunken Gardens  
 Boyd Hill

Non-City Locations

Which Location?

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

POLICE: Public Safety Personnel, Marine Services  
TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)  
FIRE: Paramedics, Inspectors  
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RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Ddepartments

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

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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





PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET



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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/>	Public Invited	General Liability Insurance
<input checked="" type="checkbox"/>	Located in Park	Park Permit
<input checked="" type="checkbox"/>	Vending Product / Merchandise Sales	Occupational License
<input checked="" type="checkbox"/>	Vending Food / Beverage	Health Inspection
<input checked="" type="checkbox"/>	Vendors / Exhibitors	How many? <input type="text" value="Over 40 Vendors / Exhibitors"/>
<input checked="" type="checkbox"/>	Vending Beer / Wine	Alcohol Permit Additional insurance Required
<input checked="" type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	How many? <input type="text" value="5"/>
<input checked="" type="checkbox"/>	Fence Installation	What type? <input type="text" value="Finish line chute- portable"/>
<input checked="" type="checkbox"/>	Other Structures	What structure? <input type="text" value="Start and finish archs"/>
<input checked="" type="checkbox"/>	Open Flame Food Preparation	Temporary Structure Permit
<input type="checkbox"/>	Pyrotechnics	Temporary Structure Permit
<input checked="" type="checkbox"/>	Require Street Closure	Temporary Structure Permit
<input checked="" type="checkbox"/>	VIP Area	Fire Inspection Permit
<input checked="" type="checkbox"/>	Staging	Fireworks Permit
<input checked="" type="checkbox"/>	Amplified Sound	Parade or Street Closure Permit(s)
<input checked="" type="checkbox"/>	Security	<input checked="" type="checkbox"/> Professional <input checked="" type="checkbox"/> Showmobile <input checked="" type="checkbox"/> Other
<input checked="" type="checkbox"/>	Sanitary Facilities - Port-O-Lets	<input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only
<input checked="" type="checkbox"/>	Off-site Parking / Shuttle	<input checked="" type="checkbox"/> Daytime - Private <input checked="" type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD
<input checked="" type="checkbox"/>	Semitruck / Tractor Trailer	Regular Units <input type="text" value="40"/> Disabled Units <input type="text" value="5"/> Hand Washing <input type="text" value="5"/>

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

May have special power needs for specific vendors.

Will you supply your own generators?  YES  NO

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

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

Noise ordinance for course to allow for moderate sounds from on-course entertainment

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

Name: EndorFun Sports, LLC

Phone: 727-417-4294

Address (including zip): PO Box 2106, St Pete, 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.

Will be delivered prior to the event.

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.

N/A

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

Health & Fitness Expo load in/load out Thursday, Nov 9 morning starting at 6am at Al Lang Park and along Bayshore Drive. Race start/finish line structure set-up on Bayshore Blvd. Loud out will be on Sunday, afternoon November 12th (need road closed/blocked Friday)

Other Comments: Please describe your fee structure.

Half-marathon, 10K, 5K and Kids Run have different entry fee prices ranging from \$15-\$105. Health & Wellness expo vendors price is \$400 for a 10x10 booth space. Spectators watching the races and attending the expo are not charged to enter.

Other comments:

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

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

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

Name:  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 ( 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 <b>Nonprofit</b> Corporation:	Jump for Kids
Name of Responsible Party (President or CEO ONLY):	Jeff Pope
Title of Responsible Party:	President
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 <b>For-profit</b> Corporation:	EndorFun Sports, LLC
Name of Responsible Party (President or CEO ONLY):	Ryan Jordan
Title of Responsible Party:	Partner
Physical Address of Responsible Party:	PO Box 2106, St Pete, FL 33731
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 11, 2022 - Nov 13, 2022

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

	Amount
1. Race Registration, Sponsorship and Vendor Fees	\$475,000.00
2.	
3.	
4.	
5.	
6.	
7.	
8.	
<b>TOTAL GROSS REVENUE</b>	<b>\$475,000.00</b>

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

1. City Services, Athlete Amenities, Race Operations, Charity Contributions	\$425,000.00
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
<b>TOTAL OPERATING EXPENSES</b>	<b>\$425,000.00</b>
<b>TOTAL NET INCOME</b>	<b>\$50,000.00</b>

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

1. Reinvestment in 2023 Event	\$50,000.00
2.	
3.	
4.	
5.	
6.	
<b>TOTAL ALLOCATION OF NET INCOME</b>	<b>\$50,000.00</b>

Prepared by:

Date:

Print Application

Submit Application by Email



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

## 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

6401 1st Ave S, Ste 2  
ST. PETERSBURG, FL 33707

Changed: 01/27/2021

### Mailing Address

PO Box 2106  
ST. PETERSBURG, FL 33731

Changed: 01/27/2021

### 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  
PO Box 2106  
ST. PETERSBURG, FL 33731

Title CFO

JORDAN, CLAIRE  
PO Box 2106  
ST. PETERSBURG, FL 33731

Title CBDO

Jordan, Ryan  
PO Box 2106  
ST. PETERSBURG, FL 33731

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2020	01/13/2020
2021	01/27/2021
2022	02/17/2022

**Document Images**

<a href="#">02/17/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/27/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/13/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/11/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/07/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/30/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">11/07/2016 -- Foreign Limited</a>	<a href="#">View image in PDF format</a>





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

## 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, Director

POPE, JEFFREY

850 21 ave N  
St Petersburg, FL 33704

Title VP, Director

Burger , Andrew Vinh  
341 14th avenue NE  
St Petersburg, FL 33704

Title Director

Dianne, Cohors  
508 Santa Cruz Place  
Unit D  
Saint Petersburg, FL 33703

Title Director

Gerleve, Dominic  
2308 Alta Canada Lane  
apt 1237  
Fort Worth, TX 76177

Title Officer

Edwards, Lisa  
4627 Venetian Blvd NE  
Saint Petersburg, FL 33703

Title Officer

Wise, Jamal  
701 Mirror Lake Dr  
St Pete, FL 33701

Title Director

Drude-Tomori, Rachel  
5858 Central Ave  
Suite A  
Saint Petersburg, FL 33707

**Annual Reports**

Report Year	Filed Date
2020	02/24/2020
2021	02/06/2021
2022	03/14/2022

**Document Images**

[03/14/2022 -- ANNUAL REPORT](#)

[View image in PDF format](#)

# Permit



Parks and Recreation  
1400 19th Street North  
St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
EMAIL:stpeteparksrec@stpete.org

**Permit # R9561**  
Status Tentative  
Date Jan 5, 2023 10:48 AM  
Expiration Date Mar 6, 2023

<b>Organization Name</b>	Endorfun Sports LLC - 62	<b>Organization Phone 1 Number</b>	+1 (512) 608-5857
<b>Customer Type</b>	Commercial (Taxed)		
<b>Organization Address</b>	1200 EDEN ISLE BLVD NE ST PETERSBURG, FL 33704		
<b>Agent Name</b>	Ryan E Jordan	<b>Primary Phone Number</b>	+1 (727) 417-4294
		<b>Email Address</b>	RYAN@STPETERUNFEST.ORG
<b>System User</b>	45937		

Rental Fee	\$920.00
Rental Tax	\$59.80
Discounts	\$0.00
<b>Subtotal</b>	<b>\$979.80</b>
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$979.80</b>
Total Payment	\$0.00
Refunds	\$0.00
<b>Balance</b>	<b>\$979.80</b>

<b>ST PETE RUN FEST</b>	1 resource(s)	1 booking(s)	<b>Subtotal: \$920.00</b>
Booking Summary			
<b>AWP Park (Cosponsored Event)</b>			<b>Center: Albert Whitted Park</b>
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>
Nov 9, 2023 12:00 AM	Nov 12, 2023 10:00 PM	15000	\$0.00
Resource level fees			<b>\$920.00</b>

<b>Custom Questions</b>	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	Yes
Will this event be having fireworks?	No
Will this event be having liquor?	No
Will this event be using fencing?	Yes

Payment Schedules		Original Balance: \$979.80    Current Balance: \$979.80			
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE	
Feb 1, 2023	\$979.80	\$0.00	\$0.00	\$979.80	

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



Date Received: 11/29/22  
 Check or Cash: \_\_\_\_\_  
 Application #: 4  
 Packet: A  
 Permit #: R9562

Event Title: St. Petersburg Out of the Darkness Walk Phone No.: 3529321060 Fax No.: \_\_\_\_\_

Entity Name: American Foundation for Suicide Prevention Federal I.D. Number: 13-3393329

Event Date(s): Saturday, October 21, 2023 Location: Vinoy Park, Mole

Day 1 of Event: 10/21/23 Time Gates Open: 8:00 a.m. Ending Time: 11:00 a.m.

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

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

Application Prepared by: Wendy Thompson Phone: 3529321060

Title: Special Events Manager Cell Phone: 352-932-1060

Address: 543 Harold Place City: The Villages State: FL Zip: 32163

Email Address: wthompson@afsp.org

Additional Contact Person: Thuy Huynh Day Phone: 727-403-2754

What month/year were you incorporated as nonprofit? July 6, 1987

List all 501(c)3 entities that will benefit from this event. American Foundation for Suicide Prevention

Name of the for-profit entity? American Foundation for Suicide Prevention

**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. 352-932-1060

What is the estimated attendance for this event? Spectators 50 Participants 700 Last Year's Total Attendance 565

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater  
 Coliseum  
 Sunken Gardens  
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input checked="" type="checkbox"/> Located in Park		Park Permit
<input type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input type="checkbox"/> Vending Food / Beverage		Health Inspection
<input checked="" type="checkbox"/> Vendors / Exhibitors	How many? <input style="width: 150px; height: 15px;" type="text"/>	Alcohol Permit Additional insurance Required
<input type="checkbox"/> Vending Beer / Wine		
<input type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <input style="width: 100px; height: 15px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Fence Installation	What type? <input style="width: 200px; height: 15px;" type="text"/>	Temporary Structure Permit
<input checked="" type="checkbox"/> Other Structures	What structure? <input style="width: 200px; height: 15px; border: 1px solid black;" type="text" value="6 - 10 x 10 tents"/>	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input type="checkbox"/> VIP Area		
<input checked="" type="checkbox"/> Staging	<input type="checkbox"/> Professional <input checked="" type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Amplified Sound	<input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input type="checkbox"/> Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD	
<input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <input style="width: 30px; height: 15px; border: 1px solid black;" type="text" value="3"/> Disabled Units <input style="width: 30px; height: 15px; border: 1px solid black;" type="text" value="2"/> Hand Washing <input style="width: 30px; height: 15px; border: 1px solid black;" type="text" value="3"/>	
<input type="checkbox"/> Off-site Parking / Shuttle		
<input type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators?  YES  NO

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

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

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

Name: 

American Foundation for Suicide Prevention

 Phone: 

352-932-1060

Address (including zip): 

199 Water Street, 11th Floor, New York, NY 10038

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.

City of St. Petersburg - Tables, Chairs, Stage

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.

Stage will load in the afternoon of Friday October 20, 2022  
We will set up at 6:00 am the morning of Saturday , October 21, 2023



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 love hosting our event at Vinoy Park. Our participants provide positive feedback at this location and we look forward to returning. If October 21, 2023 is not available, we have some flexibility with the date. Our second option is October 7, 2023.

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: Wendy Thompson

Title: Special Events Manager

Date: 11/28/2022

## Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the <b>Nonprofit</b> 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:	gebbia@afsp.org
Nonprofit (Employee Identification Number):	13-3393329

---

Name of the <b>For-profit</b> 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	American Foundation for Suicide Prevention
Address	199 Water Street, 11th Floor
City, State, Zip	New York, NY 10038

BY EMAIL

Email Address:	wthompson@afsp.org
----------------	--------------------

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

Name of Event: St. Petersburg Out of the Darkness Walk  
 Date(s) of Event: 202210-08 - -

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

**Amount**

1.	Individual participant donations	\$0.00
2.	Sponsorships	\$0.00
3.		
4.		
5.		
6.		
7.		
8.		
<b>TOTAL GROSS REVENUE</b>		<b>\$0.00</b>

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

1.	Permits	\$0.00
2.	Stage/sound	\$0.00
3.	Printing/copying/postage	\$0.00
4.	Portalets	\$0.00
5.	Marketing	\$0.00
6.	Participant shirts/incentives	\$0.00
7.	Bank/cc fees	\$0.00
8.	Online data services	\$0.00
9.	DJ/Entertainment	\$0.00
10.		
11.		
12.		
<b>TOTAL OPERATING EXPENSES</b>		<b>\$0.00</b>
<b>TOTAL NET INCOME</b>		<b>\$0.00</b>

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

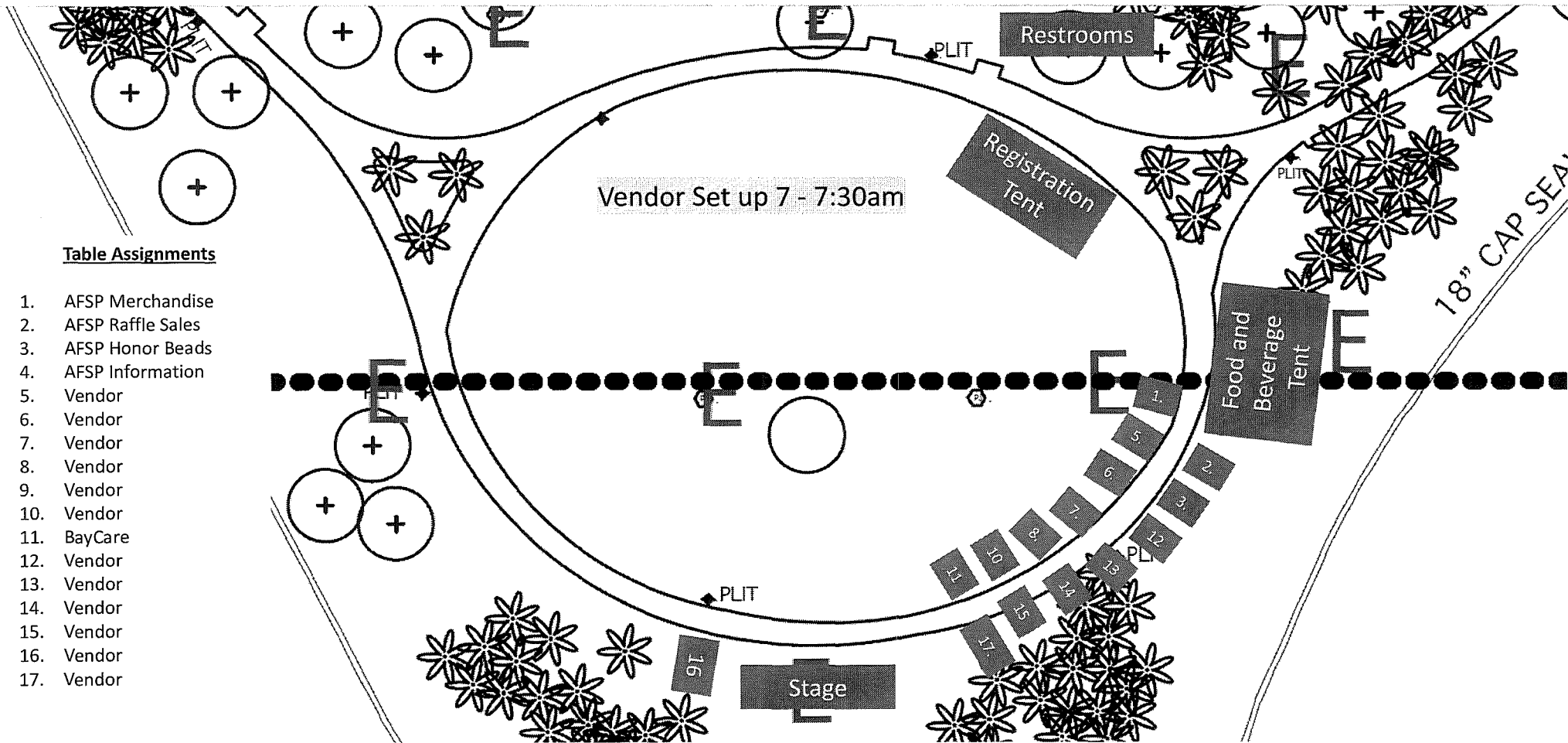
1.	Educational prevention programs	
2.	Research funding	
3.	Survivor Loss programs	
4.		
5.		
6.		
<b>TOTAL ALLOCATION OF NET INCOME</b>		

Prepared by: Wendy Thompson Date: 11/28/2022

Print Application

Submit Application by  
Email

# St. Petersburg Out of the Darkness Walk Set up – Saturday, October 21, 2023





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

## 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

199 Water Street  
New York, NY 10005

Changed: 04/30/2020

### Mailing Address

199 Water Street  
New York, NY 10005

Changed: 04/30/2020

### 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  
199 Water Street  
New York, NY 10005

Title President

Oquendo, Maria  
199 Water Street  
New York, NY 10005

Title Director

Epperson, Christopher  
199 Water Street  
New York, NY 10005

Title Treasurer

Stelmakh, Edward  
199 Water Street  
New York, NY 10005

Title Director

Compton, James  
199 Water Street  
New York, NY 10005

Title Director

Paul, Ray  
199 Water Street  
New York, NY 10005

Title Director

Farrell, Nancy  
199 Water Street  
New York, NY 10005

Title Director

Tackett, Dennis  
199 Water Street  
New York, NY 10005

Title Director

Taglietti, Marco  
199 Water Street  
New York, NY 10005

Title Director

Haas, Gretchen

199 Water Street  
New York, NY 10005

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2020	04/30/2020
2021	04/30/2021
2022	02/11/2022

**Document Images**

<a href="#">02/11/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/30/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/30/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/03/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/28/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/09/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">08/17/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/12/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/17/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/24/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/20/2012 -- REINSTATEMENT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/30/2009 -- Reinstatement</a>	<a href="#">View image in PDF format</a>
<a href="#">02/03/2005 -- Foreign Non-Profit</a>	<a href="#">View image in PDF format</a>



# Permit

Parks and Recreation  
1400 19th Street North  
St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
EMAIL:stpeteparksrec@stpete.org

**Permit # R9562**

Status Tentative  
Date Jan 5, 2023 10:53 AM  
Expiration Date Mar 6, 2023

<b>Organization Name</b>	American Foundation For Suicide Prevention Inc - 296	<b>Organization Phone 1 Number</b>	+1 (407) 415-8757
<b>Customer Type</b>	Non-Profit (Tax-Exempt)		
<b>Organization Address</b>	P.O. BOX 533754 ORLANDO, FL 32853		
<b>Agent Name</b>	Wendy Thompson	<b>Primary Phone Number</b>	+1 (352) 932-1060
		<b>Email Address</b>	wthompson@afsp.org
<b>System User</b>	45937		

Rental Fee	\$230.00
Discounts	\$0.00
Subtotal	\$230.00
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$230.00</b>
Total Payment	\$0.00
Refunds	\$0.00
Balance	\$230.00

<b>ST PETERSBURG OUT OF THE DARKNESS WALK</b>		1 resource(s)	1 booking(s)	Subtotal: \$230.00
Booking Summary				
<b>VIP Mole (Cosponsored Event)</b>			<b>Center: Vinoy Park</b>	
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>	
Oct 21, 2023 12:00 AM	Oct 21, 2023 4:00 PM	700	\$0.00	
Resource level fees			\$230.00	

Custom Questions	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	No
Will this event be having fireworks?	No
Will this event be having liquor?	No
Will this event be using fencing?	No



Payment Schedules		Original Balance: \$230.00    Current Balance: \$230.00			
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE	
Feb 1, 2023	\$230.00	\$0.00	\$0.00	\$230.00	

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



Date Received: 12/18/22  
 Check or Cash: \_\_\_\_\_  
 Application #: 5  
 Packet: A  
 Permit #: R9567

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): 10/14/2023 Location: Vinoy Park

Day 1 of Event: 10/14/2023 Time Gates Open: 3pm Ending Time: 9:30pm

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

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

Application Prepared by: Kelly Barefield-Harris Phone: 904-697-9985

Title: Operations Manager Cell Phone: 904-697-9985

Address: 244 2nd Ave. N. Suite 420 City: St. Petersburg State: FL Zip: 33701

Email Address: kbarefield-harris@floridaorchestra.org

Additional Contact Person: Kelly Edwards Day Phone: 609-649-3440

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 anual event that brings live symphonice music to the public for free in an outdoor concert.

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

This event's cultural impact enhances the lives of the those in or visiting the community. An free event allows for atendees to patronize local businesses that are near by or present at the event. Events like these unite the people of 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 14000

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater  
 Coliseum  
 Sunken Gardens  
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input checked="" type="checkbox"/> Located in Park		Park Permit
<input type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input checked="" type="checkbox"/> Vending Food / Beverage		Health Inspection
<input checked="" type="checkbox"/> Vendors / Exhibitors	How many? <input type="text" value="21 - 30 Vendors / Exhibitors"/>	Alcohol Permit
<input type="checkbox"/> Vending Beer / Wine		Additional insurance Required
<input type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <input type="text"/>	Temporary Structure Permit
<input checked="" type="checkbox"/> Fence Installation	What type? <input type="text" value="bike racks only"/>	Temporary Structure Permit
<input checked="" type="checkbox"/> Other Structures	What structure? <input type="text" value="large stage w/roof"/>	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input checked="" type="checkbox"/> Pyrotechnics		Fireworks Permit
<input checked="" type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input checked="" type="checkbox"/> VIP Area		
<input checked="" type="checkbox"/> Staging	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Amplified Sound	<input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input checked="" type="checkbox"/> Security	<input checked="" type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD	
<input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <input type="text" value="26"/> Disabled Units <input type="text" value="4"/> Hand Washing <input type="text" value="5"/>	
<input checked="" type="checkbox"/> Off-site Parking / Shuttle		
<input checked="" type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

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 local groups opening

List Vending Products. Name & Provider.

A variety of food and non-alcoholic beverage provides through patnrshp with Bulf 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 one or two days prior to event. TFO truck and ESI truck load in on the morning of the performance. Vendors load in the morning of the event until street closure.

