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 \$150.00 (non-refundable application fee) payable to the City of Delray Beach.

| Applicant Information | | | | | | | |
|-----------------------|--|---------------------------------|---------------------|-----------------------|--|--|--|
| Applicant: | City of Delray Organization/Corporation | Parks and Recreati | Website: | | | | |
| Address: | 50 NW 1st Ave Street Address | Apartment/Unit # | | | | | |
| | Delrow Beach | FL | 33 | 444 | | | |
| | Delray Beach | State | Zi | | | | |
| Phone: | 561-243-7253 | Email: | mobleyamy | ddraybeach.com | | | |
| Event Producer: | Prentice First | Mobley | Cell Phone: 541- | 517-3979 | | | |
| _ | ent (<u>check</u> event type and <u>circle</u> or rcial (For-Profit/Non-Profit) | Community (For-Profit/Non-Profi | t) Athletic(Fo | or-Profit/Non-Profit) | | | |
| | | Event Information | | | | | |
| Event Name | e/Title: MLK Walk | | | | | | |
| Request Ev | ent Location: Community | enter/ Spady Muse | um | | | | |
| | ription: A community wall | x and reception in 1 | | great Martia Luth | | | |
| DAY 1 DAY 2 | January 19, 2024 | | 1:30pm | 5pm | | | |
| DAY 3 | | | | | | | |
| Set-up will b | pegin on: January 19 Date | at | AM (PM) | | | | |
| Breakdown | will be completed by: | | (e me | _AM PM | | | |

| the second of the second of the second | Event Details | | | | | |
|--|--|---|--|--|--|--|
| Attendance Estimates: Total Event Attendance: | _ | Peak Hourly Attendance: | | | | |
| Is this an Annual Event? | Yes No | | | | | |
| If yes, # of Years Held: 10 + If yes | | 0+ Last Held: 2024 | | | | |
| 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/ | | enior: \$Child: \$ | | | | |
| Is fencing to be used (i.e. gated event)? | ☐ Yes ☑ No | | | | | |
| ROAD CLOSURES | | | | | | |
| Will your event require road closures? | Yes KNO (Rolling C | lusure) | | | | |
| If YES, please describe the streets and in | ntersection you are requesting to be c | | | | | |
| 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 | | | | |
| | 1 | / | | | | |
| | 1 | 1 | | | | |
| GENERAL EVENT COMPONI General Event Components which may (please select all that may apply and a | dd others as needed) | de/LDR waiver | | | | |
| ☐ Alcohol (113.02) | Live Music /Amplified M | Live Music /Amplified Music / Sounds (99.03(a)/99.05) | | | | |
| ☐ Animals (101.27/LDR 2.4.6(f)(8)) | ☐ Merchandise Vendors (| ☐ 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. Cha | ☐ Road Closure (F.S. Chapter 316 & 318) | | | | |
| Food Trucks (120.01(c)) | ☐ Signs & Banners (LDR | ☐ Signs & Banners (LDR 4.6.7(F) | | | | |
| ☐ Amusement Games/Rides/Carnival (i | ncluding inflatables/climbing walls, etc | c.) (LDR2.4.6(f)(1)) | | | | |
| Please note that if approved, Amusement F of Agriculture and Consumer Services (FDA be provided to the City. | | | | | | |
| Other | _ | | | | | |
| | | | | | | |

