25.01



CITY OF DELRAY BEACH

Parks and Recreation Department



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.

All Applications must be submitted with a minimum 90 days from the date of the event.

Applications less than 90 days out will not be accepted.

MINNER	Applicant Information	
Applicant:	Caffe Luna Rosa	Website: <u>Caffeluransa</u> .
	Organization/Corporation	
Address:	34 5. Ocean Black	(41.11.8)
	Street Address Apa	artment/Unit #
	Delray Ben, FL	33-63
	City	Zip
Phone:	561271-5835 Email:	Musser HR
Event	Quanti Part	Cell Supplied Color
Producer:	TUNE DEL	Phone: 1010711181
	First City of Devay	
Type of Eve	ent (<u>check</u> event type and <u>circle</u> organization type):	
Comme	cial (For-Profit/Non-Profit)	☐ Athletic (For-Profit/Non-Profit)
SUNBIZ#_	Please submit IRS non-p	profit letter with application.
	Event Information	and a promise of the state of the
Event Name	extitle: July 4th Cital	of Delray
REDUEST EV	entlocation: ALA IN WAT OF	catte luna OSa.
	ent Location: AIA IN Work of	catte Lurai 105a.
Event Desc		catte luna 105a.
Event Desc	ription:	RTTIME END TIME
	EVENT DATE DAY OF WEEK STA	Cro Cro I
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DAY 1 DAY 2 DAY 3	EVENT DATE DAY OF WEEK STA	quin qui
DAY 1	EVENT DATE DAY OF WEEK STA	Cro Cro I
DAY 1 DAY 2 DAY 3 Set-up will to	ription: EVENT DATE DAY OF WEEK STA FLOCKY 13 Degin on: THE ALL PM	quin qui

在中央 1000000000000000000000000000000000000	Event Details			
Attendance Estimates: Total Event Attendance:	Daily Attendance: F	Peak Hourly Attendance: 4 - 1000		
Is this an Annual Event?	Yes No			
If yes, # of Years Held:	s, # 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? If yes, provide fees/ticket prices: Adult		nior: \$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 i				
STREET/INTERSECTION	CLOSURE Date / Time	RE-OPEN OF ROAD Date / Time		
Example: SW 9 th Ave from SW 1 st St to Atlantic Ave.	Nov 21, 2021 / 7:00am	Nov 21, 2021 / 4:00pm		
AIA S. SAHAMIC	7/4/25 noon	740510 pm		
	1	1		
GENERAL EVENT COMPON	ENTS WHICH MAY REQUIRE A	TEMP LISE PERMIT/WAIVER		
General Event Components which ma (please select all that may apply and a		e/LDR waiver		
Alcohol (113.02)	☐ Live Music /Amplified Mu	Live Music /Amplified Music / Sounds (99.03(a)/99.05)		
☐ Animals (101.27/LDR 2.4.6(f)(8))	☐ Merchandise Vendors (1	Merchandise Vendors (118.04/110.15)		
☐ Cooking on Site/Open Flame (96.04)	Offsite Parking (4.6.9(5)(Offsite Parking (4.6.9(5)(b)) & (2.4.6. (F)(7) (2.4.6.(3)(e))		
☐ Fireworks (99.05/101.20/96.25)	☐ Road Closure (F.S. Chap	Road Closure (F.S. Chapter 316 & 318)		
☐ Food Trucks (120.01(c))	☐ Signs & Banners (LDR 4	.6.7(F)		
☐ Amusement Games/Rides/Carnival ((including inflatables/climbing walls, etc.) (LDR 2.4.6(f)(1))		
Please note that if approved, Amusement of Agriculture and Consumer Services (FD be provided to the City.	Rides must be inspected on-site after insta ACS) and a copy of the temporary amuse	allation by the Florida Department ment ride inspection letter must		
Other				

Tents: ☐ Yes ☐ No If yes, how many total	tal tents? Size of tents:					
Please note that a tent permit is required for any te Delray Beach Building Department and may take u	ent that is over 10'x20'. Tent Permits are available through the City of up to 30 days to process.					
If yes, what entity is obtaining the Alcohol License required 30 days prior to event. License holder mu	Yes No e permit? List below. (Copy of License and Alcohol Liability Insurance ust provide Certificate of Insurance listing City of Delray Beach as					
Onsite Cooking: Please specify method: (Fire Marshal inspections of Gas/Compressed Gas Electric Fryers						
> Name of grease removal contractor:	Date & time of pickup at end of event:					
Fireworks / Pyrotechnics:	No e pyrotechnics will be set-up and fall zone. (City Commission approval is					
(Health Department approval required along with (No If yes, number of vendors anticipated at event: City Business Tax Receipt or Vendor License. Full list will be required prior to surance listing City of Delray Beach as Certificate Holder and Additional Insured.)					
•	No If yes, number of food trucksh Department permits and inspections and provide Certificate of Insurance listing Iditional Insured.)					
Live Performances & Music: Yes If yes, applicant agrees all entertainment will be far DJs required before event permit is issued.	No amily-friendly and contain no obscenities. List of all performers and					
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): If yes, number of platforms:(An additional platforms is a second platform (30" high or less):	☐ Yes ➡No tional stage permit may be required for anything over 30")					
Portable Toilets: If yes, how many?Vendor providing service.	☐ Yes ► No ice?(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 \square 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.							
activities within a neighborhood or the Central Bu	siness Distr		celebrate				
EVENT SITE MAP, PARK	(ING PLAI	N. & SUSTAINAE	LE PRACTICES	THE GREAT			
 Please attach a <u>clear and detailed map</u> 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, plea	ase indicate locations on	site map)			
Use of City Owned-Metered Parking Spaces: If yes, indicated how many and locations. (City fe	□Yes es and char	No ges will be incurred	with this request.)				
Are Valet Parking Services being Used? indicate the name of the service provider.)	☐ Yes	No (If yes, indi	cate Valet location on sit	e map and			
Directional Parking Signage Needed YES Trash Removal Plan to be determined by th	NO City base		mit signage plan.				
(Please initial here) Per City of Delray Single-use plastics, including Styrofoam, a utensils. Please address locations for recyc	re discoura	ged. This include:					
APPLICATIO	N CHECK	LIST					
To ensure timely processing of your event application, the following must be submitted at tin of application. Please ensure that you have included the following items with your application:							
☐ Completed Application							
☐ Site Map							
☐ Non-Refundable Applicable Fee							
	Signa	turo					
I certify that I have read the City of Delray Beach true to the best of my knowledge and intentions. It this application. Additionally, I agree to conform to responsibility for the general cleaning and removato be accountable for any damage to the event si permits, and other requirements must be submitted.	l also unders o all City, Sta al of trash, re te. Finally, I	ents Policy and Guide stand I may be asked ate, Federal laws an acycling, and all othe understand that all r	d for additional information d regulations. I also acce or items from the premise necessary fees, insurance	on relating to ept es and agree			
ADA Compliance: I am prepared and willing to g	grant all reas	conable requests for	accommodations for this	event.			

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