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 Barefield Harris

Title: Operations Manager

Date: 12/09/2022

## Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the <b>Nonprofit</b> 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 <b>For-profit</b> 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: The Florida Orchestra Pops in the Park  
 Date(s) of Event: 10/14/2023 - -

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

**Amount**

1.	See attached project income statement	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
<b>TOTAL GROSS REVENUE</b>		

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

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

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

1.		
2.		
3.		
4.		
5.		
6.		
<b>TOTAL ALLOCATION OF NET INCOME</b>		

Prepared by: Kelly Barefield-Harris

Date: Dec 9, 2022

Print Application

Submit Application by  
Email





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/30/2022

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 PrimeGroup Insurance Services, Inc. 5215 W. Laurel St. Suite 100 Tampa FL 33607	CONTACT NAME: Sean O'Hallaron	PHONE (A/C, No, Ext): (844) 631-4901	FAX (A/C, No): (813) 885-4311
	E-MAIL ADDRESS: certs@primegroupins.com		
INSURED The Florida Orchestra, Inc. 244 2nd Avenue North Suite 421 St. Petersburg FL 33701-3318	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Philadelphia Indemnity Insurance Company		18058
	INSURER B: FCCI Insurance Company		10178
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES      CERTIFICATE NUMBER: 22-23 GL/CAU/XS/WC      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PHPK2436811	07/01/2022	07/01/2023	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PHPK2436811	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
			BODILY INJURY (Per person) \$				
			BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB			PHUB823272	07/01/2022	07/01/2023	EACH OCCURRENCE \$ 1,000,000
			AGGREGATE \$ 1,000,000				
			\$				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	WC0100063575-03	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
			E.L. EACH ACCIDENT \$ 1,000,000				
			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000				
			E.L. DISEASE - POLICY LIMIT \$ 1,000,000				

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

Certificate holder is/are additional insured for General Liability per blanket form (attached) if required by written contract and subject to policy terms conditions, and exclusions. Waiver of Subrogation for General Liability and Workers Compensation per blanket forms (attached) if required by written contract and subject to policy terms, conditions, and exclusions.

## CERTIFICATE HOLDER

## CANCELLATION

City of St. Petersburg PO Box 2842  St. Petersburg FL 33731	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  <i>Edward C. Etker</i>
---	---

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

**Name Of Additional Insured Person(s) Or Organization(s):**

Any persons or organizations where  
required by written contract executed  
prior to a loss for whom a certificate

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations;  
or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
  2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

# **WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<p><b>Named Insured:</b> The Florida Orchestra, Inc.</p> <p><b>Endorsement Effective Date:</b> 07/01/2022</p>
---

### **SCHEDULE**

<p><b>Name(s) Of Person(s) Or Organization(s):</b></p> <p>Any persons or organizations where required by written contract executed prior to a loss.</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

**Schedule**

Any person or organization as required by written contract

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.  
**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective	1/31/2022	Policy No.	AWC1176865	Endorsement No.	0
Insured	Computer Support Products			Premium \$	4,899
Insurance Company	Associated Industries Insurance Company, Inc.				

Countersigned by \_\_\_\_\_



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

## Detail by Entity Name

Florida Not For Profit Corporation  
THE FLORIDA ORCHESTRA, INC.

### Filing Information

<b>Document Number</b>	713571
<b>FEI/EIN Number</b>	59-1223691
<b>Date Filed</b>	11/02/1967
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	AMENDMENT
<b>Event Date Filed</b>	06/12/2017
<b>Event Effective Date</b>	NONE

### Principal Address

244 2ND AVENUE NORTH  
SUITE 420  
ST PETERSBURG, FL 33701

Changed: 07/08/2021

### Mailing Address

244 2ND AVENUE NORTH  
SUITE 420  
ST PETERSBURG, FL 33701

Changed: 07/08/2021

### Registered Agent Name & Address

CANTRELL, JOHN MARK, PRESIDENT & CEO  
244 2ND AVENUE NORTH  
SUITE 420  
ST PETERSBURG, FL 33701

Name Changed: 05/01/2020

Address Changed: 07/08/2021

### Officer/Director Detail

#### **Name & Address**

Title PAST CHAIR

PAROO, JANET  
244 2ND AVENUE NORTH  
SUITE 420  
ST PETERSBURG, FL 33701

Title PRESIDENT & CHIEF EXECUTIVE OFFICER

CANTRELL, JOHN MARK  
244 2ND AVENUE NORTH  
SUITE 420  
ST PETERSBURG, FL 33701

Title Chairman

YADLEY, GREGORY C.  
244 2ND AVENUE NORTH  
SUITE 420  
ST PETERSBURG, FL 33701

Title Treasurer

RUST, GREG  
244 2ND AVENUE NORTH  
SUITE 420  
ST PETERSBURG, FL 33701

Title Secretary

HAUEISEN, WILLIAM D.  
244 2ND AVENUE NORTH  
SUITE 420  
ST PETERSBURG, FL 33701

Title VC

RUIZ-CARUS, ISAAC  
244 2ND AVENUE NORTH  
SUITE 420  
ST PETERSBURG, FL 33701

Title VC

SEMBLER, ELIZABETH  
244 2ND AVENUE NORTH  
SUITE 420  
ST PETERSBURG, FL 33701

Title VC

SMITH, J. HARRISON

244 2ND AVENUE NORTH  
 SUITE 420  
 ST PETERSBURG, FL 33701

Title BOARD OF CONSULTANTS CO-CHAIR

WILLIAMS, ERIC  
 244 2ND AVENUE NORTH  
 SUITE 420  
 ST PETERSBURG, FL 33701

Title BOARD OF CONSULTANTS CO-CHAIR

WRIGHT, MARI  
 244 2ND AVENUE NORTH  
 SUITE 420  
 ST PETERSBURG, FL 33701

Title COUNCIL OF ADVISORS

STROM, JANE  
 244 2ND AVENUE NORTH  
 SUITE 420  
 ST PETERSBURG, FL 33701

Title CFO

MCCARTHY, DEBORAH LOVE  
 244 2ND AVENUE NORTH  
 SUITE 420  
 ST PETERSBURG, FL 33701

**Annual Reports**

Report Year	Filed Date
2020	02/20/2020
2021	07/08/2021
2022	04/11/2022

**Document Images**

<a href="#">04/11/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/08/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/01/2020 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/20/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/03/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">08/01/2018 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/02/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">10/31/2017 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/12/2017 -- Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">01/12/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

# Permit



Parks and Recreation  
1400 19th Street North  
St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
EMAIL:stpeteparksrec@stpete.org

**Permit # R9567**

Status Tentative  
Date Jan 5, 2023 11:15 AM  
Expiration Date Mar 6, 2023

<b>Organization Name</b>	Florida Orchestra Inc - 57	<b>Organization Phone 1</b>	+1 (727) 362-5440
<b>Customer Type</b>	Non-Profit (Tax-Exempt)	<b>Number</b>	
<b>Organization Address</b>	244 2ND AVE N SUITE 420 ST PETERSBURG, FL 33701		
<b>Agent Name</b>	KELLY BAREFIELD-HARRIS	<b>Primary Phone Number</b>	+1 (904) 697-9985
		<b>Email Address</b>	KBAREFIELD-HARRIS@FLORIDAORCHESTR A.ORG
<b>System User</b>	45937		

Rental Fee	\$460.00
Discounts	\$0.00
<b>Subtotal</b>	<b>\$460.00</b>
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$460.00</b>
<b>Total Payment</b>	<b>\$0.00</b>
Refunds	\$0.00
<b>Balance</b>	<b>\$460.00</b>

<b>THE FLORIDA ORCHESTRA POPS IN THE PARK</b>		1 resource(s)	1 booking(s)	<b>Subtotal: \$460.00</b>
Booking Summary				
<b>VIP Park (Cosponsored Event)</b>				<b>Center: Vinoy Park</b>
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>	
Oct 13, 2023 12:00 AM	Oct 14, 2023 11:00 PM	14000	\$0.00	
<b>Resource level fees</b>			<b>\$460.00</b>	

Custom Questions	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	No
Will this event be having fireworks?	No
Will this event be having liquor?	No
Will this event be using fencing?	No



Payment Schedules		Original Balance: \$460.00    Current Balance: \$460.00			
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE	
Feb 1, 2023	\$460.00	\$0.00	\$0.00	\$460.00	

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



Date Received: 12/19/22  
 Check or Cash: \_\_\_\_\_  
 Application #: \_\_\_\_\_  
 Packet: 6  
 Permit #: P.O.S.

Event Title: Florida CraftArt Festival 2023 Phone No.: 727-821-7391 Fax No.: \_\_\_\_\_  
 Entity Name: Florida CraftArt Federal I.D. Number: 23 7375994  
 Event Date(s): November 18 - 19, 2023 Location: Central Ave. 4th St. to 6th St, 5th St. 1st Ave N to 1st Ave S  
 Day 1 of Event: November 18 Time Gates Open: 10am Ending Time: 5pm  
 Day 2 of Event: November 19 Time Gates Open: 10am Ending Time: 4pm  
 Day 3 of Event: \_\_\_\_\_ Time Gates Open: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Application Prepared by: Charlotte Mack Phone: 727/821-7391  
 Title: Business Manager and CraftArt Festival Manager Cell Phone: 646-831-1237  
 Address: 501 Central Ave City: St. Petersburg State: FL Zip: 33701  
 Email Address: charlotte@floridacraftart.org  
 Additional Contact Person: Katie Deits Day Phone: 727/821-7391  
 What month/year were you incorporated as nonprofit? May 1974  
 List all 501(c)3 entities that will benefit from this event. Florida CraftArt  
 Name of the for-profit entity? n/a

**Describe your event with details.**

The Florida CraftArt Festival is celebrating its 26th Anniversary this year and 19th year in St. Petersburg. As one of the anchors of the Central Arts District, Florida CraftArt is a statewide nonprofit organization that places St. Petersburg on the national arts scene through national calls to artists for participation. The Florida CraftArt Festival continues to grow the cultural community in St. Petersburg, for which it has become well known. From data collected with out visitors surveys, we know that the Florida CraftArt Festival has become an annual event for the residents of downtown St. Petersburg and Tampa Bay Region.

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

As a result of having approximately 10,000 visitors, hotels, restaurants and other cultural and business venues receive the benefit of the additional foot traffic the Florida CraftArt Festival brings to the city over the course of the two day event. Our neighboring businesses see an increase in revenue during the weekend of the festival.

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

Does your group presently have liability insurance?  YES  NO How much? 2,000,000  
 Are there plans to sell or distribute beer/wine at your event?  YES  NO  
 Will there be an admission / registration fee?  YES  NO Advanced Fee: \_\_\_\_\_ Day of: \_\_\_\_\_

Please provide the website address for your event: www.floridacraftart.org  
 Please provide a phone number that can be advertised to the public. 727/821-7391  
 What is the estimated attendance for this event? Spectators 10,000 Participants 150+ Last Year's Total Attendance 10,000

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater  
 Coliseum  
 Sunken Gardens  
 Boyd Hill

Non-City Locations

Which Location? \_\_\_\_\_

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

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

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

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

Name: Katie Deltis Title: Chief Executive Officer Date: 12/8/2022  
Co-Sign: Charlotte Mack Title: Festival Manager Date: 12/8/2022

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input type="checkbox"/> Located in Park		Park Permit
<input type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input checked="" type="checkbox"/> Vending Food / Beverage		Health Inspection
<input checked="" type="checkbox"/> Vendors / Exhibitors	How many? _____	
<input checked="" type="checkbox"/> Vending Beer / Wine		Alcohol Permit Additional insurance Required
<input checked="" type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <u>2</u>	Temporary Structure Permit
<input type="checkbox"/> Fence Installation	What type? _____	Temporary Structure Permit
<input type="checkbox"/> Other Structures	What structure? _____	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input checked="" type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input type="checkbox"/> VIP Area		
<input type="checkbox"/> Staging	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Amplified Sound	<input checked="" type="checkbox"/> Performers <input checked="" type="checkbox"/> Announcement Only	
<input checked="" type="checkbox"/> Security	<input type="checkbox"/> Daytime - Private <input checked="" type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD	
<input type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <u>39</u> Disabled Units <u>4</u> Hand Washing <u>30</u>	
<input type="checkbox"/> Off-site Parking / Shuttle		
<input type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators?  YES  NO

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

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

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

Name:  Phone:

Address (including zip):

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

tbd

List Vending Products. Name & Provider.

tbd

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

Florida CraftArt  
501 Central Ave.  
St. Petersburg, FL 33701

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

Live artist demos, activity tent.

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

Friday between 3-7pm artists load in, set up their tents and check in.  
Sunday starting at 4pm breakdown starts and is completed by 8pm when streets reopen.

Other Comments: Please describe your fee structure.

Participating artists pay a booth fee based on the size and location of their tent.

10 X 10 tent / booth space is \$280.00

10 X 10 Corner booth space is \$390.00

Tents and tables are available to rent - pricing tbd.

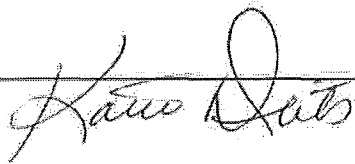
Other comments:

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

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

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

Name:



Title:

CEO

Date:

12/7/2022

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

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Florida CraftArt  
Name of Responsible Party (President or CEO ONLY): Katie Deits  
Title of Responsible Party: CEO  
Physical Address of Responsible Party: 1505 Pass-A-Grille Way, #24, St. Petersburg, FL 33706  
Phone Number of Responsible Party: 561/351-7904  
Email Address of Responsible Party: katie@floridacraftart.org  
Nonprofit (Employee Identification Number): 23-7375994

---

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

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

What method of invoicing would your organization prefer?

BY Mail

Contact Name

Address

City, State, Zip

BY EMAIL

Email Address:

Charlotte@floridacraftart.org

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

Name of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

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

**Amount**

1.	See attached P&L	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
<b>TOTAL GROSS REVENUE</b>		

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

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

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

1.		
2.		
3.		
4.		
5.		
6.		
<b>TOTAL ALLOCATION OF NET INCOME</b>		

Prepared by: Charlotte Mack

Date: 12/7/2022

Print Application

Submit Application by  
Email



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

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Florida CraftArt

Name of Responsible Party (President or CEO ONLY): Katie Deits

Title of Responsible Party: CEO

Physical Address of Responsible Party: 1505 Pass-A-Grille Way, #24, St. Petersburg, FL 33706

Phone Number of Responsible Party: 561/351-7904

Email Address of Responsible Party: katie@floridacraftart.org

Nonprofit (Employee Identification Number): 23-7375994

---

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

Name of Responsible Party (President or CEO ONLY):

Title of Responsible Party:

Physical Address of Responsible Party:

Phone Number of Responsible Party:

Email Address of Responsible Party:

For-profit (Employee Identification Number)

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

What method of invoicing would your organization prefer?

BY Mail

Contact Name

Address

City, State, Zip

BY EMAIL

Email Address:

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

Name of Event: Florida CraftArt Festival 2023  
 Date(s) of Event: Nov 18, 2023 = Nov 19, 2023

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

**Amount**

1.	See attached P&L	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
<b>TOTAL GROSS REVENUE</b>		

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

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

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

1.		
2.		
3.		
4.		
5.		
6.		
<b>TOTAL ALLOCATION OF NET INCOME</b>		

Prepared by: Charlotte Mack

Date: 12/7/2022

Print Application

Submit Application by  
Email

**Enlarged 500-block booth numbers**

530 528 526 524 522 520 518 516 514 512 510 508 506 504 RAFFLE  
 539 537 535 533 531 529 527 525 523 521 519 517 515 513  
 511 509 507 505 503 501

129  
127  
125  
123  
121  
119  
117  
115

Alley

**Florida  
CraftArt**

113  
111  
109  
107  
105  
103  
101

Sixth Street

P-1

500 498 496 494 492 490 488 486 484 482 480 478 476 474 472 470 468 466 464 462 460 458 456 454 452 450 448 446 444 442 440 438 436 434 432 430 428 426 424 422 420 418 416 414 412 410 408 406 404 402 400 398 396 394 392 390 388 386 384 382 380 378 376 374 372 370 368 366 364 362 360 358 356 354 352 350 348 346 344 342 340 338 336 334 332 330 328 326 324 322 320 318 316 314 312 310 308 306 304 302 300 298 296 294 292 290 288 286 284 282 280 278 276 274 272 270 268 266 264 262 260 258 256 254 252 250 248 246 244 242 240 238 236 234 232 230 228 226 224 222 220 218 216 214 212 210 208 206 204 202 200 198 196 194 192 190 188 186 184 182 180 178 176 174 172 170 168 166 164 162 160 158 156 154 152 150 148 146 144 142 140 138 136 134 132 130 128 126 124 122 120 118 116 114 112 110 108 106 104 102 100 98 96 94 92 90 88 86 84 82 80 78 76 74 72 70 68 66 64 62 60 58 56 54 52 50 48 46 44 42 40 38 36 34 32 30 28 26 24 22 20 18 16 14 12 10 8 6 4 2

400 398 396 394 392 390 388 386 384 382 380 378 376 374 372 370 368 366 364 362 360 358 356 354 352 350 348 346 344 342 340 338 336 334 332 330 328 326 324 322 320 318 316 314 312 310 308 306 304 302 300 298 296 294 292 290 288 286 284 282 280 278 276 274 272 270 268 266 264 262 260 258 256 254 252 250 248 246 244 242 240 238 236 234 232 230 228 226 224 222 220 218 216 214 212 210 208 206 204 202 200 198 196 194 192 190 188 186 184 182 180 178 176 174 172 170 168 166 164 162 160 158 156 154 152 150 148 146 144 142 140 138 136 134 132 130 128 126 124 122 120 118 116 114 112 110 108 106 104 102 100 98 96 94 92 90 88 86 84 82 80 78 76 74 72 70 68 66 64 62 60 58 56 54 52 50 48 46 44 42 40 38 36 34 32 30 28 26 24 22 20 18 16 14 12 10 8 6 4 2

MUSIC  
 BEER & WINE  
 SOFT DRINKS  
 HOSPITALITY TENT  
 FOOD TRUCK  
 FOOD TRUCK  
 P-1

113  
111  
109  
107  
105  
103  
101

Alley

First Avenue North

**Enlarged 100-block booth numbers**

101 103 105 107 109 109 111 113 115 117 119 121 123 125 127 129  
 100 102 104 106 108 110 112 114 116 118 120 122 124

124  
122  
120  
118  
116  
114  
112

Alley

CENTRAL AVENUE

110  
108  
106  
104  
102  
100

400 398 396 394 392 390 388 386 384 382 380 378 376 374 372 370 368 366 364 362 360 358 356 354 352 350 348 346 344 342 340 338 336 334 332 330 328 326 324 322 320 318 316 314 312 310 308 306 304 302 300 298 296 294 292 290 288 286 284 282 280 278 276 274 272 270 268 266 264 262 260 258 256 254 252 250 248 246 244 242 240 238 236 234 232 230 228 226 224 222 220 218 216 214 212 210 208 206 204 202 200 198 196 194 192 190 188 186 184 182 180 178 176 174 172 170 168 166 164 162 160 158 156 154 152 150 148 146 144 142 140 138 136 134 132 130 128 126 124 122 120 118 116 114 112 110 108 106 104 102 100 98 96 94 92 90 88 86 84 82 80 78 76 74 72 70 68 66 64 62 60 58 56 54 52 50 48 46 44 42 40 38 36 34 32 30 28 26 24 22 20 18 16 14 12 10 8 6 4 2

**Enlarged 400-block booth numbers**

436 435 434 433 432 431 430 429 428 427 426 425 424 423 422 421 420 419 418 417  
 416 415 414 413 412 411 410 409 408 407 406 405 404 403 402

P-1

First Avenue South

Fourth Street

Address any reply to: P. O. Box 737, Atlanta, Georgia 30301

Department of the Treasury

District Director

Internal Revenue Service

Date:

MAY 29 1974

In reply refer to:

411-12:GF:A8486



▷ Florida Craftsmen  
1290 S.W. 23th Street  
Miami, Fla. 33145

*E. I. # 23-7375994 N*

Gentlemen:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes.

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

If your purposes, character, or method of operation is changed, you must let us know so we can consider the effect of the change on your exempt status. Also, you must inform us of all changes in your name or address.

If your gross receipts each year are normally more than \$5,000, you are required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, for failure to file a return on time.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Please keep this determination letter in your permanent records.

Sincerely yours,

ATTACHED:

*Thomas P. Schuck*

Exempt Organization Specialist



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## Detail by Entity Name

Florida Not For Profit Corporation  
FLORIDA CRAFTART, INC.

