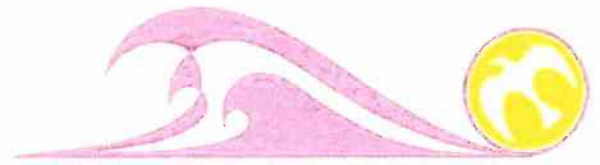


CITY OF DELRAY BEACH

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.

Applicant Information

Applicant: St Vincent Ferrer School Website: www.stvfsschool.org
Organization/Corporation

Address: 810 George Bush Blvd
Street Address Delray Beach FL 33483
City State Zip

Phone: 561-278-3868 Email: home.schau!@stvfsschool.org

Event Producer: Jaime Bitzer Cell Phone: 561-758-0455
First Last

Type of Event (check event type and circle organization type):

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

SUNBIZ # _____ Please submit IRS non-profit letter with application.

Event Information

Event Name/Title: Trunk or Treat

Request Event Location: St. Vincent Ferrer School

Event Description: School family event

	EVENT DATE	DAY OF WEEK	START TIME	END TIME
DAY 1	<u>10/24/25</u>	<u>Friday</u>	<u>6p</u>	<u>8p</u>
DAY 2				
DAY 3				

Set-up will begin on: 10/24/25 at 11 (AM) PM
Date Time

Breakdown will be completed by: 10/24/25 at 9 AM (PM)
Date Time

Event Details

Attendance Estimates:

Total Event Attendance: 450 Daily Attendance: _____ Peak Hourly Attendance: _____

Is this an Annual Event? ☒ Yes ☐ No

If yes, # of Years Held: 5 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: \$ 15 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		RE-OPEN OF ROAD	
	Date / Time		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	
	/		/	
	/		/	

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

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 _____

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.

private event open only to school families

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.

DO (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.

DO (Please initial here) Tent applications that have been approved and give permits for are limited to the duration of setup and breakdown time that is indicated on the application.

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

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.

ADA Compliance: I am prepared and willing to grant all reasonable requests for accommodations for this event.

____ (Please initial here)

Signature:



Date:

7/24/25



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8012847724C-4	07/31/2021	07/31/2026	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

ST VINCENT FERRER SCHOOL
810 GEORGE BUSH BLVD
DELRAY BEACH FL 33483-5747

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.