

**CITY OF DELRAY BEACH**  
**Parks and Recreation Department**



50 NW 1<sup>st</sup> AVENUE, DELRAY BEACH, FLORIDA 33444

**APPLICATION FOR SPECIAL EVENT**

*Submittal of this application does not guarantee approval for the event.*

Please make sure that you fill out this application completely. Do not forget to include a check for non-refundable application fee payable to the City of Delray Beach.

**Applicant Information**

Applicant: NEVINE NASS Website: N/A  
Organization/Corporation

Address: 302 NW 16TH ST.  
Street Address Apartment/Unit #

DELRAY BEACH FL 33444  
City State Zip

Phone: (561) 212-2846 Email: nevine@medicalscreenings.com

Event Producer: NEVINE NASS Cell Phone: (561) 212-2846  
First Last

Type of Event (check event type and circle organization type): MIRACLE LEAGUE OF DB

Commercial (For-Profit/Non-Profit)  Community (For-Profit Non-Profit)  Athletic (For-Profit/Non-Profit)

65-1248741  
 SUNBIZ # 17053318019036 Please submit IRS non-profit letter with application.

**Event Information**

Event Name/Title: MIRACLE LEAGUE HALLOWEEN BLOCK PARTY

Request Event Location: 302 NW 16TH ST. + NEIGHBORS IN LAKE 1 DA

Event Description: HALLOWEEN BLOCK PARTY

	EVENT DATE	DAY OF WEEK	START TIME	END TIME
DAY 1	<u>NOV. 1, 2024</u>	<u>THURS.</u>	<u>5:30 PM</u>	<u>9:30 PM</u>
DAY 2				
DAY 3				

Set-up will begin on: 11-01-24 at 4:30 AM PM  
Date Time

Breakdown will be completed by: 11-01-24 at 10:30 AM PM  
Date Time

*Rice*  
 8/1/24

### Event Details

Attendance Estimates:

Total Event Attendance: 50 Daily Attendance: — Peak Hourly Attendance: —

Is this an Annual Event?  Yes  No

If yes, # of Years Held: \_\_\_\_\_ If yes, # of Years Held in Delray Beach: \_\_\_\_\_ Last Held: \_\_\_\_\_

Is this event produced in other cities:  Yes  No

If yes, please list what cities: \_\_\_\_\_

Is the event open to the public?  Yes  No

Is there an Admission Fee/Ticket Fee?  Yes  No

If yes, provide fees/ticket prices: Adult/General Admission: \$ \_\_\_\_\_ Senior: \$ \_\_\_\_\_ Child: \$ \_\_\_\_\_

Is fencing to be used (i.e. gated event)?  Yes  No

### ROAD CLOSURES

Will your event require road closures?  Yes  No

If YES, please describe the streets and intersection you are requesting to be closed

STREET/INTERSECTION	CLOSURE Date / Time	RE-OPEN OF ROAD Date / Time
<i>Example: SW 9<sup>th</sup> Ave from SW 1<sup>st</sup> St to Atlantic Ave.</i>	<i>Nov 21, 2021 / 7:00am</i>	<i>Nov 21, 2021 / 4:00pm</i>
NW 16TH ST. BETWEEN NW 2ND AVE + NW 4TH AVE	Nov. 1, 2024 5:00 PM	Nov. 1, 2024 10:00 PM
/	/	/

### GENERAL EVENT COMPONENTS WHICH MAY REQUIRE A TEMP USE PERMIT/WAIVER

General Event Components which may require a Temporary Permit or Code/LDR waiver  
(please select all that may apply and add others as needed)

- |  |   |
|--|---|
| <input type="checkbox"/> Alcohol (113.02)<br><input type="checkbox"/> Animals (101.27/LDR 2.4.6(f)(8))<br><input type="checkbox"/> Cooking on Site/Open Flame (96.04)<br><input type="checkbox"/> Fireworks (99.05/101.20/96.25)<br><input type="checkbox"/> Food Trucks (120.01(c))<br><input type="checkbox"/> Amusement Games/Rides/Carnival (including inflatables/climbing walls, etc.) (LDR 2.4.6(f)(1)) | <input type="checkbox"/> Live Music /Amplified Music / Sounds (99.03(a)/99.05)<br><input type="checkbox"/> Merchandise Vendors (118.04/110.15)<br><input type="checkbox"/> Offsite Parking (4.6.9(5)(b)) & (2.4.6. (F)(7) (2.4.6.(3)(e))<br><input type="checkbox"/> Road Closure (F.S. Chapter 316 & 318)<br><input type="checkbox"/> Signs & Banners (LDR 4.6.7(F)) |
|--|---|