### Filing Information

<b>Document Number</b>	740750
<b>FEI/EIN Number</b>	23-7375994
<b>Date Filed</b>	11/10/1977
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	NAME CHANGE AMENDMENT
<b>Event Date Filed</b>	03/14/2019
<b>Event Effective Date</b>	NONE

### Principal Address

501 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701

Changed: 09/07/1999

### Mailing Address

501 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701

Changed: 09/07/1999

### Registered Agent Name & Address

DEITS, KATIE  
FLORIDA CRAFTART INC  
501 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701

Name Changed: 02/05/2019

Address Changed: 01/10/2021

### Officer/Director Detail

#### **Name & Address**

Title Director

Howd, Kathryn

842 36th Ave. N.  
ST. PETERSBURG, FL 33704

Title Director

Mascoll, John  
5 Fernbrooe Dr  
Safety Harbor, FL 34695

Title CEO

Deits, Katie  
501 Central Avenue  
St. Petersburg, FL 33701

Title Director

Graham, Michael  
288 Beach Drive NE  
6C  
ST. PETERSBURG, FL 33701

Title Director, President

Jones, Tyler  
3732 21st Avenue North  
ST. PETERSBURG, FL 33713

Title Director

Maley, Dana  
14762 Imperial Point Dr South  
Largo, FL 33774

Title Director

McClellan, Duncan  
2342 Emerson Drive S  
ST. PETERSBURG, FL 33712

Title Director

Ramsey, David  
1460 Serene Way S.  
ST. PETERSBURG, FL 33705

Title Director, Secretary

Shelton, Lara  
12851 Cumberland Dr  
Largo, FL 33773

Title Director, VP

Anderson, Mark  
199 Dali Blvd.  
PH4  
ST. PETERSBURG, FL 33701

Title Director, Treasurer

Igar, Helen  
3845 Iris St. N  
ST. PETERSBURG, FL 33703

Title Director

Robenalt, Taylor  
4083 Redbird Circle South  
Sarasota, FL 34231

Title Director

Strobel, Don  
236 7th Avenue NE  
ST. PETERSBURG, FL 33701

Title Director

Cummings, Kimberli Burns  
513 N. Beverly Ave.  
Tampa, FL 33609

Title Director

Schrader, Stacia  
692 10th Ave. S.  
St. Petersburg, FL 33701

Title Director

Massey, Starlett  
5906 35th Avenue North  
ST. PETERSBURG, FL 33710

Title Director

Reilinger, Elizabeth  
199 Dali Blvd. Unit 1104  
ST. PETERSBURG, FL 33701

**Annual Reports**

Report Year	Filed Date
2020	01/30/2020
2021	01/10/2021
2022	01/26/2022

### Document Images

<a href="#">01/26/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/10/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/30/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/14/2019 -- Name Change</a>	<a href="#">View image in PDF format</a>
<a href="#">02/05/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/18/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/04/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">12/27/2016 -- Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">08/22/2016 -- Reg. Agent Change</a>	<a href="#">View image in PDF format</a>
<a href="#">01/22/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/17/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">11/03/2014 -- Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">02/12/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/29/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/16/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/26/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/03/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/28/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/24/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/02/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/14/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/29/2005 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/09/2004 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/22/2003 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/10/2002 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/27/2001 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/02/2000 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">09/07/1999 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/29/1996 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/23/1995 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>



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



Date Received: 12/29/22  
 Check or Cash: \_\_\_\_\_  
 Application #: 7  
 Packet: A  
 Permit #: R9568

Event Title: Fall Festival / Trunk or Treat Phone No.: 727.343.6161 Fax No.: \_\_\_\_\_

Entity Name: Central Christian Church Federal I.D. Number: \_\_\_\_\_

Event Date(s): Saturday, October 21 Location: Northwest Park

Day 1 of Event: 10/21 '22 Time Gates Open: 4pm Ending Time: 7pm

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

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

Application Prepared by: Laura Fischer Phone: 727.343.6161

Title: Children's Ministry Director Cell Phone: 727.458.7307

Address: 6161 22nd Ave N City: St. Petersburg State: FL Zip: 33710

Email Address: laura@centralstpete.com

Additional Contact Person: Rich Franz Day Phone: 727.343.6161

What month/year were you incorporated as nonprofit? \_\_\_\_\_

List all 501(c)3 entities that will benefit from this event. Central Christian Church

Name of the for-profit entity? \_\_\_\_\_

**Describe your event with details.**

We would like to invite families for a fun afternoon filled with games, bounce houses and food as we would server hot dogs, chips and drinks. As part of the celebration, we would have decorated / themed car trunks to hand out candy for those who attend.

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

Central Christian Church wants to serve and connect with our local community by hosting a free 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? \_\_\_\_\_

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. centralstpete.com

Please provide a phone number that can be advertised to the public. 727.343.6161

What is the estimated attendance for this event? Spectators \_\_\_\_\_ Participants 800 Last Year's Total Attendance 600

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater  
 Coliseum  
 Sunken Gardens  
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

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

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

PLEASE ATTACH THE FOLLOWING

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

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

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

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

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input checked="" type="checkbox"/> Located in Park		Park Permit
<input type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input checked="" type="checkbox"/> Vending Food / Beverage		Health Inspection
<input type="checkbox"/> Vendors / Exhibitors	How many? <input style="width: 150px; height: 15px;" type="text"/>	Alcohol Permit Additional insurance Required
<input type="checkbox"/> Vending Beer / Wine		
<input type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <input style="width: 100px; height: 15px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Fence Installation	What type? <input style="width: 200px; height: 15px;" type="text"/>	Temporary Structure Permit
<input checked="" type="checkbox"/> Other Structures	What structure? <input style="width: 200px; height: 15px;" type="text" value="Bounce Hosues"/>	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input type="checkbox"/> VIP Area		
<input type="checkbox"/> Staging	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input type="checkbox"/> Amplified Sound	<input type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input type="checkbox"/> Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD	
<input type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <input style="width: 40px; height: 15px;" type="text"/> Disabled Units <input style="width: 40px; height: 15px;" type="text"/> Hand Washing <input style="width: 40px; height: 15px;" type="text"/>	
<input type="checkbox"/> Off-site Parking / Shuttle		
<input type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

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

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

Electrical Requirements:

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

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

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

Will you supply your own generators?  YES  NO

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

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

no

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

Name: 

Central Christian Church

 Phone: 

727.343.6161

Address (including zip): 

6161 22nd Ave N, St. Petersburg, FL 33710

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

List Vending Products. Name & Provider.

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

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

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

Other Comments: Please describe your fee structure.

Other comments:

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

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

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

Name:  Title:  Date:

**Appendix 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.		
<b>TOTAL GROSS REVENUE</b>		

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

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

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

1.		
2.		
3.		
4.		
5.		
6.		
<b>TOTAL ALLOCATION OF NET INCOME</b>		

Prepared by:  Date:

Print Application

Submit Application by  
Email



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

## Detail by Entity Name

Foreign Not For Profit Corporation  
CENTRAL CHRISTIAN CHURCH, INC.

### Filing Information

**Document Number** F13000000951  
**FEI/EIN Number** 88-0118790  
**Date Filed** 02/28/2013  
**State** NV  
**Status** ACTIVE

### Principal Address

1001 NEW BEGINNINGS DRIVE  
HENDERSON, NV 89011

### Mailing Address

1001 NEW BEGINNINGS DRIVE  
HENDERSON, NV 89011

### Registered Agent Name & Address

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470

### Officer/Director Detail

#### **Name & Address**

Title Director

RICHARD, THOMAS  
1001 NEW BEGINNINGS DRIVE  
HENDERSON, NV 89011

Title Director

ANTHONY, MATTHEW  
1001 NEW BEGINNINGS DRIVE  
HENDERSON, NV 89011

Title President, Chairman, Director

WILHITE, JUD



1001 NEW BEGINNINGS DRIVE  
HENDERSON, NV 89011

Title Secretary, Treasurer

SAGE, GEOFFREY  
1001 NEW BEGINNINGS DRIVE  
HENDERSON, NV 89011

Title Director

Allen, Dan  
1001 NEW BEGINNINGS DRIVE  
HENDERSON, NV 89011

Title Director

Bodine, Mike  
1001 NEW BEGINNINGS DRIVE  
HENDERSON, NV 89011

Title Director

Cooper, Herbert  
1001 NEW BEGINNINGS DRIVE  
HENDERSON, NV 89011

Title Director

Martinez, Gabe  
1001 NEW BEGINNINGS DRIVE  
HENDERSON, NV 89011

Title Director

HUGHES, DAVID  
1001 NEW BEGINNINGS DRIVE  
HENDERSON, NV 89011

**Annual Reports**

Report Year	Filed Date
2020	01/16/2020
2021	01/19/2021
2022	04/03/2022

**Document Images**

<a href="#">04/03/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/19/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/16/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/10/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

# Permit



Parks and Recreation  
1400 19th Street North  
St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
EMAIL:stpeteparksrec@stpete.org

**Permit # R9568**

Status Tentative  
Date Jan 5, 2023 11:21 AM  
Expiration Date Mar 6, 2023

<b>Organization Name</b>	Central Christian Church Of St Petersburg Inc -1447	<b>Organization Phone 1 Number</b>	+1 (727) 343-6161
<b>Customer Type</b>	Non-Profit (Tax-Exempt)		
<b>Organization Address</b>	6161 22ND AVE N ST. PETERSBURG, FL 33710		
<b>Agent Name</b>	Laura Fischer	<b>Primary Phone Number</b>	+1 (727) 458-7307
		<b>Email Address</b>	laura@centralstpete.com
<b>System User</b>	45937		

Rental Fee	\$60.00
Discounts	\$0.00
Subtotal	\$60.00
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$60.00</b>
Total Payment	\$0.00
Refunds	\$0.00
Balance	\$60.00

<b>FALL FESTIVAL</b>	1 resource(s)	1 booking(s)	Subtotal: \$60.00
Booking Summary			
<b>NWP Park (Cosponsored Event)</b>			<b>Center: Northwest Park</b>
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>
Oct 21, 2023 12:00 AM	Oct 21, 2023 10:00 PM	800	\$0.00
Resource level fees			\$60.00

Custom Questions	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	No
Will this event be having fireworks?	No
Will this event be having liquor?	No
Will this event be using fencing?	No

Payment Schedules		Original Balance: \$60.00    Current Balance: \$60.00			
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE	
Feb 1, 2023	\$60.00	\$0.00	\$0.00	\$60.00	

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



Date Received: 12/30/22  
 Check or Cash: \_\_\_\_\_  
 Application #: 8  
 Packet: A  
 Permit #: R9569

Event Title: Shopapalooza Festival 2023 Phone No.: 727-637-5586 Fax No.: \_\_\_\_\_

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

Event Date(s): Nov 25-26, 2023 Location: Vinoy Park

Day 1 of Event:	<u>Sat Nov 25</u>	Time Gates Open:	<u>10a</u>	Ending Time:	<u>5p</u>
Day 2 of Event:	<u>Sun Nov 26</u>	Time Gates Open:	<u>10a</u>	Ending Time:	<u>5p</u>
Day 3 of Event:	_____	Time Gates Open:	_____	Ending Time:	_____

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

Title: founder/president, LocalShops1 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: 727-637-5983

What month/year were you incorporated as nonprofit? Established July 2008; not a nonprofit

List all 501(c)3 entities that will benefit from this event. Jump for Kids FL

Name of the for-profit entity? LocalShops1

**Describe your event with details.**

Shopapalooza Festival is the region's premiere holiday shopping event, featuring local makers and small businesses, food trucks, free entertainment, and free activities.

Admission is free and open to the public

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

Shopapalooza draws huge crowds not only from the immediate St Pete area, but from throughout Florida. Many shoppers make a long weekend (or longer!) out of it, staying at local hotels, shopping at local businesses, and eating at local restaurants.

In addition, Shopapalooza bring a ton of positive press and TV coverage for the city. During the 2022 Palooza Season, there were more than a dozen TV segments dedicated to our festival and the beautiful city of St. Pete!

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. shopapaloozafestival.com

Please provide a phone number that can be advertised to the public. 727-647-5586

What is the estimated attendance for this event? Spectators 30000 Participants 350 Last Year's Total Attendance TBD

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

Recreation Equipment

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

Special Events Facilities

Mahaffey Theater  
 Coliseum  
 Sunken Gardens  
 Boyd Hill

Non-City Locations

Which Location?

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

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

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

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

Name:  *Ester Venouziou* Title:  Date:   
Co-Sign:  *Jeffrey Pope* Title:  Date:

- NOTE: a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**  
b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.**  
c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for \$30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,  
727-893-7766 or EMAIL: StPeteEvents@stpete.org

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input checked="" type="checkbox"/> Located in Park		Park Permit
<input checked="" type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input checked="" type="checkbox"/> Vending Food / Beverage		Health Inspection
<input checked="" type="checkbox"/> Vendors / Exhibitors	How many? <input style="width: 150px;" type="text" value="Over 30 Vendors / Exhibitor"/>	Alcohol Permit
<input type="checkbox"/> Vending Beer / Wine		Additional insurance Required
<input type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <input style="width: 100px;" type="text"/>	Temporary Structure Permit
<input checked="" type="checkbox"/> Fence Installation	What type? <input style="width: 200px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Other Structures	What structure? <input style="width: 200px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input type="checkbox"/> VIP Area		
<input checked="" type="checkbox"/> Staging	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Amplified Sound	<input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input checked="" type="checkbox"/> Security	<input type="checkbox"/> Daytime - Private <input checked="" type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD	
<input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <input style="width: 40px;" type="text" value="50"/> Disabled Units <input style="width: 40px;" type="text" value="10"/> Hand Washing <input style="width: 40px;" type="text" value="15"/>	
<input checked="" type="checkbox"/> Off-site Parking / Shuttle		
<input type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Invitations          | <input checked="" type="checkbox"/> Radio      |
| <input checked="" type="checkbox"/> Posters / Flyers     | <input checked="" type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> Remote Broadcast      |

**City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.**

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks?  YES  NO

If YES, check all that apply.  RV'S  Coffee Vendors  Ice Bins  Freezers  Ice Cream Vendors  Catering Trucks  
 Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

TBD, similar in scope to the 2022 festival

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.

DJ, local performers on stage, acoustic strolling musicians. Entertainment lineup TBD, but the 2022 lineup is available on our website. All family-friendly!

List Vending Products. Name & Provider.

Vendor list coming closer to the event date, but 2022 list is available on our website

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 727-512-5679 jeff@jfkfl.org

Explain subject/purpose of all speeches/demonstrations which will occur.

Discuss your load in/load out parking needs, include times and dates.

Vendor load in starts 9a Friday, Nov 24; Load out at end of event, starting at 5p Sunday Nov 26.

Other Comments: Please describe your fee structure.

Vendor fees: \$150 total for both days for 501c3 non-profits, \$330 and up for both days for for-profits.  
Sponsorships: \$1,200 and up

Event admission is free and open to the public

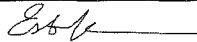
Other comments:

Thanks for the city's continued support of Shopapalooza and local businesses!!

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/owner/mgr Date: 12/28/2022



## 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. Vendor/Sponsor Fees	\$75,000
2.	
3.	
4.	
5.	
6.	
7.	
8.	
<b>TOTAL GROSS REVENUE</b>	

II. EXPENSES (attach sheet if more space is needed)	
1.	
2. TBD -- awaiting final bills	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
<b>TOTAL OPERATING EXPENSES</b>	
<b>TOTAL NET INCOME</b>	

III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)	
1.	
2.	
3.	
4.	
5.	
6.	
<b>TOTAL ALLOCATION OF NET INCOME</b>	

Prepared by:  Date:

Print Application

Submit Application by  
Email



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## 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

<b>Report Year</b>	<b>Filed Date</b>
2020	01/17/2020
2021	01/11/2021
2022	01/26/2022

### Document Images



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Not For Profit Corporation  
JUMP FOR KIDS, INC

### Filing Information

<b>Document Number</b>	N13000003729
<b>FEI/EIN Number</b>	46-2587239
<b>Date Filed</b>	04/18/2013
<b>Effective Date</b>	04/20/2013
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	REINSTATEMENT
<b>Event Date Filed</b>	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, Director

POPE, JEFFREY

850 21 ave N  
St Petersburg, FL 33704

Title VP, Director

Burger , Andrew Vinh  
341 14th avenue NE  
St Petersburg, FL 33704

Title Director

Dianne, Cohors  
508 Santa Cruz Place  
Unit D  
Saint Petersburg, FL 33703

Title Director

Gerleve, Dominic  
2308 Alta Canada Lane  
apt 1237  
Fort Worth, TX 76177

Title Officer

Edwards, Lisa  
4627 Venetian Blvd NE  
Saint Petersburg, FL 33703

Title Officer

Wise, Jamal  
701 Mirror Lake Dr  
St Pete, FL 33701

Title Director

Drude-Tomori, Rachel  
5858 Central Ave  
Suite A  
Saint Petersburg, FL 33707

#### Annual Reports

<b>Report Year</b>	<b>Filed Date</b>
2020	02/24/2020
2021	02/06/2021
2022	03/14/2022

#### Document Images

[03/14/2022 -- ANNUAL REPORT](#)

[View image in PDF format](#)

# Permit



Parks and Recreation  
1400 19th Street North  
St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
EMAIL:stpeteparksrec@stpete.org

**Permit # R9569**

Status Tentative  
Date Jan 5, 2023 11:29 AM  
Expiration Date Mar 6, 2023

<b>Organization Name</b>	Local Shopper LLC - 65	<b>Organization Phone 1</b>	+1 (727) 637-5586
<b>Customer Type</b>	Commercial (Taxed)	<b>Number</b>	
<b>Organization Address</b>	4913 28TH AVE S GULFPORT, FL 33707		
<b>Agent Name</b>	Ester Venouziou	<b>Primary Phone</b>	+1 (727) 637-5586
		<b>Number</b>	
		<b>Email Address</b>	ESTER@LOCALSHOPS1.COM
<b>System User</b>	45937		

Rental Fee	\$990.00
Rental Tax	\$64.35
Discounts	\$0.00
<b>Subtotal</b>	<b>\$1,054.35</b>
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$1,054.35</b>
Total Payment	\$0.00
Refunds	\$0.00
<b>Balance</b>	<b>\$1,054.35</b>

<b>SHOPAPALOOZA FESTIVAL</b>	1 resource(s)	1 booking(s)	<b>Subtotal: \$990.00</b>
Booking Summary			
<b>VIP Park &amp; Mole (Cosponsored Event)</b>			<b>Center: Vinoy Park</b>
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>
Nov 24, 2023 12:00 AM	Nov 26, 2023 10:00 PM	30000	\$0.00
Resource level fees			\$990.00

Custom Questions	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	Yes
Will this event be having fireworks?	No
Will this event be having liquor?	No
Will this event be using fencing?	Yes

Payment Schedules		Original Balance: \$1,054.35    Current Balance: \$1,054.35			
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE	
Feb 1, 2023	\$1,054.35	\$0.00	\$0.00	\$1,054.35	

**CITY OF ST. PETERSBURG  
PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENT APPLICATION**



Date Received: 1/7/23  
Check or Cash: \_\_\_\_\_  
Application #: 9  
Packet: A  
Permit #: R9623

Event Title: St Pete Pier Fall Festival Phone No.: 7274526984 Fax No.: \_\_\_\_\_  
Entity Name: Pier Events, LLC Federal I.D. Number: 83-4411794  
Event Date(s): October 7th and 8th, 2023 Location: Spa Beach Park  
Day 1 of Event: October 7th Time Gates Open: 11am Ending Time: 8pm  
Day 2 of Event: October 8th Time Gates Open: 11am Ending Time: 8pm  
Day 3 of Event: \_\_\_\_\_ Time Gates Open: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Application Prepared by: Ferdian Jap Phone: 727-452-6984  
Title: Partner Cell Phone: 727-452-6984  
Address: 1507 W Cypress St City: Tampa State: FL Zip: 33606  
Email Address: ferdianj@gmail.com  
Additional Contact Person: Monica Varner Day Phone: 813-7867480

What month/year were you incorporated as nonprofit? 01/2022  
List all 501(c)3 entities that will benefit from this event. Friends of the Pier, inc.  
Name of the for-profit entity? Pier Events, LLC

**Describe your event with details.**

Celebration of Fall with family friendly bands, dj, vendors, photo opps, pumpkin patch, and bounce houses

**Describe what economic benefit and impact this event will bring to St. Petersburg.**

This event will generate attendance to the St Pete Pier who will patronize tenants on the Pier and Downtown businesses.

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance?  YES  NO How much? \$1m/\$2m

Are there plans to sell or distribute beer/wine at your event?  YES  NO

Will there be an admission / registration fee?  YES  NO Advanced Fee: \_\_\_\_\_ Day of: \_\_\_\_\_

Please provide the website address for your event. www.stpetepier.org

Please provide a phone number that can be advertised to the public. \_\_\_\_\_

What is the estimated attendance for this event? Spectators 10000 Participants \_\_\_\_\_ Last Year's Total Attendance \_\_\_\_\_



Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No)

# Bleacher(s) needed. Each bleacher approx. 180 people)

Tables (6 ft) # needed  Chairs # needed

Public Address System

# of portable risers needed (4 in. x 8 in. x 16 in. sections)

Special Events Facilities

Mahaffey Theater

Coliseum

Sunken Gardens

Boyd Hill

Non-City Locations

Which Location?

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services

TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)

FIRE: Paramedics, Inspectors

PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration

RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

**Note:** The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name:  Title:  Date:

Co-Sign:  Title:  Date:

- NOTE: a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**
- b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.**
- c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for \$30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,  
727-893-7766 or EMAIL: StPeteEvents@stpete.org

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input checked="" type="checkbox"/> Located in Park		Park Permit
<input checked="" type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input checked="" type="checkbox"/> Vending Food / Beverage		Health Inspection
<input checked="" type="checkbox"/> Vendors / Exhibitors	How many? <input style="width: 150px;" type="text"/>	
<input checked="" type="checkbox"/> Vending Beer / Wine		Alcohol Permit Additional Insurance Required
<input type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <input style="width: 80px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Fence Installation	What type? <input style="width: 200px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Other Structures	What structure? <input style="width: 200px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input type="checkbox"/> VIP Area		
<input checked="" type="checkbox"/> Staging	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Amplified Sound	<input type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input checked="" type="checkbox"/> Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD	
<input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <input style="width: 40px;" type="text"/> Disabled Units <input style="width: 40px;" type="text"/> Hand Washing <input style="width: 40px;" type="text"/>	
<input type="checkbox"/> Off-site Parking / Shuttle		
<input type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Invitations          | <input checked="" type="checkbox"/> Radio            |
| <input checked="" type="checkbox"/> Posters / Flyers     | <input checked="" type="checkbox"/> Television       |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input checked="" type="checkbox"/> Remote Broadcast |

**City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.**

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks?  YES  NO

If YES, check all that apply.  RV'S  Coffee Vendors  Ice Bins  Freezers  Ice Cream Vendors  Catering Trucks  
 Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Will you supply your own generators?  YES  NO

Will your event have a licensed electrician on-site during the event?  YES  NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

If City permits, licenses, or services are required for event, who will pay for them?

Name: 

Ferdian Jap

 Phone: 

7274526984

Address (including zip): 

1507 W Cypress St Tampa, FL 33606

Type of music, # of stages, and # of bands.

One main stage, 3 to 4 bands total. Family friendly DJ.

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.

Friends of the Pier, Inc.

Explain subject/purpose of all speeches/demonstrations which will occur.

N/A

Discuss your load in/load out parking needs, include times and dates.

TBD

Other Comments: Please describe your fee structure.

Other comments:

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

**WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.**

*I certify that the facts contained in this application are accurate.*

Name:  Title:  Date:

**Appendix B  
President or CEO  
Responsible Party Information**

Please complete the information below for each responsible party.