| Tents: ☐ Yes ☐ No If yes, how many tot | al tents? _ | 5 | Size of tents: _ | 10×10 |
|--|------------------------------|--------------|---|---------------------------------------|
| Please note that a tent permit is required for any to Delray Beach Building Department and may take to | | | | lable through the City of |
| Consumption/Sale of Alcoholic Beverages: If yes, what entity is obtaining the Alcohol License required 30 days prior to event. License holder me Certificate Holder and Additional Insured.) | permit? Lis | | | |
| Onsite Cooking: Please specify method: (Fire Marshal inspections Gas/Compressed Gas Electric Fryers | | d) | | |
| > Name of grease removal contractor: | D | ate & tim | e of pickup at end of eve | nt: |
| Fireworks / Pyrotechnics: | | ics will be | e set-up and fall zone. (C | ity Commission approval is |
| Food and Beverage Vendors: Yes (Health Department approval required along with event. Each vendor must provide Certificate of Institute | City Busines | ss Tax Re | eceipt or Vendor License | . Full list will be required prior to |
| Food Trucks: (Food trucks must have current Florida and Health City of Delray Beach as Certificate Holder and Add | n Departmen ditional Insu | nt permits | r of food trucks and inspections and pro | |
| If yes, applicant agrees all entertainment will be fa DJs required before event permit is issued | mily-friendly So Ny co | y and cor | tain no obscenities. List | of all performers and |
| Merchandise Vendors: ☐ Yes ☐ (City Business Tax Receipt or Vendor License req Beach as Certificate Holder and Additional Insured | uired. Each | | of vendors anticipated at nust provide Certificate o | |
| Performance Platform (30" high or less): If yes, number of platforms:(An additi | ☐ Yes onal stage | No permit ma | ay be required for anythir | ng 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: If yes, location of requested restrooms & times bei (Please note that an additional cost may be incurred) | Yes ng used: ed for use o | □ No | strooms which require an | attendant.) |
| Roadway Signage/Pole Banners: | ☐ Yes | | | vill be incurred with this request). |
| Trash Boxes & Bags: | Yes | | | mine 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. Celebrate the life and accomplishments of Dr. Martin Luther King Jr. The event promotes unity and non-violence in the community.

| EVENT SITE MAP, PARKING | PLAN, & SUSTA | INABLE PRA | CTICES | |
|---|--|---|--|---|
| Please attach a <u>clear and detailed map</u> depi stages, performance platforms, portable toi stations, emergency access points, etc. Als | lets, tents, vendors | | | |
| Parking Plan for Attendees, Vendors, etc.: | Yes 🛮 No (If ye | es, please indica | te locations on s | site map) |
| Use of City Owned-Metered Parking Spaces: | | curred with this re | equest.) | |
| Are Valet Parking Services being Used? indicate the name of the service provider.) | Yes 🗹 No (If ye | es, indicate Valet | location on site | map and |
| (Please initial here) Per City of Delray Beac Single-use plastics, including Styrofoam, are discutensils. Please address locations for recycling a APPLICATION CH | couraged. This indicate indica | cludes plastic | cups, plates, | and |
| application, the following must be submitted at time of application. Please ensure that you have included | Event Permit Type Commercial Event (For- | Deadline to Submit Application (days prior to event date) 90 | SEO/SETAC Processing Time (days prior to event date) 60 | Approval Authority |
| all the following items with your application: Completed Application | Profit/Non-Profit) Community Event (For-Profit/Non-Profit) | 90 | 60 | with SEO and SETAC recommendation SEO with SETAC recommendation |
| Site Map | Athletic Event (For- Profit/Non-Profit) | 45 | 30 | SEO with SETAC recommendation |
| □ Non-Refundable \$150.00 Applicable Fee□ Detailed COVID-19 Safety Plan | ignature | | | |
| I certify that I have read the City of Delray Beach Special true to the best of my knowledge and intentions. I also ut this application. Additionally, I agree to conform to all Citresponsibility for the general cleaning and removal of tratto be accountable for any damage to the event site. Final permits, and other requirements must be submitted before | al Events Policy and inderstand I may be ty, State, Federal la ish, recycling, and a ally, I understand tha | asked for addition ws and regulationall other items from at all necessary | onal information ons. I also accep om the premises fees, insurance, | relating to t and agree |

Date: 9/25

(Please initial here)

Proposed Routes

Option 1

Meet at Community Center

North on NW 1st Ave

West on MLK Blvd

South on NW 8th Ave

East on NW 1st ST

North on NW 5th Ave

End at Spady Museum

Option 2

Meet at Community Center

South on NW 1st Ave

West on Atlantic Ave

North on NW 8th Ave

East on MLK Blvd

South on NW 5th Ave

End at Spady Museum