*Please note that if approved, Amusement Rides must be inspected on-site after installation by the Florida Department of Agriculture and Consumer Services (FDACS) and a copy of the temporary amusement ride inspection letter must be provided to the City.*

Other ICE CREAM TRUCK

**Tents:**  Yes  No If yes, how many total tents? \_\_\_\_\_ Size of tents: \_\_\_\_\_

Please note that a tent permit is required for any tent that is over 10'x20'. Tent Permits are available through the City of Delray Beach Building Department and may take up to 30 days to process.

**Consumption/Sale of Alcoholic Beverages:**  Yes  No

If yes, what entity is obtaining the Alcohol License permit? List below. (Copy of License and Alcohol Liability Insurance required 30 days prior to event. License holder must provide Certificate of Insurance listing City of Delray Beach as Certificate Holder and Additional Insured.) \_\_\_\_\_

**Onsite Cooking:**  Yes  No

Please specify method: (Fire Marshal inspections are required)

- \_\_\_\_\_ Gas/Compressed Gas
- \_\_\_\_\_ Electric
- \_\_\_\_\_ Fryers

> Name of grease removal contractor: \_\_\_\_\_ Date & time of pickup at end of event: \_\_\_\_\_

**Fireworks / Pyrotechnics:**  Yes  No

If yes, specify exact location on the site map of the pyrotechnics will be set-up and fall zone. (City Commission approval is required.)

**Food and Beverage Vendors:**  Yes  No If yes, number of vendors anticipated at event: \_\_\_\_\_

(Health Department approval required along with City Business Tax Receipt or Vendor License. Full list will be required prior to event. Each vendor must provide Certificate of Insurance listing City of Delray Beach as Certificate Holder and Additional Insured.)

**Food Trucks:**  Yes  No If yes, number of food trucks \_\_\_\_\_

(Food trucks must have current Florida and Health Department permits and inspections and provide Certificate of Insurance listing City of Delray Beach as Certificate Holder and Additional Insured.)

**Live Performances & Music:**  Yes  No

If yes, applicant agrees all entertainment will be family-friendly and contain no obscenities. List of all performers and DJs required before event permit is issued. \_\_\_\_\_

**Merchandise Vendors:**  Yes  No If yes, number of vendors anticipated at the event: \_\_\_\_\_

(City Business Tax Receipt or Vendor License required. Each vendor must provide Certificate of Insurance listing City of Delray Beach as Certificate Holder and Additional Insured.)

**Performance Platform (30" high or less):**  Yes  No

If yes, number of platforms: \_\_\_\_\_ (An additional stage permit may be required for anything over 30")

**Portable Toilets:**  Yes  No

If yes, how many? \_\_\_\_\_ Vendor providing service? \_\_\_\_\_ (Note locations on submitted site map)

**Use of Onsite City Restrooms during event:**  Yes  No

If yes, location of requested restrooms & times being used: \_\_\_\_\_ (Please note that an additional cost may be incurred for use of City Restrooms which require an attendant.)

**Roadway Signage/Pole Banners:**  Yes  No (City fees and charges will be incurred with this request).

**Trash Boxes & Bags:**  Yes  No If yes, the City will determine number needed / staffing.

**Access to City Power:**  Yes  No If yes, where: \_\_\_\_\_

**EVENT PURPOSE & COMMUNITY BENEFITS**

**Event Purpose and Community/Public Benefits:** Describe the purpose of the event, how the event may meet local community needs, provide community benefits/promote community welfare, stimulate broad economic or cultural activities within a neighborhood or the Central Business District, and/or help build a sense of community.