Name of the <b>Nonprofit</b> Corporation:	Friends of the Pier, Inc.
Name of Responsible Party (President or CEO ONLY):	Ferdian Jap
Title of Responsible Party:	Board Member
Physical Address of Responsible Party:	1507 W cypress St
Phone Number of Responsible Party:	7274526984
Email Address of Responsible Party:	ferdianj@gmail.com
Nonprofit (Employee Identification Number):	35-2707145

Name of the <b>For-profit</b> Corporation:	Pier Events, LLC
Name of Responsible Party (President or CEO ONLY):	Monica Varner
Title of Responsible Party:	Partner
Physical Address of Responsible Party:	1507 W Cypress St
Phone Number of Responsible Party:	8137867480
Email Address of Responsible Party:	Monica@bigcityeventsfl.com
For-profit (Employee Identification Number)	83-4411794

**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:

ferdianj@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)**

	<b>Amount</b>
1. Ticket Revenue	\$0.00
2. Onsite Revenue	\$30,000.00
3. Sponsorship	\$10,000.00
4. Vendor Fees	\$5,000.00
5.	
6.	
7.	
8.	
<b>TOTAL GROSS REVENUE</b>	<b>\$45,000.00</b>

**II. EXPENSES (attach sheet if more space is needed)**

1. Parks/Police	\$5,000.00
2. Stage, Sound, Lighting	\$10,000.00
3. Tent & other Rentals	\$7,500.00
4. Labor & Production	\$7,000.00
5. Insurance, Admin, & Permitting	\$2,500.00
6. COGS	\$5,000.00
7.	
8.	
9.	
10.	
11.	
12.	
<b>TOTAL OPERATING EXPENSES</b>	<b>\$37,000.00</b>
<b>TOTAL NET INCOME</b>	<b>\$8,000.00</b>

**III. ALLOCATION OF NET INCOME ( attach sheet if more space is needed)**

1. Friends of the Pier Inc.	\$4,000.00
2. Pier Events	\$4,000.00
3.	
4.	
5.	
6.	
<b>TOTAL ALLOCATION OF NET INCOME</b>	<b>\$8,000.00</b>

Prepared by:  Date:

Print Application

Submit Application by  
Email



Department of the Treasury  
Internal Revenue Service  
Tax Exempt and Government Entities  
P.O. Box 2508  
Cincinnati, OH 45201

FRIENDS OF THE PIER INC  
C/O FERDIAN JAP  
1507 W CYPRESS ST  
TAMPA, FL 33606

Date: 11/10/2021  
Employer ID number: 35-2707145  
Person to contact: Name: Customer Service  
ID number: 31954  
Telephone: (877) 829-5500  
Accounting period ending: September 30  
Public charity status: 509(a)(2)  
Form 990 / 990-EZ / 990-N required: Yes  
Effective date of exemption: January 11, 2021  
Contribution deductibility: Yes  
Addendum applies: No  
DLN: 26053530006631

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](http://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.

Sincerely,

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Previous Entity Next Entity Return to List friends of the pier, Inc  
 Search  
 No Events No Name History

**Detail by Entity Name**

Florida Not For Profit Corporation  
FRIENDS OF THE PIER, INC.

**Filing Information**

Document Number	N21000000409
FEVEIN Number	NONE
Date Filed	01/11/2021
Effective Date	01/05/2021
State	FL
Status	ACTIVE

**Principal Address**

600 2ND AVE NE  
ST. PETERSBURG, FL 33602

**Mailing Address**

1507 W CYPRESS ST  
TAMPA, FL 33606

**Registered Agent Name & Address**

JAP, FERDIAN  
1507 W CYPRESS ST  
TAMPA, FL 33606

**Officer/Director Detail**

**Name & Address**

**Title D**

JAP, FERDIAN L  
1507 W CYPRESS ST  
TAMPA, FL 33606

**Title D**

VARNER, MONICA  
1507 W CYPRESS ST  
TAMPA, FL 33606

**Title D**

WAIER, RYAN  
1507 W CYPRESS ST  
TAMPA, FL 33606

**Annual Reports**

No Annual Reports Filed

**Document Images**

01/11/2021 - Domestic Non-Profit  View Images PDF Form

Previous Entity Next Entity Return to List friends of the pier, Inc  
 Search  
 No Events No Name History





[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Limited Liability Company  
PIER EVENTS, LLC

### Filing Information

<b>Document Number</b>	L18000046747
<b>FEI/EIN Number</b>	83-4411794
<b>Date Filed</b>	02/21/2018
<b>Effective Date</b>	02/15/2018
<b>State</b>	FL
<b>Status</b>	ACTIVE

### Principal Address

600 2nd Ave NE  
St. Petersburg, FL 33701

Changed: 04/29/2021

### Mailing Address

1507 W CYPRESS ST  
TAMPA, FL 33606

Changed: 04/29/2021

### Registered Agent Name & Address

BIG CITY EVENTS, LLC  
1507 W CYPRESS ST  
TAMPA, FL 33606

Address Changed: 04/29/2021

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

JAP, FERDIAN  
1723 W CYPRESS ST  
TAMPA, FL 33606

Title MGR

VARNER, MONICA

1723 W CYPRESS ST  
TAMPA, FL 33606

Title MGR

WAIER, RYAN  
1723 W CYPRESS ST  
TAMPA, FL 33606

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2020	06/29/2020
2021	04/29/2021
2022	04/09/2022

**Document Images**

<a href="#">04/09/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/29/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/29/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/14/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/21/2018 -- Florida Limited Liability</a>	<a href="#">View Image in PDF format</a>



# Permit

Parks and Recreation  
 1400 19th Street North  
 St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
 EMAIL:stpeteparksrec@stpete.org

**Permit # R9623**

Status Tentative  
 Date Jan 9, 2023 11:10 AM  
 Expiration Date Mar 10, 2023

<b>Organization Name</b>	Pier Events LLC - 1539	<b>Organization Phone 1</b>	+1 (727) 452-6984
<b>Customer Type</b>	Commercial (Taxed)	<b>Number</b>	
<b>Organization Address</b>	600 2ND AVE NE ST. PETERSBURG, FL 33701		
<hr/>			
<b>Agent Name</b>	Ferdian Jap	<b>Primary Phone</b>	+1 (727) 452-6984
		<b>Number</b>	
		<b>Email Address</b>	ferdianj@gmail.com
<hr/>			
<b>System User</b>	45937		

Rental Fee	\$230.00
Rental Tax	\$14.95
Discounts	\$0.00
<b>Subtotal</b>	<b>\$244.95</b>
<hr/>	
Deposits	\$0.00
Deposit Discounts	\$0.00
<hr/>	
<b>Total Permit Fee</b>	<b>\$244.95</b>
<hr/>	
Total Payment	\$0.00
Refunds	\$0.00
<b>Balance</b>	<b>\$244.95</b>

<b>THE FOURTH</b>	1 resource(s)	1 booking(s)	<b>Subtotal: \$230.00</b>
Booking Summary			
<b>SBP Park (Cosponsored Event)</b>			<b>Center: Spa Beach Park</b>
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>
Jul 4, 2023 1:00 PM	Jul 5, 2023 12:00 PM	2500	\$0.00
<b>Resource level fees</b>			<b>\$230.00</b>

<b>Custom Questions</b>	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	Yes
Will this event be having fireworks?	No
Will this event be having liquor?	No
Will this event be using fencing?	Yes

Payment Schedules		Original Balance: \$244.95    Current Balance: \$244.95			
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE	
Feb 1, 2023	\$244.95	\$0.00	\$0.00	\$244.95	

**CITY OF ST. PETERSBURG  
PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENT APPLICATION**



Date Received: 1/5/23  
 Check or Cash: \_\_\_\_\_  
 Application #: 10  
 Packet: A  
 Permit #: P.O.S.

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): 11/23/2023 Location: North Shore Elementary, 200 35th Ave NE, 33704

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: Race Director 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: Amy Morrow Day Phone: 727-488-3756

What month/year were you incorporated as nonprofit? December 2015

List all 501(c)3 entities that will benefit from this event. Friends of North Shore Elementary, North Shore Elementary PTA

Name of the for-profit entity? \_\_\_\_\_

**Describe your event with details.**

The Coffee Pot Turkey Trot is a family-friendly 5K on Thanksgiving morning. The event, supported by numerous local sponsors, has been embraced by the community since its inception six years ago. Hosted by the Friends of North Shore Elementary and the PTA 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 7:45 am at North Shore Elementary, crosses Coffee Pot Bayou, runs through the adjacent neighborhoods of the Old Northeast and Snell Isle, and ends at the school.

**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 a 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: 25.00 Day of: 40.00

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 500 Participants 3,500 Last Year's Total Attendance 3,000

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No)

# Bleacher(s) needed. Each bleacher approx. 180 people)

Tables (6 ft) # needed  Chairs # needed

Public Address System

# of portable risers needed (4 in. x 8 in. x 16 in. sections)

Special Events Facilities

Mahaffey Theater

Coliseum

Sunken Gardens

Boyd Hill

Non-City Locations

Which Location?

**The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.**

- POLICE: Public Safety Personnel, Marine Services
- TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)
- FIRE: Paramedics, Inspectors
- PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration
- RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

**Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.**

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name:	<input type="text" value="Monica Kile"/>	Title:	<input type="text" value="Race Director"/>	Date:	<input type="text" value="01/03/2023"/>
Co-Sign:	<input type="text"/>	Title:	<input type="text"/>	Date:	<input type="text"/>

- NOTE: a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**
- b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.**
- c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for \$30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER, 727-893-7766 or EMAIL: StPeteEvents@stpete.org

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input type="checkbox"/> Located in Park		Park Permit
<input type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input type="checkbox"/> Vending Food / Beverage		Health Inspection
<input checked="" type="checkbox"/> Vendors / Exhibitors	How many? <input style="width: 150px;" type="text" value="5-10"/>	Alcohol Permit Additional insurance Required
<input type="checkbox"/> Vending Beer / Wine		
<input type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <input style="width: 100px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Fence Installation	What type? <input style="width: 200px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Other Structures	What structure? <input style="width: 200px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input checked="" type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input type="checkbox"/> VIP Area		
<input type="checkbox"/> Staging	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Amplified Sound	<input type="checkbox"/> Performers <input checked="" type="checkbox"/> Announcement Only	
<input type="checkbox"/> Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD	
<input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <input style="width: 40px;" type="text" value="12"/> Disabled Units <input style="width: 40px;" type="text" value="2"/> Hand Washing <input style="width: 40px;" type="text" value="4"/>	
<input type="checkbox"/> Off-site Parking / Shuttle		
<input type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Invitations                     | <input type="checkbox"/> Radio            |
| <input checked="" type="checkbox"/> Posters / Flyers     | <input type="checkbox"/> Television       |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> Remote Broadcast |

**City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.**

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks?  YES  NO

If YES, check all that apply.  RV'S  Coffee Vendors  Ice Bins  Freezers  Ice Cream Vendors  Catering Trucks  
 Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Will you supply your own generators?  YES  NO

Will your event have a licensed electrician on-site during the event?  YES  NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

No

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.

0

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.

Public officials, school principal, etc. welcoming crowd.

Discuss your load in/load out parking needs, include times and dates.

NA



Other Comments: Please describe your fee structure.

Early registration is \$25 for adults, \$15 for children, with three \$5 price increases for adults as we draw closer to the event. We intentionally keep the registration 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 works particularly well, with excellent communication between North Shore representatives and city staff, including the Parks and Rec department and the Police Department. We look forward to the opportunity to continue the relationship, and continue to develop what is becoming 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:

Title:

Date:

## Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the <b>Nonprofit</b> Corporation:	Friends of North Shore Elementary
Name of Responsible Party (President or CEO ONLY):	Molly Auld
Title of Responsible Party:	President
Physical Address of Responsible Party:	2320 Coffee Pot Blvd NE
Phone Number of Responsible Party:	
Email Address of Responsible Party:	mollyauld@gmail.com
Nonprofit (Employee Identification Number):	

---

Name of the <b>For-profit</b> 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)**

	<b>Amount</b>
1. Sponsorships	\$47,000.00
2. Registrations	\$89,500.00
3. Donations	\$3,750.00
4.	
5.	
6.	
7.	
8.	
<b>TOTAL GROSS REVENUE</b>	\$140,250.00

**II. EXPENSES (attach sheet if more space is needed)**

1. Marketing	\$4,200.00
2. Vendors (DJ, potties, etc.)	\$3,500.00
3. T-shirts, medals, etc.	\$33,500.00
4. Staffing and software	\$15,300.00
5. Logistics (city, course certification, finish line truss, etc.)	\$23,500.00
6. Post race	\$4,000.00
7. Insurance	\$500.00
8.	
9.	
10.	
11.	
12.	
<b>TOTAL OPERATING EXPENSES</b>	\$84,500.00
<b>TOTAL NET INCOME</b>	\$55,750.00

**III. ALLOCATION OF NET INCOME ( attach sheet if more space is needed)**

1. After-School Enrichment Programs	
2. Books	
3. Teacher Supplies	
4. Teacher Professional Development	
5.	
6.	
<b>TOTAL ALLOCATION OF NET INCOME</b>	

Prepared by:  Date:

Print Application

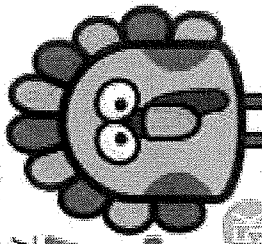
Submit Application by  
Email

NORTH SHORE ELEMENTARY

# TURKEY TROT 5K

COFFEE POT

ST. PETERSBURG, FLORIDA - NOVEMBER 24, 2022



5 min drive - home

**Start/Finish**  
Masonic Home of Florida



34th Ave NE

32nd Ave N

30th Ave N

29th Ave N

28th Ave N

27th Ave N

26th Ave N

25th Ave N

24th Ave N

23rd Ave N

22nd Ave N

21st Ave N

Coffee Pot Park

Coffee Pot Blvd NE

Alameda Way NE

Mariner Blvd NE

Coffeepot Bayou

Howard Rd NE

Coffee Pot Blvd NE

Bay St N

Oak St N

Locust St N

21st Ave N

Winoy Golf Club

SN

Century 21 Beggins Enterprizes

Ricardo Way NE

C. Perry Snell Memorial

St Petersburg Woman's Club

Coffee Pot Bayou bird preserve

Alameda Way NE

Alameda Way NE

Alameda Way NE

at re e's CO

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.

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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](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

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



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## 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 35th Ave NE  
SAINT PETERSBURG, FL 33704

Changed: 03/08/2022

### Mailing Address

200 35th Ave NE  
SAINT PETERSBURG, FL 33704

Changed: 03/08/2022

### Registered Agent Name & Address

North Shore Elementary PTA  
200 35th Ave NE  
SAINT PETERSBURG, FL 33704

Name Changed: 10/25/2022

Address Changed: 10/25/2022

### Officer/Director Detail

#### **Name & Address**

Title Director, VP & Treasurer

Lord, Amanda  
200 35th Ave NE  
SAINT PETERSBURG, FL 33704

Title Director, President

Auld, Molly

200 35th Ave NE

SAINT PETERSBURG, FL 33704

### Annual Reports

Report Year	Filed Date
2021	03/16/2021
2022	03/08/2022
2022	10/25/2022

### Document Images

<a href="#">10/25/2022 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/08/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/16/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/17/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">10/17/2019 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/04/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/22/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/24/2017 -- REINSTATEMENT</a>	<a href="#">View image in PDF format</a>
<a href="#">12/14/2015 -- Domestic Non-Profit</a>	<a href="#">View image in PDF format</a>



**CITY OF ST. PETERSBURG  
PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENT APPLICATION**



Date Received 1/5/23  
 Check or Cash \_\_\_\_\_  
 Application # 11  
 Packet A  
 Permit # R9624

Event Title Boley Centers' 41st Annual Jingle Bell Run Phone No 727-821-4819 Fax No \_\_\_\_\_  
 Entity Name Boley Centers, Inc Federal ID Number 59-1290089  
 Event Date(s) Friday, 12/8/2023 Location North Straub Park  
 Day 1 of Event 12/8/2023 Time Gates Open 6 30PM Ending Time 11 30PM  
 Day 2 of Event \_\_\_\_\_ Time Gates Open \_\_\_\_\_ Ending Time \_\_\_\_\_  
 Day 3 of Event \_\_\_\_\_ Time Gates Open \_\_\_\_\_ Ending Time \_\_\_\_\_  
 Application Prepared by Ashlee Waliszewski Phone 727-821 4819, ext 5706  
 Title Executive Assistant Cell Phone 727-510-3599  
 Address 445 31st St N City St Petersburg State FL Zip 33713  
 Email Address ashlee.waliszewski@boleycenters.org  
 Additional Contact Person Kevin Marrone Day Phone 727-224-8381  
 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 is a night time holiday family fun run, providing a waterfront holiday activity This is our 41st annual, which has become a holiday tradition for many in St Petersburg and Pinellas County

**Describe what economic benefit and impact this event will bring to St Petersburg**

Brings even larger crowds to downtown St Pete

Each co sponsored entity must possess liability insurance naming the City of St Petersburg as an additional insured and secure said insurance in the amount determined by the City

Does your group presently have liability insurance?  YES  NO How much? \$1,000,000

Are there plans to sell or distribute beer/wine at your event?  YES  NO

Will there be an admission / registration fee?  YES  NO Advanced Fee \$40.00 Day of \$45.00

Please provide the website address for your event www.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 500 Participants 3,000 Last Year's Total Attendance 3,500

Please check the equipment and/or facilities you are requesting

Recreation Equipment

Snowmobile (Yes/No)  No

# Bleacher(s) needed Each bleacher approx 180 people

Tables (6 ft) # needed  Chairs # needed

Public Address System

# of portable risers needed (4 in x 8 in x 16 in sections)

Special Events Facilities

Mahaffey Theater

Coliseum

Sunken Gardens

Boyd Hill

Non-City Locations

Which Location?

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE Public Safety Personnel, Marine Services

TRAFFIC Personnel, Equipment (cones, barricades, no parking signs)

FIRE Paramedics, Inspectors

PARKS SERVICES Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration

RECREATION SERVICES On-site Presence, Logistics Help, Liaison with Other Departments

Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name	Kevin Marrone	Title	President/CEO	Date	1/5/2022
Co Sign		Title		Date	

- NOTE a **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**
- b **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.**
- c **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

- 1 Route map for parade, run, walk, and/or bike event.
- 2 Site map of event and detail schedule of each day's events including open and close times.
- 3 Complete Appendix B and Appendix C
- 4 Check for \$30 00 for co-sponsored application processing (non-refundable)
- 5 Check for park permit fee See Appendix A for fee structure
- 6 A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,  
727-893-7766 or EMAIL StPeteEvents@stpete.org

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input type="checkbox"/> Located in Park		Park Permit
<input type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input type="checkbox"/> Vending Food / Beverage		Health Inspection
<input type="checkbox"/> Vendors / Exhibitors	How many? <input style="width: 150px; border: 1px solid black;" type="text" value="1 - 10 Vendors / Exhibitors"/>	
<input checked="" type="checkbox"/> Vending Beer / Wine		Alcohol Permit Additional insurance Required
<input checked="" type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <input style="width: 100px; border: 1px solid black;" type="text" value="2"/>	Temporary Structure Permit
<input type="checkbox"/> Fence Installation	What type? <input style="width: 200px; border: 1px solid black;" type="text"/>	Temporary Structure Permit
<input checked="" type="checkbox"/> Other Structures	What structure? <input style="width: 150px; border: 1px solid black;" type="text" value="Stage"/>	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input type="checkbox"/> VIP Area		
<input type="checkbox"/> Staging	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input type="checkbox"/> Amplified Sound	<input type="checkbox"/> Performers <input checked="" type="checkbox"/> Announcement Only	
<input type="checkbox"/> Security	<input checked="" type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD	
<input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <input style="width: 50px; border: 1px solid black;" type="text" value="6"/> Disabled Units <input style="width: 50px; border: 1px solid black;" type="text" value="2"/> Hand Washing <input style="width: 50px; border: 1px solid black;" type="text" value="2"/>	
<input checked="" type="checkbox"/> Off-site Parking / Shuttle		
<input type="checkbox"/> Semitruck / Tractor Trailer		

Marketing Please check all that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Invitations                     | <input type="checkbox"/> Radio            |
| <input type="checkbox"/> Posters / Flyers                | <input type="checkbox"/> Television       |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> Remote Broadcast |

**City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.**

Electrical Requirements

Does your event require any power needs using more than the standard 110/20amp located in the parks?  YES  NO

If YES, check all that apply  RV'S  Coffee Vendors  Ice Bins  Freezers  Ice Cream Vendors  Catering Trucks  
 Other

Please explain the details of the above items checked Tell us how much and what type of power they would require

Need access to electricity along the course route for small bands We will use City hookups 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

If City permits, licenses, or services are required for event, who will pay for them?

Name Boley Centers, Inc Phone: 727-821-4819

Address (including zip) 445 31st St N, St Petersburg, FL 33713

Type of music, # of stages, and # of bands

Christmas/Holiday/Pop music, 1 stage at start/finish line, DJ at start/finish, 11 bands located throughout the course as in previous years (map attached)

List Vending Products Name & Provider

- Food Trucks TBD for sales to the public
- VIP Food Catering TBD
- CB Lundy's alcohol in VIP tent and alcohol sales to the public

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company

CB Lundy's - beer/wine  
3851 62nd Ave N, Suite B, Pinellas Park, FL 33781  
/27-824-0882

Explain subject/purpose of all speeches/demonstrations which will occur

We will have announcements leading up to the start of the run and musical entertainment before/during/after

Discuss your load in/load out parking needs, include times and dates

Setup will begin Thursday, 12/7/23 in the south portion of the park (tents/registration area) Bike racks are normally delivered in the AM on Fri, 12/8/23 Load out of the items in the park on Sat, 12/9/23

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 President/CEO

Date 1/5/2023

**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) | Kevin Marrone  
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  
E mail Address of Responsible Party | kevin.marrone@boleycenters.org  
Nonprofit (Employer Identification Number) | 59-1290089

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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 |  
E mail Address of Responsible Party |  
For profit (Employer 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 |

ashlee.waliszewski@boleycenters.org

**APPENDIX C  
STATEMENT OF REVENUE AND EXPENSES FORM  
PRIOR YEAR'S EVENT  
(Must be completed)**

Name of Event Boley Centers 40th Annual Jingle Bell Run  
 Date(s) of Event 12/9/2022 - 12/9/2022

	<b>I. REVENUE SOURCES (attach sheet if more space is needed)</b>	<b>Amount</b>
1	Registrations	\$60,000 00
2	Donations	\$4,500 00
3	Sponsorship	\$55,000 00
4		
5		
6		
7		
8		
	<b>TOTAL GROSS REVENUE</b>	\$119,500 00

	<b>II. EXPENSES (attach sheet if more space is needed)</b>	
1	Entertainment	\$7,000 00
2	T Shirts	\$15,000 00
3	Giveaways (on-site)	\$5,500 00
4	Licenses/Permits	\$750 00
5	Course Lighting	\$500 00
6	Artwork	\$1,000 00
7	Supplies (tables, scissor lift, golf carts, etc )	\$5,000 00
8	Printing/Advertising/Mailing	\$2,300 00
9	City of St Petersburg	\$15,000 00
10	Photography	\$1,500 00
11	Porto-lets	\$1,350 00
12	Start/Finish Setup (inflatable, banners, etc )	\$4,500 00
	<b>TOTAL OPERATING EXPENSES</b>	\$59,400 00
	<b>TOTAL NET INCOME</b>	\$60,100 00

	<b>III. ALLOCATION OF NET INCOME ( attach sheet if more space is needed)</b>	
1		
2		
3		
4		
5		
6		
	<b>TOTAL ALLOCATION OF NET INCOME</b>	

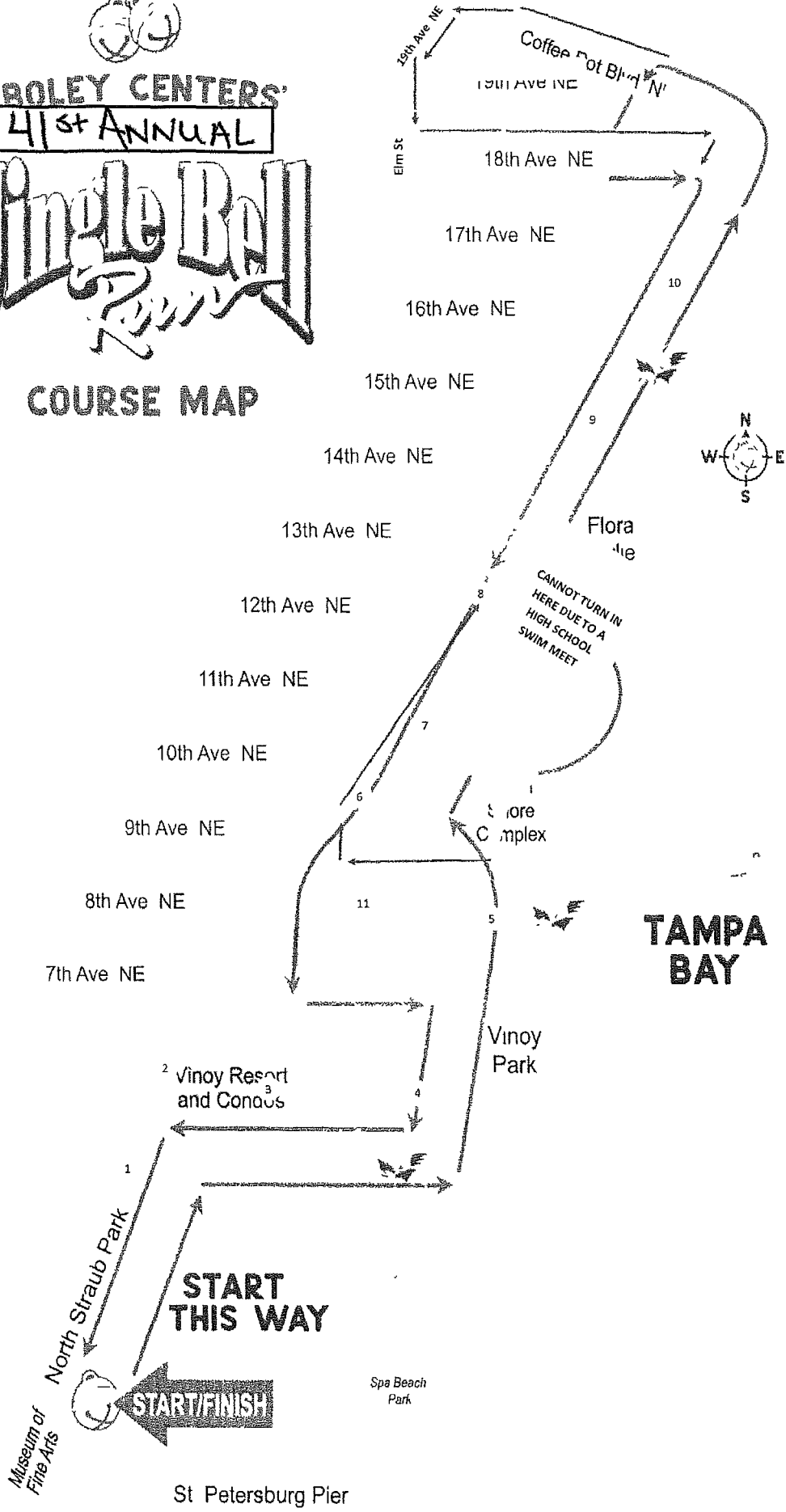
Prepared by Ashlee Waliszewski Date 1/5/2022

Print Application

Submit Application by  
Email

BOLEY CENTERS' 41st ANNUAL  
**Jingle Ball**  
 Run

**COURSE MAP**







## Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14  
R. 01/18

85-8012589317C-5	05/31/2019	05/31/2024	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

BOLEY CENTERS INC  
445 31ST ST N  
SAINT PETERSBURG FL 33713-7605

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased



## Important Information for Exempt Organizations

DR-14  
R. 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.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Not For Profit Corporation  
BOLEY CENTERS, INC.

### Filing Information

<b>Document Number</b>	718784
<b>FEI/EIN Number</b>	59-1290089
<b>Date Filed</b>	07/01/1970
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	AMENDED AND RESTATED ARTICLES
<b>Event Date Filed</b>	06/30/2015
<b>Event Effective Date</b>	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

MARRONE, KEVIN  
445 31ST STREET NORTH  
SAINT PETERSBURG, FL 33713

Name Changed: 01/20/2022

Address Changed: 01/19/2009

### Officer/Director Detail

#### **Name & Address**

Title PRESIDENT/CEO

MARRONE, KEVIN  
445 31ST STREET NORTH  
SAINT PETERSBURG, FL 33713

Title COO/Corporate Secretary

HUMBURG, JACK  
445 31ST STREET NORTH  
SAINT PETERSBURG, FL 33713

Title Director

INCORVIA, SANDRA  
445 31ST STREET NORTH  
SAINT PETERSBURG, FL 33713

Title Director

MISIEWICZ, PAUL  
445 31ST STREET NORTH  
SAINT PETERSBURG, FL 33713

Title Director

LOTT, MARTIN  
445 31ST STREET NORTH  
SAINT PETERSBURG, FL 33713

Title Director

HEBERT, JOHN T  
445 31ST STREET NORTH  
SAINT PETERSBURG, FL 33713

Title Director

BUSSEY, RUTLAND  
445 31ST STREET NORTH  
SAINT PETERSBURG, FL 33713

Title Director

STRINGER, JOSEPH  
445 31ST STREET NORTH  
SAINT PETERSBURG, FL 33713

Title Chairman

SMITH, JOSEPH L  
445 31ST STREET NORTH  
SAINT PETERSBURG, FL 33713

Title First Vice Chair

COLEY, LEONARD

445 31ST STREET NORTH  
SAINT PETERSBURG, FL 33713

Title Director

DR. WALLACE, ROBERT  
445 31ST STREET NORTH  
SAINT PETERSBURG, FL 33713

Title Second Vice Chair

HUGHES, MARKUS, MAJOR  
445 31ST STREET NORTH  
SAINT PETERSBURG, FL 33713

Title Director

Proctor, Susan  
445 31ST STREET NORTH  
SAINT PETERSBURG, FL 33713

Title Director

Sewell, James, Dr.  
445 31ST STREET NORTH  
SAINT PETERSBURG, FL 33713

Title CFO

Joseph, Michelle  
445 31ST STREET NORTH  
SAINT PETERSBURG, FL 33713

#### Annual Reports

Report Year	Filed Date
2022	01/19/2022
2022	01/20/2022
2022	01/21/2022

#### Document Images

<a href="#">11/17/2022 -- AMENDED ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/21/2022 -- AMENDED ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/20/2022 -- AMENDED ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/19/2022 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">11/15/2021 -- AMENDED ANNUAL REPORT</a>	View image in PDF format
<a href="#">02/11/2021 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">11/30/2020 -- AMENDED ANNUAL REPORT</a>	View image in PDF format
<a href="#">09/11/2020 -- AMENDED ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/24/2020 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">11/03/2019 -- AMENDED ANNUAL REPORT</a>	View image in PDF format



# Permit

Parks and Recreation  
 1400 19th Street North  
 St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
 EMAIL:stpeteparksrec@stpete.org

**Permit # R9624**

Status Tentative  
 Date Jan 9, 2023 11:13 AM  
 Expiration Date Mar 10, 2023

<b>Organization Name</b>	Boley Centers Inc - 66	<b>Organization Phone 1</b>	+1 (727) 821-4819
<b>Customer Type</b>	Non-Profit (Tax-Exempt)	<b>Number</b>	
<b>Organization Address</b>	445 31ST ST N ST PETERSBURG, FL 33713		
<b>Agent Name</b>	ASHLEE WALISZEWSKI	<b>Primary Phone Number</b>	+1 (727) 821-4819x7506
		<b>Email Address</b>	ASHLEE.WALISZEWSKI@BOLEYCENTERS.ORG
<b>System User</b>	45937		

Rental Fee	\$230.00
Discounts	\$0.00
Subtotal	\$230.00
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$230.00</b>
Total Payment	\$0.00
Refunds	\$0.00
Balance	\$230.00

<b>BOLEY CENTERS' 41ST ANNUAL JINGLE BELL RUN</b>		1 resource(s)	1 booking(s)	<b>Subtotal: \$230.00</b>
Booking Summary				
<b>NOSP Park (Cosponsored Event)</b>			<b>Center: North Straub Park</b>	
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>	
Dec 8, 2023 12:00 AM	Dec 8, 2023 11:30 PM	4000	\$0.00	
Resource level fees			\$230.00	

Custom Questions	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	Yes
Will this event be having fireworks?	No
Will this event be having liquor?	No
Will this event be using fencing?	Yes

Payment Schedules		Original Balance: \$230.00    Current Balance: \$230.00			
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE	
Feb 1, 2023	\$230.00	\$0.00	\$0.00	\$230.00	

**PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENT APPLICATION**



11/5/23  
Check or Cash: \_\_\_\_\_  
Application #: 12  
Packet: A  
Permit #: R9625

Event Title: Walk to End Alzheimer's Phone No.: 727-270-9917 Fax No.: \_\_\_\_\_

Entity Name: Alzheimer's Association Federal I.D. Number: 13-3039601

Event Date(s): Set up 10/6, Event on 10/7 Location: Poynter Park

Day 1 of Event: 10/6/23 Time Gates Open: 12pm Ending Time: 6pm

Day 2 of Event: 10/7/23 Time Gates Open: 6am Ending Time: 1pm

Day 3 of Event: \_\_\_\_\_ Time Gates Open: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Application Prepared by: Andrea Helme Phone: 727-270-9917

Title: Development Manager Cell Phone: 941-320-7370

Address: 14010 Roosevelt Blvd, Suite 709 City: Clearwater State: FL Zip: 33762

Email Address: alhelme@alz.org

Additional Contact Person: Kelley Strycharz Day Phone: 850-313-2216

What month/year were you incorporated as nonprofit? April 10, 1980

List all 501(c)3 entities that will benefit from this event. Alzheimer's Association

Name of the for-profit entity? N/A

**Describe your event with details.**

Our walk is a gathering and culmination of the hard work of our fundraisers and local community sponsors.. We will have tents and vendor tables with goody bags and snacks, of all of our local sponsors and supporting local Pinellas County companies. We will also have national sponsors set up tables. Our community will gather at 8am and meet and greet their teams, and peruse the area with tents and tables. The walk will start at 9am after the local companies, emcees and walk chairs give their presentations. The walk is typically a 5K. Once the walk is done, most guests leave. The walk is our annual event to raise awareness and funds for Alzheimer's care, support and research.

**Describe what economic benefit and impact this event will bring to St. Petersburg.**

The Walk to End Alzheimer's event takes place nationally and is the largest annual fundraiser held by the Alzheimer's Association. Each event is unique, and allows for communities to bond over their shared experience with the disease. Sponsorship opportunities are offered to local businesses as a chance to share their support of the cause, and showcase the diversity of business that Pinellas County has to offer. In addition, participants will have the opportunity to walk along the beautiful Tampa Bay, which is lined with shops and restaurants owned by fellow Pinellas County citizens. The Alzheimer's Association funds research through a grant program that is generated nationally, and then given to research groups and hospitals on a local level. Pinellas County is fortunate to be the home to several nationally recognized institutions paving the way for Alzheimer's research and helping

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. act.alz.org/pinellas

Please provide a phone number that can be advertised to the public. 727-270-9917

What is the estimated attendance for this event? Spectators \_\_\_\_\_ Participants 1,100 Last Year's Total Attendance 850

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No)   
# Bleacher(s) needed. Each bleacher approx. 180 people)   
Tables (6 ft) # needed  Chairs # needed   
Public Address System   
# of portable risers needed (4 in. x 8 in. x 16 in. sections)

Special Events Facilities

- Mahaffey Theater
- Coliseum
- Sunken Gardens
- Boyd Hill

Non-City Locations

Which Location?

**The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.**

POLICE: Public Safety Personnel, Marine Services  
TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)  
FIRE: Paramedics, Inspectors  
PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration  
RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

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I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name:	<input type="text" value="Andrea Helme"/>	Title:	<input type="text" value="Development Manager"/>	Date:	<input type="text" value="January 4, 2023"/>
Co-Sign:	<input type="text"/>	Title:	<input type="text"/>	Date:	<input type="text"/>

- NOTE: a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**
- b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.**
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PLEASE ATTACH THE FOLLOWING

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2. Site map of event and detail schedule of each day's events including open and close times.
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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



CO-SPONSORED EVENTS  
SUMMARY SHEET

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input checked="" type="checkbox"/> Located in Park		Park Permit
<input type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input type="checkbox"/> Vending Food / Beverage		Health Inspection
<input checked="" type="checkbox"/> Vendors / Exhibitors	How many? <input type="text"/>	
<input type="checkbox"/> Vending Beer / Wine		Alcohol Permit Additional insurance Required
<input checked="" type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <input type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Fence Installation	What type? <input type="text"/>	Temporary Structure Permit
<input checked="" type="checkbox"/> Other Structures	What structure? <input type="text" value="Blow ups"/>	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input checked="" type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input type="checkbox"/> VIP Area		
<input type="checkbox"/> Staging	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Amplified Sound	<input type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input checked="" type="checkbox"/> Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD	
<input type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <input type="text"/> Disabled Units <input type="text"/> Hand Washing <input type="text"/>	
<input type="checkbox"/> Off-site Parking / Shuttle		
<input type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Invitations          | <input checked="" type="checkbox"/> Radio      |
| <input checked="" type="checkbox"/> Posters / Flyers     | <input checked="" type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> Remote Broadcast      |

**City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.**

CO-SPONSORED EVENTS  
SUMMARY SHEET

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/>	Public Invited	General Liability Insurance
<input checked="" type="checkbox"/>	Located in Park	Park Permit
<input type="checkbox"/>	Vending Product / Merchandise Sales	Occupational License
<input type="checkbox"/>	Vending Food / Beverage	Health Inspection
<input checked="" type="checkbox"/>	Vendors / Exhibitors	
	How many? <input type="text"/>	
<input type="checkbox"/>	Vending Beer / Wine	Alcohol Permit Additional insurance Required
<input checked="" type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	Temporary Structure Permit
	How many? <input type="text"/>	
<input type="checkbox"/>	Fence Installation	Temporary Structure Permit
	What type? <input type="text"/>	
<input checked="" type="checkbox"/>	Other Structures	Temporary Structure Permit
	What structure? <input type="text" value="Blow ups"/>	
<input type="checkbox"/>	Open Flame Food Preparation	Fire Inspection Permit
<input type="checkbox"/>	Pyrotechnics	Fireworks Permit
<input checked="" type="checkbox"/>	Require Street Closure	Parade or Street Closure Permit(s)
<input type="checkbox"/>	VIP Area	
<input type="checkbox"/>	Staging	
	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input checked="" type="checkbox"/>	Amplified Sound	
	<input type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input checked="" type="checkbox"/>	Security	
	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD	
<input type="checkbox"/>	Sanitary Facilities - Port-O-Lets	
	Regular Units <input type="text"/> Disabled Units <input type="text"/> Hand Washing <input type="text"/>	
<input type="checkbox"/>	Off-site Parking / Shuttle	
<input type="checkbox"/>	Semitruck / Tractor Trailer	

Marketing: Please check all that apply.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Invitations          | <input checked="" type="checkbox"/> Radio      |
| <input checked="" type="checkbox"/> Posters / Flyers     | <input checked="" type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> Remote Broadcast      |

**City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.**

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 1 stage

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.

to increase awareness of organization and its supporters and raise more funds. Announce start time, warm up before walking with music, team that raised most funds, Thank you, etc.

Discuss your load in/load out parking needs, include times and dates.

We would like to arrive on Friday, October 6th after 12pm to begin set up. We will have a U Haul with signs, blow ups, and materials needs. We will be reserving lots 7 and 9 of the USFSP campus. We will need a space on 10/7 near the park to pull our van up to present our resources. On Saturday morning, we will arrive by 5-6am to continue set up.

Other Comments: Please describe your fee structure.

In the past, we rented Lot 9, then expanded to both 9 and 11.

Other comments:

We will be setting up approx 10 tents, registration and sponsors (10x10 and 20x10)

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: Andrea Helme

Title: Development Manager

Date: January 4, 2023

**Appendix B  
President or CEO  
Responsible Party Information**

Please complete the information below for each responsible party.

Name of the <b>Nonprofit</b> Corporation:	Alzheimer's Association
Name of Responsible Party (President or CEO ONLY):	Angela McAuley
Title of Responsible Party:	Regional Leader
Physical Address of Responsible Party:	14010 Roosevelt Blvd., Suite 709, Clearwater, FL 33762
Phone Number of Responsible Party:	727-578-2558
Email Address of Responsible Party:	admcauley@alz.org
Nonprofit (Employee Identification Number):	13-3039601

Name of the <b>For-profit</b> 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	Andrea Helme
Address	
City, State, Zip	

BY EMAIL

Email Address:	alhelme@alz.org
----------------	-----------------

**STATEMENT OF REVENUE AND EXPENSES FORM  
PRIOR YEAR'S EVENT  
(Must be completed)**

Date(s) of Event:  -

<b>I. REVENUE SOURCES (attach sheet if more space is needed)</b>	<b>Amount</b>
1. Individual Event Donations	\$117,906.07
2. Sponsorship	\$32,000.00
3.	
4.	
5.	
6.	
7.	
8.	\$161,239.07
<b>TOTAL GROSS REVENUE</b>	

<b>II. EXPENSES (attach sheet if more space is needed)</b>	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
<b>TOTAL OPERATING EXPENSES</b>	
<b>TOTAL NET INCOME</b>	

<b>III. ALLOCATION OF NET INCOME (attach sheet if more space is needed)</b>	
1.	
2.	
3.	
4.	
5.	
6.	
<b>TOTAL ALLOCATION OF NET INCOME</b>	

Prepared by:  Date:

[Print Application](#)

[Submit Application by Email](#)



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by FEI/EIN Number](#) /

## Detail by FEI/EIN Number

Foreign Not For Profit Corporation

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC.

### Filing Information

**Document Number** F93000005398  
**FEI/EIN Number** 13-3039601  
**Date Filed** 11/29/1993  
**State** DE  
**Status** ACTIVE  
**Last Event** CORPORATE MERGER  
**Event Date Filed** 06/16/2016  
**Event Effective Date** 07/01/2016

### Principal Address

225 NORTH MICHIGAN AVENUE  
17TH FLOOR  
CHICAGO, IL 60601

Changed: 02/13/2012

### Mailing Address

310 W. 20th Street  
Suite 300  
Kansas City, MO 64108

Changed: 03/06/2013

### Registered Agent Name & Address

CORPORATE CREATIONS NETWORK, INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408

Name Changed: 05/01/2007

Address Changed: 03/25/2020

### Officer/Director Detail

#### **Name & Address**

Title COO & Assistant Treasurer

HOVLAND, RICHARD H.