SAFE INCLUSIVE ENVIRONMENT FOR THE SPECIAL  
NEEDS COMMUNITY.

**EVENT SITE MAP, PARKING PLAN, & SUSTAINABLE PRACTICES**

- Please attach a clear and detailed map depicting your event site set-up and include start/finish lines, stages, performance platforms, portable toilets, tents, vendors, food trucks, activities, first aid stations, emergency access points, etc. Also include:

**Parking Plan for Attendees, Vendors, etc.:**  Yes  No (If yes, please indicate locations on site map)

**Use of City Owned-Metered Parking Spaces:**  Yes  No  
If yes, indicated how many and locations. (City fees and charges will be incurred with this request.)

**Are Valet Parking Services being Used?**  Yes  No (If yes, indicate Valet location on site map and indicate the name of the service provider.)

**Directional Parking Signage Needed** YES  **NO**  If yes, submit signage plan.  
**Trash Removal Plan to be determined by the City based on each event.**

MM (Please initial here) Per City of Delray Beach Ordinance 10-19, plastic straws are banned. Single-use plastics, including Styrofoam, are discouraged. This includes plastic cups, plates, and utensils. Please address locations for recycling and composting.

**APPLICATION CHECK LIST & DEADLINES**

To ensure timely processing of your event application, the following must be submitted at time of application. Please ensure that you have included all the following items with your application:

- Completed Application
- Site Map
- Non-Refundable Applicable Fee

Event Permit Type	Deadline to Submit Application (days prior to event date)	SEO/SETAC Processing Time (days prior to event date)	Approval Authority
Commercial Event (For-Profit/Non-Profit)	90	60	City Commission with SEO and SETAC recommendation
Community Event (For-Profit/Non-Profit)	90	60	SEO with SETAC recommendation
Athletic Event (For-Profit/Non-Profit)	45	30	SEO with SETAC recommendation

**Signature**

I certify that I have read the City of Delray Beach Special Events Policy and Guide and the answers provided above are true to the best of my knowledge and intentions. I also understand I may be asked for additional information relating to this application. Additionally, I agree to conform to all City, State, Federal laws and regulations. I also accept responsibility for the general cleaning and removal of trash, recycling, and all other items from the premises and agree to be accountable for any damage to the event site. Finally, I understand that all necessary fees, insurance, outside permits, and other requirements must be submitted before the issuance of the final event permit.

MM **ADA Compliance:** I am prepared and willing to grant all reasonable requests for accommodations for this event. (Please initial here)

Signature: Harvie M. Nass

Date: 07-31-24

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

DEPARTMENT OF THE TREASURY

Date:

MIRACLE LEAGUE OF DELRAY BEACH INC  
1015 ANCHOR POINT  
DELRAY BEACH, FL 33444

Employer Identification Number:  
65-1248741  
DLN:  
17053318019036  
Contact Person:  
BENJAMIN L DAVIS ID# 31465  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
April 1, 2005  
Contribution Deductibility:  
Yes  
Advance Ruling Ending Date:  
December 31, 2009

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. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Letter 1045 (DO/CG)

NW 16TH ST.  
DB, FL 33444

NEIGHBOR SITTING AT THE END OF THEIR DRIVEWAY  
GIVING OUT CANDY.

FAMILIES PARKING ON THE SIDE OF THE ROAD.

☐ ICECREAM TRUCK APPROX. PLACEMENT.



*Happy 2nd Night of*



**HALLOWEEN**



**Join us on 16th Street for  
Night 2 of Halloween!**

We're excited to offer **safe** trick-or-treating for the wonderful players and families of **Miracle League (local special needs athletes)**. We kindly ask you to sit at the end of your driveway handing out candy or allow another family to do so, creating a true neighborhood Halloween experience down the entire street.

If you would like to contribute more than candy (such as popcorn, cotton candy, etc.), that's welcome too! Please provide details for the city permit being submitted on **Aug. 1st**.

**1 NOVEMBER**

**5:30p - 9:30p**

**On 16th St. between NW 2nd & NW 4th Aves.**

Contact **Nevine** at (561) 212-2846 or [nevineemedicalscreenings.com](http://nevineemedicalscreenings.com) to discuss your contribution options