225 NORTH MICHIGAN AVENUE  
17TH FLOOR  
CHICAGO, IL 60601

Title Chair

Richardson, Brian  
225 NORTH MICHIGAN AVENUE  
17TH FLOOR  
CHICAGO, IL 60601

Title Secretary

Mundy, Ryan  
225 NORTH MICHIGAN AVENUE  
17TH FLOOR  
CHICAGO, IL 60601

Title Treasurer

Baude, Bruce  
225 NORTH MICHIGAN AVENUE  
17TH FLOOR  
CHICAGO, IL 60601

Title CEO

JOHNS, HARRY M.  
225 NORTH MICHIGAN AVENUE  
17TH FLOOR  
CHICAGO, IL 60601

Title Vice Chair

Perich, Cecile  
225 NORTH MICHIGAN AVENUE  
17TH FLOOR  
CHICAGO, IL 60601

Title VP

Helton, Michelle D.  
225 NORTH MICHIGAN AVENUE  
17TH FLOOR  
CHICAGO, IL 60601

Title President

PIKE, JOANNE  
225 NORTH MICHIGAN AVENUE  
17TH FLOOR  
CHICAGO, IL 60601



**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2020	03/25/2020
2021	01/26/2021
2022	04/13/2022

**Document Images**

<a href="#">04/13/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/26/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/25/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/12/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/27/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/01/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/16/2016 -- Merger</a>	<a href="#">View image in PDF format</a>
<a href="#">06/15/2016 -- Merger</a>	<a href="#">View image in PDF format</a>
<a href="#">06/15/2016 -- Merger</a>	<a href="#">View image in PDF format</a>
<a href="#">03/31/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/14/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/23/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/06/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/13/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/10/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/15/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/16/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/23/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/01/2007 -- REINSTATEMENT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/20/2003 -- REINSTATEMENT</a>	<a href="#">View image in PDF format</a>
<a href="#">11/12/1999 -- REINSTATEMENT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/05/1998 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">09/08/1997 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/21/1996 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/07/1995 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

# Permit



Parks and Recreation  
1400 19th Street North  
St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
EMAIL:stpeteparksrec@stpete.org

**Permit # R9625**

Status Tentative  
Date Jan 9, 2023 11:20 AM  
Expiration Date Mar 10, 2023

<b>Organization Name</b>	Alzheimer's Disease And Related Disorders Assoc - 289	<b>Organization Phone 1 Number</b>	+1 (518) 937-8584
<b>Customer Type</b>	Non-Profit (Tax-Exempt)		
<b>Organization Address</b>	14010 ROOSEVELT BLVD SUITE 709 CLEARWATER, FL 33762		
<b>Agent Name</b>	ANDREA HELME	<b>Primary Phone Number</b>	+1 (941) 320-7370
		<b>Email Address</b>	ALHELME@ALZ.ORG
<b>System User</b>	45937		

Rental Fee	\$460.00
Discounts	\$0.00
Subtotal	\$460.00
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$460.00</b>
Total Payment	\$0.00
Refunds	\$0.00
Balance	\$460.00

<b>WALK TO END ALZHEIMER'S</b>	1 resource(s)	1 booking(s)	<b>Subtotal: \$460.00</b>
Booking Summary			
<b>PTP Park (Cosponsored Event)</b>			<b>Center: Poynter Park</b>
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>
Oct 6, 2023 12:00 AM	Oct 7, 2023 5:00 PM	2000	\$0.00
Resource level fees			\$460.00

Custom Questions	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	No
Will this event be having fireworks?	No
Will this event be having liquor?	No
Will this event be using fencing?	No

Payment Schedules		Original Balance: \$460.00    Current Balance: \$460.00			
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE	
Feb 1, 2023	\$460.00	\$0.00	\$0.00	\$460.00	

**CITY OF ST. PETERSBURG  
PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENT APPLICATION**



Date Received: 1/6/23  
 Check or Cash: \_\_\_\_\_  
 Application #: 13  
 Packet: A  
 Permit #: R9626

Event Title: Girls on the Run 2023 Fall 5K Phone No.: 8138322826 Fax No.: \_\_\_\_\_

Entity Name: Girls on the Run Greater Tampa Bay Federal I.D. Number: 82-1793509

Event Date(s): December 2, 2023 Location: Albert Whitted Park

Day 1 of Event: 12/2/23 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: Quenita Oats Phone: 26226176277

Title: Executive Director Cell Phone: 2626176277

Address: 13194 South US Hwy 301 Suite 379 City: Riverview State: Florida Zip: 33578

Email Address: quenita.oats@girlsontherun.org

Additional Contact Person: Patrick McGee Day Phone: 813-758-7531

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 is the culminating celebration of nearly 600 girls who have completed the our 10-week Girls on the Run program. Physical activity is woven into the program's curriculum to inspire an appreciation for fitness and healthy habits and teach life skills including teaching others with care, practicing gratitude and managing emotions. Each season culminates with a Girls on the Run 5K event. This celebratory, non-competitive event provides our girls with a sense of accomplishment and instills the value of goal setting and team work.

The Girls on the Run 5K event serves three purposes: honor our girls, bring our community together and act a fundraiser for our Scholarship Fund. Our event is open to the public and is for EVERYONE- male, female, non-binary, young and old and all abilities! We encourage walking, running, skipping, crtwheeling, even dancing to move forward!

Describe what economic benefit and impact this event will bring to St. Petersburg.

All funds raised from the GOTR 5K goes into our Scholarship Fund, so that all girls have the opportunity to participate in our life-changing program. On average, over 55% of our girls receive scholarships. By providing financial assistance, we remove the financial burden from participants, roughly one-third of which live in Pinellas County including the following schools: Perkins, Midtown Academy, LCC Day School, and Plato Acedemy St. Pete. The GOTR 5K brings participants from 70+ locations across the Greater Tampa Bay area (Pasco, Hillsborough, Sarasota and Manatee Counties) to St. Pete where many stay overnight in hotels, eat in local resturants, shop in surrounding 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 5K

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 occurrence

Are there plans to sell or distribute beer/wine at your event?  YES  NO

Will there be an admission / registration fee?  YES  NO Advanced Fee: \$30 Day of: \$30

Please provide the website address for your event. www.gotrtampa.org/5k

Please provide a phone number that can be advertised to the public. 813-832-2826

What is the estimated attendance for this event? Spectators 500 Participants 1500 Last Year's Total Attendance 1500

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No)   
# Bleacher(s) needed. Each bleacher approx. 180 people)   
Tables (6 ft) # needed  Chairs # needed   
Public Address System   
# of portable risers needed (4 in. x 8 in. x 16 in. sections)

Special Events Facilities

Mahaffey Theater  
 Coliseum  
 Sunken Gardens  
 Boyd Hill

Non-City Locations

Which Location?

**The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.**

POLICE: Public Safety Personnel, Marine Services  
TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)  
FIRE: Paramedics, Inspectors  
PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration  
RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

**Note: The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.**

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name:  Title:  Date:   
Co-Sign:  Title:  Date:

- NOTE: a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**  
b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.**  
c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for \$30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,  
727-893-7766 or EMAIL: StPeteEvents@stpete.org

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input checked="" type="checkbox"/> Located in Park		Park Permit
<input checked="" type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input checked="" type="checkbox"/> Vending Food / Beverage		Health Inspection
<input checked="" type="checkbox"/> Vendors / Exhibitors	How many? <input style="width: 150px;" type="text" value="11 - 20 Vendors / Exhibitors"/>	Alcohol Permit Additional insurance Required
<input type="checkbox"/> Vending Beer / Wine		
<input type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <input style="width: 100px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Fence Installation	What type? <input style="width: 200px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Other Structures	What structure? <input style="width: 200px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input checked="" type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input type="checkbox"/> VIP Area		
<input type="checkbox"/> Staging	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input type="checkbox"/> Amplified Sound	<input type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input type="checkbox"/> Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD	
<input checked="" type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <input style="width: 40px;" type="text" value="15"/> Disabled Units <input style="width: 40px;" type="text" value="2"/> Hand Washing <input style="width: 40px;" type="text" value="6"/>	
<input type="checkbox"/> Off-site Parking / Shuttle		
<input type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Invitations          | <input type="checkbox"/> Radio            |
| <input checked="" type="checkbox"/> Posters / Flyers     | <input type="checkbox"/> Television       |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> Remote Broadcast |

**City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.**

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks?  YES  NO

If YES, check all that apply.  RV'S  Coffee Vendors  Ice Bins  Freezers  Ice Cream Vendors  Catering Trucks  
 Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

N/A

Will you supply your own generators?  YES  NO

Will your event have a licensed electrician on-site during the event?  YES  NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

No

If City permits, licenses, or services are required for event, who will pay for them?

Name:  Phone:

Address (including zip):

Type of music, # of stages, and # of bands.

We will have a DJ with speakers playing radio-friendly Top 40 Hits

List Vending Products. Name & Provider.

Tampa Bay Rays mascot, Tampa Bay Lightning Street team, Tampa Bay Roedies Street Team, Florida Dairy Council, MedExpress, 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 staff will make an opening speech to welcome participants to event, honor selected volunteer coaches and invite 1-2 sponsors to also welcome 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 begin setting up our Celebration Villave (including Packet Pick-Up tentes, etc.) and our Start/Finish Line chute (barricades, signage, truss) on Friday, December 1st. We will complete set up on Saturday morning (December 2nd) starting at 4:30am to be ready for participants arriving at 7am. The event will be entirely cleaned up by 1pm latest on Decemver 2nd 2023.

Other Comments: Please describe your fee structure.

The 5K entry fee is included in the program registration fee for our GOTR participants. For adult running buddies and community runners, the GOTR 5K registration fee is \$30, which include entry, medal, t-shirt and 5K 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 5K day.

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 researched-based curricula which includes dynamic discussions, activities and running games. Over the course of the 10-week season, girls in 3rd-8th grade develop essential skills to help them navigate their worlds and establish a lifetime of 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 a Girls on the Run 5K. Completing the 5K gives the girls a tangible sense of achievement as well as framework for setting and achieving life goals. Making the seemingly impossible, possible.

We have hosted two 5K events per year in St. Petersburg since 2017, and have been thrilled with our partnership!

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

**WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.**

***I certify that the facts contained in this application are accurate.***

Name:  Title:  Date:



## Appendix B President or CEO Responsible Party Information

Please complete the information below for each responsible party.

Name of the <b>Nonprofit</b> Corporation:	Girls on the Run Greater Tampa Bay
Name of Responsible Party (President or CEO ONLY):	Quenita Oats
Title of Responsible Party:	Executive Director
Physical Address of Responsible Party:	13194 US Hwy 301 Suite 379 Riverview, FL 33578
Phone Number of Responsible Party:	813-832-2826
Email Address of Responsible Party:	quenita.oats@girlsontherun.org
Nonprofit (Employee Identification Number):	82-1793509

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Name of the <b>For-profit</b> Corporation:	NA
Name of Responsible Party (President or CEO ONLY):	NA
Title of Responsible Party:	NA
Physical Address of Responsible Party:	NA
Phone Number of Responsible Party:	NA
Email Address of Responsible Party:	NA
For-profit (Employee Identification Number)	NA

**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	Quenita Oats
Address	13194 US Hwy 301 Suite 379
City, State, Zip	Riverview, FL 33578

BY EMAIL

Email Address:	quenita.oats@girlsontherun.org
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**APPENDIX C  
STATEMENT OF REVENUE AND EXPENSES FORM  
PRIOR YEAR'S EVENT  
(Must be completed)**

Name of Event: Girls on the Run Fall 2023 5K  
 Date(s) of Event: 12/02/2023 - 12/02/2023

**I. REVENUE SOURCES (attach sheet if more space is needed)**

		Amount
1.	Registration Fees	\$22,500
2.	Individual Donations	\$1,000
3.	GOTR Merch	\$10,000
4.	In-Kind Donations	\$1,500
5.	Sponsors	\$10,000
6.		
7.		
8.		
<b>TOTAL GROSS REVENUE</b>		

**II. EXPENSES (attach sheet if more space is needed)**

1.	Celebration Village Supplies	\$2,500
2.	5K T-Shirts	\$3,500
3.	Medals	\$2,200
4.	Bibs	\$500
5.	DJ	\$500
6.	Rentals (port-o-lets, cones, tables, etc.)	\$4,000
7.	Marketing	\$1,500
8.	Police/Permits	\$7,000
9.		
10.		
11.		
12.		
<b>TOTAL OPERATING EXPENSES</b>		
<b>TOTAL NET INCOME</b>		

**III. ALLOCATION OF NET INCOME ( attach sheet if more space is needed)**

1.	Girls on the Run Scholarships	\$24,000
2.		
3.		
4.		
5.		
6.		
<b>TOTAL ALLOCATION OF NET INCOME</b>		

Prepared by: Quenita Oats, Executive Director Date: 01/6/2023

Print Application

Submit Application by  
Email

# Girls on the Run 5K

## Run of Show

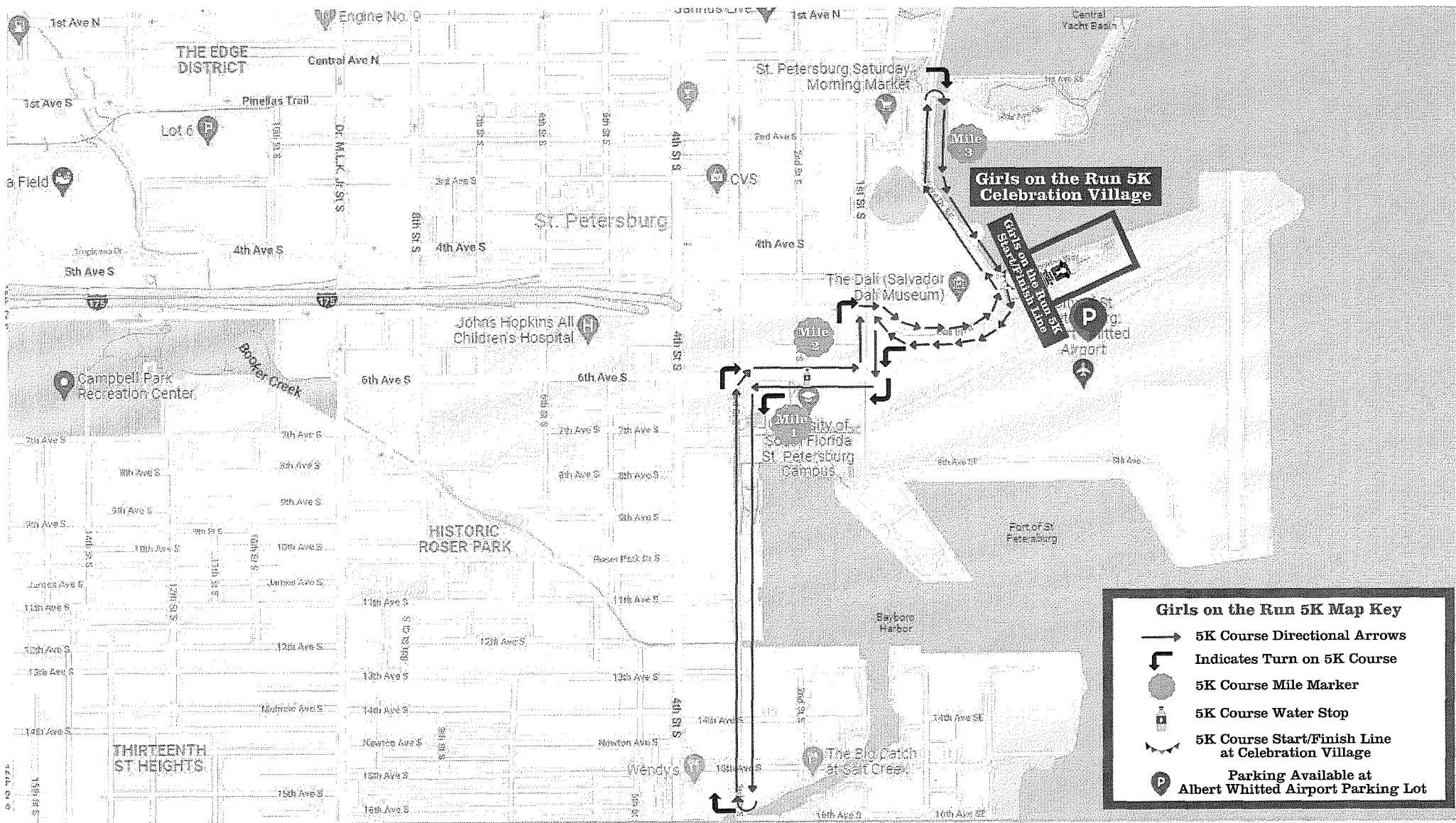
### Friday 12/1

- 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 12/2

<b>Time</b>	<b>Action</b>
-------------	---------------







- |          |   |
|----------|---|
| 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   |



**Girls on the Run 5K Celebration Village**

**Girls on the Run 5K Start/Finish Line**

**Girls on the Run 5K Map Key**

-  5K Course Directional Arrows
-  Indicates Turn on 5K Course
-  5K Course Mile Marker
-  5K Course Water Stop
-  5K Course Start/Finish Line at Celebration Village
-  Parking Available at Albert Whitted Airport Parking Lot



# Girls on the Run 5K Celebration Village

**Girls on the Run 5K Map Key**

- 5K Course Directional Arrows
- Indicates Turn on 5K Course
- Paid Parking Lot
- GOTR Supporter Cheer Space!
- 5K Course Start/Finish Line at Celebration Village
- GOTR and Vendor Tents
- Restrooms (Port-o-lets)

1st St S  
1st St S  
2  
1st St S

The Fountain Of Youth

Duke Energy Center for the Arts...  
Mahaffey Theater Foundation, Inc

400 1st St SE Garage

The Dali (Salvador Dali Museum)  
Surrealist art in glass-paneled building

Albert Whitted Airport

The Hangar Restaurant & Flight Lounge

Grand Prix of St. Petersburg

Albert Whitted Playground  
Albert Whitted Park Open

Bayshore Dr SE

Girls on the Run 5K Start/Finish Line

Wheldon Way

Saint Paul Boat Shop

Stage

Team Line-Up Space

Dan Wheldon Way

Restrooms

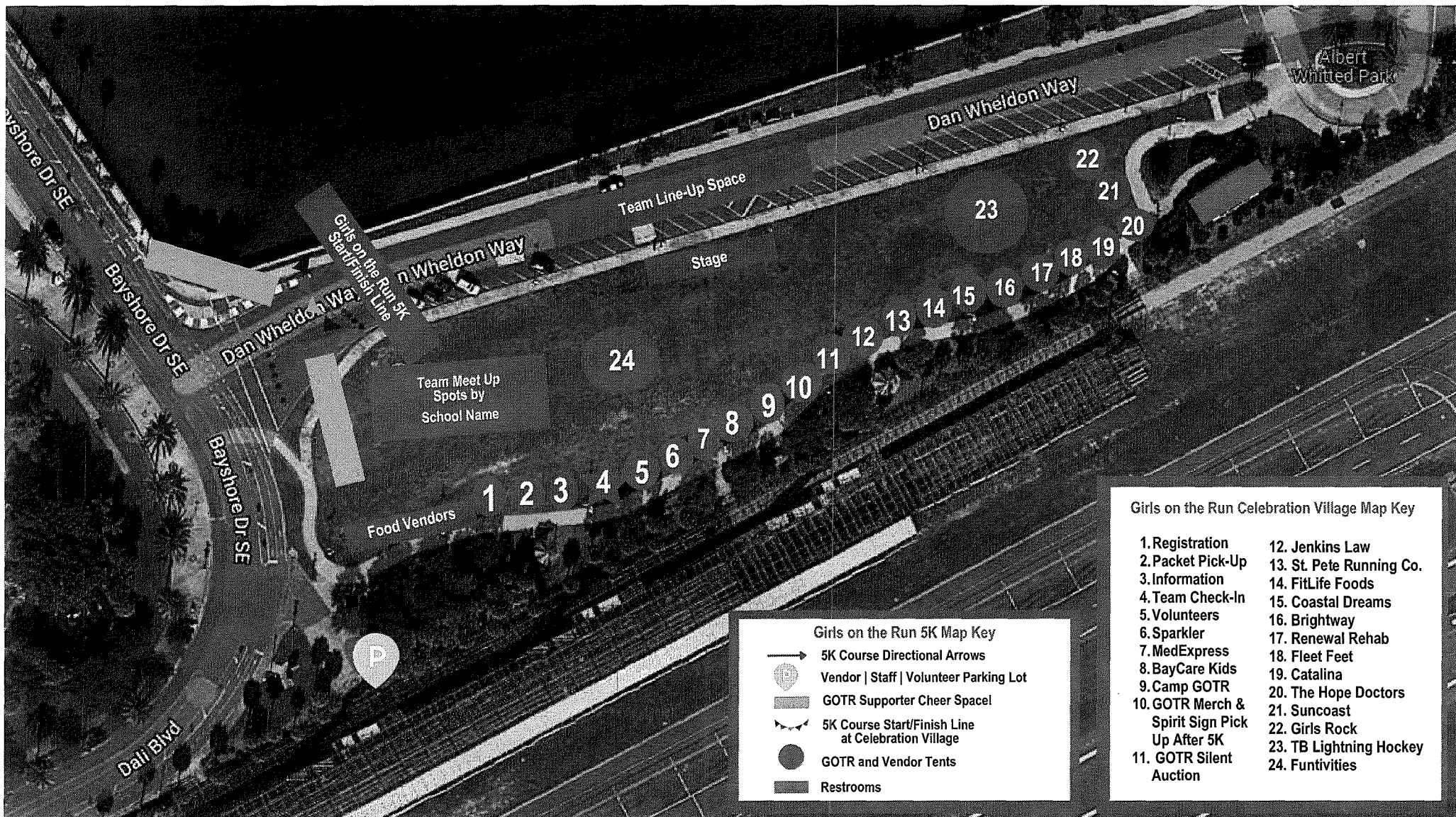
GOTR Supporter Cheer Space!

GOTR Supporter Cheer Space!

Dali Blvd

Dali Blvd

Dali Blvd



**Girls on the Run 5K Map Key**

- 5K Course Directional Arrows
- 📍 Vendor | Staff | Volunteer Parking Lot
- 🎉 GOTR Supporter Cheer Space!
- 🏁 5K Course Start/Finish Line at Celebration Village
- 🌳 GOTR and Vendor Tents
- 🚻 Restrooms

**Girls on the Run Celebration Village Map Key**

1. Registration	12. Jenkins Law
2. Packet Pick-Up	13. St. Pete Running Co.
3. Information	14. FitLife Foods
4. Team Check-In	15. Coastal Dreams
5. Volunteers	16. Brightway
6. Sparkler	17. Renewal Rehab
7. MedExpress	18. Fleet Feet
8. BayCare Kids	19. Catalina
9. Camp GOTR	20. The Hope Doctors
10. GOTR Merch & Spirit Sign Pick Up After 5K	21. Suncoast
11. GOTR Silent Auction	22. Girls Rock
	23. TB Lightning Hockey
	24. Funtivities





**Girls on the Run 5K Map Key**

- 5K Course Directional Arrows
- P Vendor | Staff | Volunteer Parking Lot
- GOTR Supporter Cheer Space!
- 5K Course Start/Finish Line at Celebration Village
- GOTR and Vendor Tents
- Restrooms

**Girls on the Run Celebration Village Map Key**

1. Registration	12. Jenkins Law
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10. GOTR Merch & Spirit Sign Pick Up After 5K	21. Suncoast
11. GOTR Silent Auction	22. Girls Rock
	23. TB Lightning Hockey
	24. Funtivities
	25. STEM

Internal Revenue Service  
P. O. Box 2508  
Cincinnati, OH 45201

Department of the Treasury

Date: June 13, 2017

GIRLS ON THE RUN INTERNATIONAL  
801 EAST MOREHEAD STREET SUITE 201  
CHARLOTTE NC 28202

Person to Contact:

K. Gleason #0203083

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

56-2201835

Group Exemption Number:

6150

Dear Sir or Madam:

This is in response to your request dated May 26, 2017, for information about your tax-exempt status.

Our records indicate we issued a determination letter to you in October 2000, and that you're currently exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also recognized the subordinates on the list you submitted as exempt from federal income tax under IRC Section 501(c)(3).

For federal income tax purposes, donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106 and 2522.

Because IRC Section 170(c) describes your subordinate organizations, donors can deduct contributions they make to them.

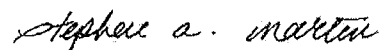
Please refer to [www.irs.gov/charities](http://www.irs.gov/charities) for information about filing requirements. Specifically, IRC Section 6033(j) provides that, if you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due 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](http://www.irs.gov) or call 1-800-TAX-FORM (1-800-829-3676).

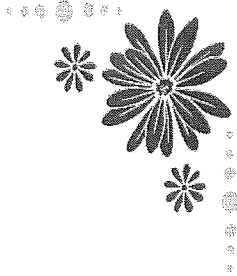
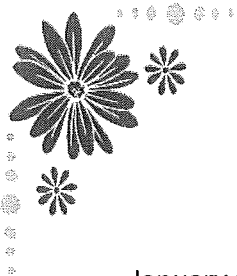
If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

Sincerely yours,



Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements





**2023 FALL EVENT**

January 6, 2023

Dear Co-Sponsor Committee,

We are so excited to apply to host our Girls on the Run 5K 2023 Fall event again in the gorgeous city of St. Petersburg!

We have hosted two 5K events per year in St. Petersburg since 2017 and have been thrilled with our partnership. We will continue to serve our girls and work with the City of St. Petersburg to ensure the safest and sparkliest events for our community.

Enclosed are the following items:

- Co-Sponsor Event Application
- 5K Route
- Race Village Map
- Event Timeline
- 501(c)3 Letter of Determination

Thank you for being our Partner in inspiring girls to be joyful, healthy and confident.

Sincerely,

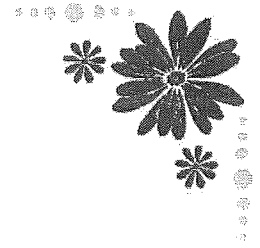
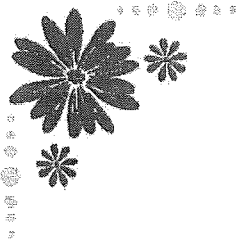
Quenita Oats  
Executive Director

Girls on the Run Greater Tampa Bay

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13194 US Hwy 301, Suite 379  
Riverview, Florida 33578  
(813) 832-2826





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](http://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](http://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.

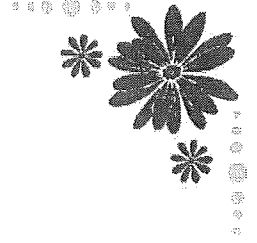
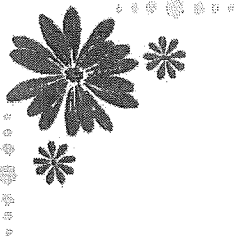
Girls on the Run International

801 East Morehead Street  
Suite 201  
Charlotte, NC 28202

704-376-9817

[www.girlsontherun.org](http://www.girlsontherun.org)





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](mailto:hblake@girlsontherun.org).

Sincerely,

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](http://www.girlsontherun.org)





[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Not For Profit Corporation  
GIRLS ON THE RUN GREATER TAMPA BAY, INC.

### Filing Information

<b>Document Number</b>	N17000006989
<b>FEI/EIN Number</b>	82-1793509
<b>Date Filed</b>	07/06/2017
<b>Effective Date</b>	08/01/2017
<b>State</b>	FL
<b>Status</b>	ACTIVE

### Principal Address

13194 US Hwy 301 South  
Suite 379  
Riverview, FL 33578

Changed: 05/24/2022

### Mailing Address

PO Box 30667 PMB 65493  
CHARLOTTE, NC 28230

Changed: 03/16/2021

### Registered Agent Name & Address

Quenita , Oats  
13194 US Hwy 301 South  
Suite 379  
Riverview, FL 33578

Name Changed: 05/24/2022

Address Changed: 05/24/2022

### Officer/Director Detail

#### **Name & Address**

Title Chairman

Willsey, Deanna  
PO Box 30667 PMB 65493  
CHARLOTTE, NC 28230

Title Board Member, Treasurer

Jenkins, Kelly-Ann  
PO Box 30667 PMB 65493  
CHARLOTTE, NC 28230

Title Director

Gellar, Nicole  
PO Box 30667 PMB 65493  
CHARLOTTE, NC 28230

Title Secretary

Rice, Lauren  
PO Box 30667 PMB 65493  
CHARLOTTE, NC 28230

Title CFO - Girls on the Run International

Blake, Heather  
PO Box 30667 PMB 65493  
Charlotte, NC 28230

Title Board Member, VC

Reilly, Jacklyn  
PO Box 30667 PMB 65493  
CHARLOTTE, NC 28230

#### **Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2020	02/28/2020
2021	03/16/2021
2022	05/24/2022

#### **Document Images**

<a href="#">05/24/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/16/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/28/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/14/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/01/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/06/2017 -- Domestic Non-Profit</a>	<a href="#">View image in PDF format</a>

# Permit



Parks and Recreation  
1400 19th Street North  
St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
EMAIL:stpeteparksrec@stpete.org

**Permit # R9626**

Status Tentative  
Date Jan 9, 2023 11:23 AM  
Expiration Date Mar 10, 2023

<b>Organization Name</b>	Girls On The Run Greater Tampa Bay Inc - 45		
<b>Customer Type</b>	Non-Profit (Tax-Exempt)		
<b>Organization Address</b>	2519 N MCMULLEN BOOTH SUITE 510145 CLEARWATER, FL 33761		
<b>Agent Name</b>	Quenita Oats	<b>Primary Phone Number</b>	+1 (262) 617-6277
		<b>Email Address</b>	quenita.oats@girlsontherun.org
<b>System User</b>	45937		

Rental Fee	\$460.00
Discounts	\$0.00
Subtotal	\$460.00
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$460.00</b>
Total Payment	\$0.00
Refunds	\$0.00
Balance	\$460.00

<b>GIRLS ON THE RUN 2023 FALL 5K</b>		1 resource(s)	1 booking(s)	<b>Subtotal: \$460.00</b>
Booking Summary				
<b>AWP Park (Cosponsored Event)</b>			<b>Center: Albert Whitted Park</b>	
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>	
Dec 1, 2023 12:00 AM	Dec 2, 2023 5:00 PM	1500	\$0.00	
<b>Resource level fees</b>			<b>\$460.00</b>	

Custom Questions	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	No
Will this event be having fireworks?	No
Will this event be having liquor?	No
Will this event be using fencing?	No

Payment Schedules		Original Balance: \$460.00    Current Balance: \$460.00		
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE
Feb 1, 2023	\$460.00	\$0.00	\$0.00	\$460.00

**CITY OF ST. PETERSBURG  
PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENT APPLICATION**



Date Received: 1/9/23  
 Check or Cash: \_\_\_\_\_  
 Application #: 14  
 Packet: A  
 Permit #: R9664

Event Title: SPIFFS 48th Annual International Folk Fair Phone No.: 727-289-3744 Fax No.: N/A  
 Entity Name: St. Petersburg International Folk Fair Society, Inc. Federal I.D. Number: 59-1674088  
 Event Date(s): October 19-21, 2023 Location: Albert Whitted Park  
 Day 1 of Event: 10/19/23 Time Gates Open: 9am Ending Time: 3pm  
 Day 2 of Event: 10/20/23 Time Gates Open: 9am Ending Time: 3pm  
 Day 3 of Event: 10/21/23 Time Gates Open: 10am Ending Time: 6pm

Application Prepared by: William Parsons Phone: 727-289-3744  
 Title: President Cell Phone: 727-272-6706  
 Address: 2335 22nd Ave S, Ste 14 City: St Petersburg State: FL Zip: 33710  
 Email Address: internationalfolkfair@gmail.com  
 Additional Contact Person: Steven Barefield Day Phone: 727-433-1867  
 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.**

SPIFFS International 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 mock up travel passport, which they get stamped at 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.**

The St. Petersburg International Folk Fair draws thousands of people from all over Pinellas, Hillsborough, Pasco, Manatee, Polk and counties beyond to downtown St. Peterburg for the Fair. It exposes those people to all that St. Petersburg has to offer and creates an environment that celebrates diversity and makes folks more likely to return often to the 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? 1000000  
 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: 12 Day of: 12  
 Please provide the website address for your event. www.SPIFFS.org  
 Please provide a phone number that can be advertised to the public. 727-289-3744  
 What is the estimated attendance for this event? Spectators 10000 Participants 300 Last Year's Total Attendance 8200



Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No)  No

# Bleacher(s) needed. Each bleacher approx. 180 people)

Tables (6 ft) # needed  Chairs # needed

Public Address System

# of portable risers needed (4 in. x 8 in. x 16 in. sections)

Special Events Facilities

Mahaffey Theater

Coliseum

Sunken Gardens

Boyd Hill

Non-City Locations

Which Location?

**The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.**

POLICE: Public Safety Personnel, Marine Services

TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)

FIRE: Paramedics, Inspectors

PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration

RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

**Note:** The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name:  Title:  Date:

Co-Sign:  Title:  Date:

- NOTE: a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**
- b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.**
- c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for \$30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,  
727-893-7766 or EMAIL: StPeteEvents@stpete.org

PARKS & RECREATION DEPARTMENT  
 CO-SPONSORED EVENTS  
 SUMMARY SHEET

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/>	Public Invited	General Liability Insurance
<input checked="" type="checkbox"/>	Located in Park	Park Permit
<input checked="" type="checkbox"/>	Vending Product / Merchandise Sales	Occupational License
<input checked="" type="checkbox"/>	Vending Food / Beverage	Health Inspection
<input checked="" type="checkbox"/>	Vendors / Exhibitors	How many? <input type="text" value="Over 30 Vendors / Exhibitor"/>
<input checked="" type="checkbox"/>	Vending Beer / Wine	Alcohol Permit Additional insurance Required
<input checked="" type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	How many? <input type="text" value="40+"/> Temporary Structure Permit
<input checked="" type="checkbox"/>	Fence Installation	What type? <input type="text" value="Chain Link"/> Temporary Structure Permit
<input type="checkbox"/>	Other Structures	What structure? <input type="text"/> Temporary Structure Permit
<input checked="" type="checkbox"/>	Open Flame Food Preparation	Fire Inspection Permit
<input type="checkbox"/>	Pyrotechnics	Fireworks Permit
<input checked="" type="checkbox"/>	Require Street Closure	Parade or Street Closure Permit(s)
<input type="checkbox"/>	VIP Area	
<input checked="" type="checkbox"/>	Staging	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other
<input checked="" type="checkbox"/>	Amplified Sound	<input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only
<input checked="" type="checkbox"/>	Security	<input checked="" type="checkbox"/> Daytime - Private <input checked="" type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD
<input checked="" type="checkbox"/>	Sanitary Facilities - Port-O-Lets	Regular Units <input type="text" value="8"/> Disabled Units <input type="text" value="2"/> Hand Washing <input type="text" value="2"/>
<input checked="" type="checkbox"/>	Off-site Parking / Shuttle	
<input checked="" type="checkbox"/>	Semitruck / Tractor Trailer	

Marketing: Please check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Invitations                     | <input checked="" type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Posters / Flyers     | <input type="checkbox"/> Television       |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> Remote Broadcast |

**City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.**

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks?  YES  NO

If YES, check all that apply.  RV'S  Coffee Vendors  Ice Bins  Freezers  Ice Cream Vendors  Catering Trucks  
 Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

[Empty box for details of power requirements]

Will you supply your own generators?  YES  NO

Will your event have a licensed electrician on-site during the event?  YES  NO If YES, who? [Empty box]

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

[Empty box for variance explanation]

If City permits, licenses, or services are required for event, who will pay for them?

Name: SPIFFS Phone: 727-289-3744

Address (including zip): 2335 22nd Ave S, Ste14, St. Petersburg, FL 33712

Type of music, # of stages, and # of bands.

International/ethnic folk art, dance & music  
2 stages, 20-30 groups, 4-5 bands

List Vending Products. Name & Provider.

SPIFFS member cultures

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.

To provide information & entertainment from many different cultural perspectives

Discuss your load in/load out parking needs, include times and dates.

Our tent contractor needs to start setting up on October 14th, 2023 in order to complete setup by th evening of October 17th, so our member cultures have the entire day on October 18th to set up their villages. Tear down will be completed Tuesday, October 24, 2023.

Other Comments: Please describe your fee structure.

General Public Day (Saturday):

Adults = \$14.00

Children 6 -12 = \$7.00

Children under 6 = FREE

Military = \$12.00

School Days (Thursday & Friday):

Students = \$7

1 free chaperone per 5 student tickets purchased

Additional Chaperones = \$9

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: William Parsons

Title: President

Date: 1/5/23

**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.  
Name of Responsible Party (President or CEO ONLY): William Parsons  
Title of Responsible Party: President  
Physical Address of Responsible Party: 2335 22nd Ave S, Ste 14, St. Petersburg, FL 33712  
Phone Number of Responsible Party: 727-289-3744  
Email Address of Responsible Party: InternationalFolkFair@Gmail.com  
Nonprofit (Employee Identification Number): 59-1674088

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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:

InternationalFolkFair@gmail.com

**APPENDIX C  
STATEMENT OF REVENUE AND EXPENSES FORM  
PRIOR YEAR'S EVENT  
(Must be completed)**

Name of Event: SPIFFS 47th Ann. International Folk fair  
Date(s) of Event: 10/20/22 - 10/22/22

**I. REVENUE SOURCES (attach sheet if more space is needed)**

	<b>Amount</b>
1. Grants/Sponsorships	\$15,134
2. Ticket Sales	\$45,017
3. Souvenir Program	\$2,645
4. Village Space	\$17,208
5. Beverage Sales	\$12,010
6. Miscellaneous	\$195
7.	
8.	
<b>TOTAL GROSS REVENUE</b>	<b>\$ 92,209</b>

**II. EXPENSES (attach sheet if more space is needed)**

1. Admin/Office	\$1,000
2. Equipment/Tents/Fences	\$25,237
3. Stage/Sound	\$9,500
4. Entertainment	\$3,014
5. Private Security	\$6,000
6. Marketing/Printing	\$7,294
7. Liability Insurance	\$2,509
8. Beverages/Ice	\$4,874
9. City Fees/Park Rental	\$20,096
10. Miscellaneous	\$1,460
11.	
12.	
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 80,984</b>
<b>TOTAL NET INCOME</b>	<b>\$ 11,225</b>

**III. ALLOCATION OF NET INCOME ( attach sheet if more space is needed)**

1. Operating Funds for SPIFFS	\$11,225
2.	
3.	
4.	
5.	
6.	
<b>TOTAL ALLOCATION OF NET INCOME</b>	<b>\$ 11,225</b>

Prepared by: Steven Barefield

Date: 1/9/23

Print Application

Submit Application by  
Email



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Not For Profit Corporation  
ST. PETERSBURG INTERNATIONAL FOLK FAIR SOCIETY, INC.

### Filing Information

<b>Document Number</b>	734390
<b>FEI/EIN Number</b>	59-1674088
<b>Date Filed</b>	11/20/1975
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	AMENDMENT
<b>Event Date Filed</b>	09/23/2019
<b>Event Effective Date</b>	NONE

### Principal Address

2335 22nd Avenue South  
Suite 14  
SAINT PETERSBURG, FL 33712

Changed: 04/13/2022

### Mailing Address

2335 22nd Avenue South  
Suite 14  
SAINT PETERSBURG, FL 33712

Changed: 04/13/2022

### Registered Agent Name & Address

Parsons, William H  
2335 22nd Avenue South  
Suite 14  
SAINT PETERSBURG, FL 33712

Name Changed: 04/13/2022

Address Changed: 04/13/2022

### Officer/Director Detail

#### **Name & Address**

Title Treasurer

Barefield, Steven  
780 69th Ave S  
St. Petersburg, FL 33712

Title Secretary

Lawrie, Marie  
2100 14th St. N  
St. Petersburg, FL 33704

Title VP

Haines, Goody  
307 S 8th Avenue  
Wauchula, FL 33873

Title President

Parsons, William  
4220 Narvarez Way S.  
St. Petersburg, FL 33712

#### Annual Reports

Report Year	Filed Date
2020	01/21/2020
2021	03/26/2021
2022	04/13/2022

#### Document Images

<a href="#">04/13/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/26/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/21/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">09/23/2019 -- Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">04/09/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/19/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/13/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/16/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/12/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/01/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/22/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/20/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/22/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/04/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/01/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/27/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">08/17/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/08/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>



# Permit



Parks and Recreation  
 1400 19th Street North  
 St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
 EMAIL:stpeteparksrec@stpete.org

**Permit # R9664**

Status Tentative  
 Date Jan 10, 2023 9:20 AM  
 Expiration Date Mar 11, 2023

<b>Organization Name</b>	St. Petersburg International Folk Fair Society Inc - 58	<b>Organization Phone 1 Number</b>	+1 (727) 289-3744
<b>Customer Type</b>	Non-Profit (Tax-Exempt)		
<b>Organization Address</b>	2335 22nd Ave. S. Ste14 ST PETERSBURG, FL 33712		
<b>Agent Name</b>	WILLIAM PARSONS	<b>Primary Phone Number</b>	+1 (727) 289-3744
		<b>Email Address</b>	INTERNATIONALFOLKFAIR@GMAIL.COM
<b>System User</b>	45937		

Rental Fee	\$1,380.00
Discounts	\$0.00
<b>Subtotal</b>	<b>\$1,380.00</b>
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$1,380.00</b>
Total Payment	\$0.00
Refunds	\$0.00
<b>Balance</b>	<b>\$1,380.00</b>

<b>SPIFFS 48TH ANNUAL INTERNATIONAL FOLK FAIR</b>		1 resource(s)	1 booking(s)	<b>Subtotal: \$1,380.00</b>
Booking Summary				
<b>AWP Park (Cosponsored Event)</b>			<b>Center: Albert Whitted Park</b>	
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>	
Oct 17, 2023 12:00 AM	Oct 22, 2023 10:00 PM	10000	\$0.00	
<b>Resource level fees</b>			<b>\$1,380.00</b>	

<b>Custom Questions</b>	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	Yes
Will this event be having fireworks?	No
Will this event be having liquor?	No
Will this event be using fencing?	Yes

Payment Schedules		Original Balance: \$1,380.00		Current Balance: \$1,380.00	
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE	
Feb 1, 2023	\$1,380.00	\$0.00	\$0.00	\$1,380.00	

**CITY OF ST. PETERSBURG  
PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENT APPLICATION**



Date Received: 1/10/23  
 Check or Cash: \_\_\_\_\_  
 Application #: 15  
 Packet: A  
 Permit #: R9669

Event Title: Savor St. Pete Phone No.: 813-477-6111 Fax No.: \_\_\_\_\_  
 Entity Name: Floridata Capital Assets Group, Inc. Federal I.D. Number: 59-3328318  
 Event Date(s): November 4-5, 2023 Location: Vinoy Park  
 Day 1 of Event: November 4 Time Gates Open: 12n Ending Time: 4p  
 Day 2 of Event: November 5 Time Gates Open: 12n Ending Time: 4p  
 Day 3 of Event: N/A Time Gates Open: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Application Prepared by: Tammy Gail Phone: \_\_\_\_\_  
 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: \_\_\_\_\_ Day Phone: \_\_\_\_\_

What month/year were you incorporated as nonprofit? TBD  
 List all 501(c)3 entities that will benefit from this event. TBD  
 Name of the for-profit entity? TBD

**Describe your event with details.**

Savor St. Pete excites 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. And 2023 will bring even more anticipation with the expansion of Savor St. Pete into Vinoy Park.

Guests will enjoy a weekend of great food, wine, and micro brews, while tantalizing their taste buds and soothing their soul. Visiting fans of Savor St Pete will stay for the weekend and explore all the exciting facets of downtown St. Petersburg. A percentage of ticket sales will benefit a local charity partner. Approaching 11 years in Pinellas County and going into its fourth year in St Pete, the event is already the talk of Florida's foodie community.

**Describe what economic benefit and impact this event will bring to St. Petersburg.**

Savor St Pete provides a high-value tourism attraction for foodies and event goers. The event is a catalyst that brands St Pete as a foodie destination as well as an image-maker for our national sponsors attending the event. Based on an economic study executed by Research Date Services at our November 2022 event:

- 1. Median Length of Stay of Visitors in Commercial lodging: 2.5 nights
- 2. Estimated Total Economic Impact: \$1,250,000

Each co-sponsored entity must possess liability insurance naming the City of St. Petersburg as an additional insured and secure said insurance in the amount determined by the City.

Does your group presently have liability insurance?  YES  NO How much? \_\_\_\_\_  
 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: \$105 Day of: \$115

Please provide the website address for your event. www.SavorTheBurg.com

Please provide a phone number that can be advertised to the public. N/A

What is the estimated attendance for this event? Spectators \_\_\_\_\_ Participants 4,000 Last Year's Total Attendance 3,500

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Showmobile (Yes/No)  No  
# Bleacher(s) needed. Each bleacher approx. 180 people)   
Tables (6 ft) # needed  Chairs # needed   
Public Address System   
# of portable risers needed (4 in. x 8 in. x 16 in. sections)

Special Events Facilities

Mahaffey Theater  
 Coliseum  
 Sunken Gardens  
 Boyd Hill

Non-City Locations

Which Location?

The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.

POLICE: Public Safety Personnel, Marine Services  
TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)  
FIRE: Paramedics, Inspectors  
PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration  
RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Departments

**Note:** The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name:  Title:  Date:   
Co-Sign:  Title:  Date:

- NOTE: a. If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.
- b. If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.
- c. Applications lacking information or the required completed appendixes listed below will not be processed.

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for \$30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,  
727-893-7766 or EMAIL: StPeteEvents@stpete.org

PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<u>Condition</u>		<u>Obligation</u>
<input type="checkbox"/>	Public Invited	General Liability Insurance
<input type="checkbox"/>	Located in Park	Park Permit
<input type="checkbox"/>	Vending Product / Merchandise Sales	Occupational License
<input type="checkbox"/>	Vending Food / Beverage	Health Inspection
<input type="checkbox"/>	Vendors / Exhibitors	Alcohol Permit
<input type="checkbox"/>	Vending Beer / Wine	Additional insurance Required
<input checked="" type="checkbox"/>	Erecting Tents - Larger than 10ft x 12ft	Temporary Structure Permit
<input checked="" type="checkbox"/>	Fence Installation	Temporary Structure Permit
<input type="checkbox"/>	Other Structures	Temporary Structure Permit
<input type="checkbox"/>	Open Flame Food Preparation	Fire Inspection Permit
<input type="checkbox"/>	Pyrotechnics	Fireworks Permit
<input checked="" type="checkbox"/>	Require Street Closure	Parade or Street Closure Permit(s)
<input checked="" type="checkbox"/>	VIP Area	
<input checked="" type="checkbox"/>	Staging	
<input checked="" type="checkbox"/>	Amplified Sound	
<input checked="" type="checkbox"/>	Security	
<input checked="" type="checkbox"/>	Sanitary Facilities - Port-O-Lets	
<input type="checkbox"/>	Off-site Parking / Shuttle	
<input checked="" type="checkbox"/>	Semitruck / Tractor Trailer	
	How many? <input type="text" value=""/>	
	How many? <input type="text" value="2-3"/>	
	What type? <input type="text" value="French barricades/bike barricades"/>	
	What structure? <input type="text" value=""/>	
<input checked="" type="checkbox"/>	Professional	<input type="checkbox"/> Showmobile <input type="checkbox"/> Other
<input type="checkbox"/>	Performers	<input checked="" type="checkbox"/> Announcement Only
<input checked="" type="checkbox"/>	Daytime - Private	<input checked="" type="checkbox"/> Overnight - Private <input checked="" type="checkbox"/> Event Time Frame - SPPD
	Regular Units <input type="text" value="14"/> Disabled Units <input type="text" value="2"/> Hand Washing <input type="text" value="2"/>	

Marketing: Please check all that apply.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Invitations          | <input checked="" type="checkbox"/> Radio      |
| <input checked="" type="checkbox"/> Posters / Flyers     | <input checked="" type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> Remote Broadcast      |

**City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.**

**Electrical Requirements:**

Does your event require any power needs using more than the standard 110/20amp located in the parks?  YES  NO

If YES, check all that apply.  RVS  Coffee Vendors  Ice Bins  Freezers  Ice Cream Vendors  Catering Trucks

Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Possibly need generator to power cooking stage - depends on power sources in Vinoy 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.

Use of Vinoy Park parking lot for VIP Parking, vendor parking, refrigerator truck and semi

If City permits, licenses, or services are required for event, who will pay for them?

Name: Floridata Capital Assets Group, Inc.

Phone: 813-477-6111

Address (including zip): 2085 CR 753 S., Webster, FL 33597

Type of music, # of stages, and # of bands.

Top 40 - contemporary hits  
One main cooking stage  
One smaller mixology stage

List Vending Products. Name & Provider.

No products will be sold. All food, beer, wine and spirits samples are included in ticket price.

For Use of Beer/Wine - Please provide name, address and phone number of the sponsoring 501(c)3 or catering company.

Charity partner has not yet been selected

Explain subject/purpose of all speeches/demonstrations which will occur.

Five 30 minute cooking demos each day between 12n-3:30p throughout the event weekend.

Discuss your load in/load out parking needs, include times and dates.

Tent set up - 10/30-11/2/23

Vendor Load In - Friday Nov 3rd, 8a-4p

Strike - Nov 5, 4p-10p

Tent break down and equipment pick up - Monday Nov 6, 8a-4p

Requesting North Shore and Vinoy Park parking lots for VIP Parking, vendor parking, volunteer parking

Other Comments: Please describe your fee structure.

\$105 GA  
&135 VIP

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: 1-6-23

### 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: Savpr St. Pete  
Date(s) of Event: November 4 - 5

I. REVENUE SOURCES (attach sheet if more space is needed)	Amount
1. Sponsorships	\$195,000.00
2. Tickets	\$180,000.00
3.	
4.	
5.	
6.	
7.	
8.	\$375,000.00 total rev
<b>TOTAL GROSS REVENUE</b>	

II. EXPENSES (attach sheet if more space is needed)	
1. Tents, tables, chairs, heavy equipmwnt/portolets, geberators, exec bathrooms	\$76,000.00
2. Labor	\$56,000.00
3. Charitable donation	\$10,000.00
4. PR/Marketing	\$57,000.00
5. Publix in-store collateral and labor to install	\$55,000.00
6. Branded giveaways	\$23,000.00
7. Vendor Lodging	\$60,000.00
8. Permits	\$350.00
9.	
10.	
11.	\$337,350.00
12.	Net income - \$37,650.00
<b>TOTAL OPERATING EXPENSES</b>	
<b>TOTAL NET INCOME</b>	

III. ALLOCATION OF NET INCOME ( attach sheet if more space is needed)	
1.	
2.	
3.	
4.	
5.	
6.	
<b>TOTAL ALLOCATION OF NET INCOME</b>	

Prepared by: Tammy Gall Date: 1-6-23

Print Application

Submit Application by Email



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## Detail by Entity Name

Florida Profit Corporation  
FLORIDATA CAPITAL ASSETS GROUP, INC.

### Filing Information

<b>Document Number</b>	P95000060025
<b>FEI/EIN Number</b>	59-3328318
<b>Date Filed</b>	08/03/1995
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	AMENDMENT
<b>Event Date Filed</b>	04/01/2019
<b>Event Effective Date</b>	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

<b>Report Year</b>	<b>Filed Date</b>
2020	02/07/2020
2021	02/03/2021
2022	03/08/2022

### Document Images

<a href="#">03/08/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">02/07/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/01/2019 -- Amendment</a>	<a href="#">View image in PDF format</a>
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<a href="#">01/16/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/29/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">12/08/2009 -- Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">03/05/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/20/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/12/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/21/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/03/2005 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/27/2004 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/10/2003 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/03/2002 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/30/2001 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">12/18/2000 -- Reg. Agent Change</a>	<a href="#">View image in PDF format</a>
<a href="#">01/21/2000 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/22/1999 -- Reg. Agent Change</a>	<a href="#">View image in PDF format</a>
<a href="#">02/23/1999 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">08/03/1995 -- DOCUMENTS PRIOR TO 1997</a>	<a href="#">View image in PDF format</a>





# Permit

Parks and Recreation  
 1400 19th Street North  
 St. Petersburg, FL, US 33713

PHONE:+1 (727) 893-7441  
 EMAIL:stpeteparksrec@stpete.org

**Permit # R9669**

Status Tentative  
 Date Jan 10, 2023 10:05 AM  
 Expiration Date Mar 11, 2023

<b>Organization Name</b>	Floridata Capital Assets Group Inc - 60	<b>Organization Phone 1</b>	+1 (813) 477-6111
<b>Customer Type</b>	Commercial (Taxed)	<b>Number</b>	
<b>Organization Address</b>	2085 COUNTY RD 753 S WEBSTER, FL 33597		
<b>Agent Name</b>	TAMMY GAIL-WERNLI	<b>Primary Phone</b>	+1 (813) 477-6111
		<b>Number</b>	
		<b>Email Address</b>	TAMMYG@FLORIDATA.NET
<b>System User</b>	45937		

Rental Fee	\$1,650.00
Rental Tax	\$107.25
Discounts	\$0.00
<b>Subtotal</b>	<b>\$1,757.25</b>
Deposits	\$0.00
Deposit Discounts	\$0.00
<b>Total Permit Fee</b>	<b>\$1,757.25</b>
Total Payment	\$0.00
Refunds	\$0.00
<b>Balance</b>	<b>\$1,757.25</b>

<b>SAVOR ST. PETE</b>	1 resource(s)	1 booking(s)	<b>Subtotal: \$1,650.00</b>
Booking Summary			
<b>VIP Park &amp; Mole (Cosponsored Event)</b>			<b>Center: Vinoy Park</b>
<b>START DATE/TIME</b>	<b>END DATE/TIME</b>	<b>ATTENDEE</b>	<b>AMT W/O TAX</b>
Nov 2, 2023 12:00 AM	Nov 6, 2023 5:00 PM	4000	\$0.00
Resource level fees			\$1,650.00

Custom Questions	
<b>QUESTION</b>	<b>ANSWER</b>
Will this event be having beer or wine?	Yes
Will this event be having fireworks?	No
Will this event be having liquor?	Yes
Will this event be using fencing?	Yes

Payment Schedules		Original Balance: \$1,757.25    Current Balance: \$1,757.25			
DUE DATE	AMOUNT DUE	AMOUNT PAID	WITHDRAWAL ADJUSTMENT	BALANCE	
Feb 1, 2023	\$1,757.25	\$0.00	\$0.00	\$1,757.25	

**CITY OF ST. PETERSBURG  
PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENT APPLICATION**



Date Received: \_\_\_\_\_  
Check or Cash: \_\_\_\_\_  
Application #: 1616  
Packet: A  
Permit #: POS

Event Title: Halloween On Central Phone No.: 7278287006 Fax No.: \_\_\_\_\_  
Entity Name: Grand Central District Federal I.D. Number: 59-3670910  
Event Date(s): Sunday October 29th, 2023 Location: Grand Central District : Central Ave between 31st and 9th S  
Day 1 of Event: Sunday October Time Gates Open: Noon Ending Time: 5 pm  
Day 2 of Event: \_\_\_\_\_ Time Gates Open: \_\_\_\_\_ Ending Time: \_\_\_\_\_  
Day 3 of Event: \_\_\_\_\_ Time Gates Open: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Application Prepared by: David Foote Phone: 7272483000  
Title: Executive Director Cell Phone: 7272483000  
Address: PO Box 15788 City: St Petersburg State: FL Zip: 33733  
Email Address: grandcentraldistrict@gmail.com  
Additional Contact Person: \_\_\_\_\_ Day Phone: \_\_\_\_\_

What month/year were you incorporated as nonprofit? July 2001  
List all 501(c)3 entities that will benefit from this event. EDGE District, Grand Central District, St Pete Pride, ComeOut ST Pete  
Name of the for-profit entity? Grand Central District

**Describe your event with details.**

From MLK to 31st along Central Avenue, 22 blocks will be closed to cars and motor vehicles from noon-5 pm on October 29th, 2023. Bike, walk, scoot, or take public transit to this car-free event up and down Central Avenue. We'll have trick-or-treat stops for kids and special Halloween festivities for all. Located in St. Pete's EDGE and Grand Central Districts!

This is a family friendly event with entertainment and vendors throughout the event area.

Describe what economic benefit and impact this event will bring to St. Petersburg.

The event will be the 3rd one. Each year we have drawn close to 100,000 people throughout the day strolling along a car-free Central Avenue and supporting the brick and mortar small businesses in the 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: \_\_\_\_\_

Please provide the website address for your event. HalloweenOnCentral2.com

Please provide a phone number that can be advertised to the public. 727-828-7006

What is the estimated attendance for this event? Spectators 100,000 Participants 300 Last Year's Total Attendance 100,000

Please check the equipment and/or facilities you are requesting.

Recreation Equipment

Special Events Facilities

Non-City Locations

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

Mahaffey Theater  
 Coliseum  
 Sunken Gardens  
 Boyd Hill

Which Location?  
\_\_\_\_\_

**The following departments may provide and charge for additional services. You will be provided cost estimates in your Co-sponsored Agreement.**

POLICE: Public Safety Personnel, Marine Services  
TRAFFIC: Personnel, Equipment (cones, barricades, no parking signs)  
FIRE: Paramedics, Inspectors  
PARKS SERVICES: Cleanup Personnel, Dumpster(s), Trash Receptacles, Event Site Preparation and Restoration  
RECREATION SERVICES: On-site Presence, Logistics Help, Liaison with Other Ddepartments

**Note:** The City does not provide tents, Port-O-Lets, or large quantities of tables and chairs.

I certify that the event will be open to all citizens and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I understand that a financial report of the event is due in the Parks and Recreation office within 30 days of the completion of the event. I also understand that the City is to be shown as a co-sponsor on any promotional materials produced for the event. I agree to obtain the required liability insurance and to secure all necessary city/county/state permits/licenses. I further certify that the facts contained in this application are accurate.

Name:  Title:  Date:   
Co-Sign:  Title:  Date:

- NOTE: a. **If person/entity preparing this application is not representing a nonprofit entity, the application must be co-signed by someone from a sponsoring nonprofit entity. A copy of the sponsoring entity's 501(c)3 designation must accompany this application.**  
b. **If your entity has outstanding financial obligations with any department within the City of St. Petersburg, your application will not be processed until debt is paid.**  
c. **Applications lacking information or the required completed appendixes listed below will not be processed.**

PLEASE ATTACH THE FOLLOWING

1. Route map for parade, run, walk, and/or bike event.
2. Site map of event and detail schedule of each day's events including open and close times.
3. Complete Appendix B and Appendix C.
4. Check for \$30.00 for co-sponsored application processing (non-refundable).
5. Check for park permit fee. See Appendix A for fee structure.
6. A copy of 501(c)3 designation (if applicable)

FOR FURTHER INFORMATION, PLEASE CALL LYNN GORDON, PARKS & RECREATION MANAGER,  
727-893-7766 or EMAIL: [StPeteEvents@stpete.org](mailto:StPeteEvents@stpete.org)



PARKS & RECREATION DEPARTMENT  
CO-SPONSORED EVENTS  
SUMMARY SHEET

Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<u>Condition</u>		<u>Obligation</u>
<input checked="" type="checkbox"/> Public Invited		General Liability Insurance
<input type="checkbox"/> Located in Park		Park Permit
<input checked="" type="checkbox"/> Vending Product / Merchandise Sales		Occupational License
<input checked="" type="checkbox"/> Vending Food / Beverage		Health Inspection
<input checked="" type="checkbox"/> Vendors / Exhibitors	How many? <input style="width: 150px;" type="text" value="100"/>	
<input type="checkbox"/> Vending Beer / Wine		Alcohol Permit Additional insurance Required
<input type="checkbox"/> Erecting Tents - Larger than 10ft x 12ft	How many? <input style="width: 100px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Fence Installation	What type? <input style="width: 200px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Other Structures	What structure? <input style="width: 200px;" type="text"/>	Temporary Structure Permit
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit
<input type="checkbox"/> Pyrotechnics		Fireworks Permit
<input checked="" type="checkbox"/> Require Street Closure		Parade or Street Closure Permit(s)
<input type="checkbox"/> VIP Area		
<input type="checkbox"/> Staging	<input type="checkbox"/> Professional <input type="checkbox"/> Showmobile <input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Amplified Sound	<input checked="" type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input type="checkbox"/> Security	<input type="checkbox"/> Daytime - Private <input type="checkbox"/> Overnight - Private <input type="checkbox"/> Event Time Frame - SPPD	
<input type="checkbox"/> Sanitary Facilities - Port-O-Lets	Regular Units <input style="width: 50px;" type="text"/> Disabled Units <input style="width: 50px;" type="text"/> Hand Washing <input style="width: 50px;" type="text"/>	
<input type="checkbox"/> Off-site Parking / Shuttle		
<input type="checkbox"/> Semitruck / Tractor Trailer		

Marketing: Please check all that apply.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Invitations          | <input type="checkbox"/> Radio            |
| <input checked="" type="checkbox"/> Posters / Flyers     | <input type="checkbox"/> Television       |
| <input checked="" type="checkbox"/> Newspaper / Internet | <input type="checkbox"/> Remote Broadcast |

**City logo should be used in any promotional materials, posters, flyers, ads, website, public service announcements, and press releases.**

Electrical Requirements:

Does your event require any power needs using more than the standard 110/20amp located in the parks?  YES  NO

If YES, check all that apply.  RV'S  Coffee Vendors  Ice Bins  Freezers  Ice Cream Vendors  Catering Trucks  
 Other:

Please explain the details of the above items checked. Tell us how much and what type of power they would require.

Will you supply your own generators?  YES  NO

Will your event have a licensed electrician on-site during the event?  YES  NO If YES, who?

Will your event be requesting any variances from City policies or procedures? If YES, please explain.

If City permits, licenses, or services are required for event, who will pay for them?

Name: Grand Central District Phone: 7278287006

Address (including zip): PO Box 15788, St Pete, FL 33733

Type of music, # of stages, and # of bands.

Local entertainment. Music and performers.

List Vending Products. Name & Provider.

Small food vendors and food trucks. Local vendors and non profits . All family friendly.

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.

This is a duplicate of the event conducted in 2021 and 2022.

Other comments:

I represent and warrant that the purpose of the proposed activity/event and conduct of the sponsor(s) and the participants shall conform to all requirements of law and all ordinances of the State of Florida, Pinellas County, and the City of St. Petersburg including, but not limited to, City noise ordinances and Parks and Recreation Department Policies and Procedures. I acknowledge that failure to observe such laws, ordinances, or policies and procedures will result in an immediate cancellation of the event and all permits.

**WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE PARKS AND RECREATION DEPARTMENT POLICIES AND PROCEDURES PERTAINING TO THE USE OF PARKS AND THE PARK RULES SET FORTH IN ARTICLE II, CHAPTER 21, OF THE ST. PETERSBURG CITY CODE, INCLUDING BUT NOT LIMITED TO THE INDEMNIFICATION AND INSPECTION OBLIGATIONS ASSUMED BY ME AND THE PERSON OR ENTITY ON WHOSE BEHALF THIS APPLICATION IS BEING MADE.**

***I certify that the facts contained in this application are accurate.***

Name: David Foote

Title: Executive Director

Date: 1/3/2023

**Appendix B  
President or CEO  
Responsible Party Information**

Please complete the information below for each responsible party.

Name of the **Nonprofit** Corporation: Grand Central District  
Name of Responsible Party (President or CEO ONLY): Karen Helsinger  
Title of Responsible Party: President  
Physical Address of Responsible Party: 3001 1st Ave S  
Phone Number of Responsible Party: (727) 258-0318  
Email Address of Responsible Party: karen@mediagaragegroup.com  
Nonprofit (Employee Identification Number): 59-3670910

---

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: David Foote  
Address: PO Box 15788  
City, State, Zip: St Petersburg, FL 33733

BY EMAIL

Email Address: grandcentraldistrict@gmail.com

**APPENDIX C  
STATEMENT OF REVENUE AND EXPENSES FORM  
PRIOR YEAR'S EVENT  
(Must be completed)**

Name of Event: Halloween On Central 2  
Date(s) of Event: October 30th, 2023 - October 30th, 2023

**I. REVENUE SOURCES (attach sheet if more space is needed)**

	<b>Amount</b>
1. See Attached Spread Sheet	\$46,858.00
2.	
3.	
4.	
5.	
6.	
7.	
8.	
<b>TOTAL GROSS REVENUE</b>	\$46,858.00

**II. EXPENSES (attach sheet if more space is needed)**

1. See Attached Spread Sheet	\$41,420.00
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
<b>TOTAL OPERATING EXPENSES</b>	\$41,420.00
<b>TOTAL NET INCOME</b>	\$5,438.00

**III. ALLOCATION OF NET INCOME ( attach sheet if more space is needed)**

1. Grand Central District Association Fundraising	\$5,438.00
2.	
3.	
4.	
5.	
6.	
<b>TOTAL ALLOCATION OF NET INCOME</b>	\$5,438.00

Prepared by: David Foote

Date: 1/3/2023

Print Application

Submit Application by  
Email



## Consumer's Certificate of Exemption

DR-14  
R. 01/18

Issued Pursuant to Chapter 212, Florida Statutes

85-8012666632C-1	09/30/2021	09/30/2026	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

GRAND CENTRAL DISTRICT ASSOCIATION INC  
3023 CENTRAL AVE  
ST PETERSBURG FL 33713-8632

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

DR-14  
R. 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.



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## Detail by Entity Name

Florida Not For Profit Corporation  
GRAND CENTRAL DISTRICT ASSOCIATION, INC.

### Filing Information

<b>Document Number</b>	N00000004603
<b>FEI/EIN Number</b>	59-3670910
<b>Date Filed</b>	07/10/2000
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	AMENDMENT
<b>Event Date Filed</b>	01/18/2011
<b>Event Effective Date</b>	NONE

### Principal Address

3001 1st Ave S  
SAINT PETERSBURG, FL 33712

Changed: 01/11/2021

### Mailing Address

PO Box 15788  
SAINT PETERSBURG, FL 33733

Changed: 01/11/2021

### Registered Agent Name & Address

Foote, David  
3001 1st Ave N  
SAINT PETERSBURG, FL 33713

Name Changed: 01/11/2019

Address Changed: 01/11/2021

### Officer/Director Detail

#### **Name & Address**

Title President

Helsing, Karen

3001 1st Ave S  
SAINT PETERSBURG, FL 33712

Title Secretary

Gordon, Brenda  
2934 Burlington Ave N  
SAINT PETERSBURG, FL 33713

Title Treasurer

Asalita, Tracy  
9615 Treasure Lane NE  
SAINT PETERSBURG, FL 33702

Title Executive Director

Foote, David  
3001 1st Ave S  
St. Petersburg, FL 33712

Title VP

Clemmons, Dee  
3001 1st Ave S  
SAINT PETERSBURG, FL 33712

**Annual Reports**

Report Year	Filed Date
2020	01/16/2020
2021	01/11/2021
2022	02/10/2022

**Document Images**

<a href="#">02/10/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">01/16/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/11/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/15/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/16/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/08/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/15/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/06/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/04/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">03/07/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/18/2011 -- Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">12/06/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/28/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>