

File 25-1213 4/13/25 5:00 PM 4/24/25 9:00 AM 10/05/25 10:00 AM motion - Kandi 2nd - Grace Grace

**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.

**Applicant Information**

Applicant: Achievement Centers for Children & Families Website: achievementcentersfl.org  
Organization/Corporation  
Address: 555 NW 4th Street  
Street Address Apartment/Unit #  
Delray Beach Florida 33444  
City State Zip  
Phone: 561-276-0520 Email: Sarah@experienceepic.com  
Event Producer: Sarah Martin Cell Phone: 954-650-0324  
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 # 59-1264435 Please submit IRS non-profit letter with application.

**Event Information**

Event Name/Title: The Witches Ride 2025  
Request Event Location: start (city hall parking lot); end - Old School Square Pavilion  
Event Description: Bike ride through the downtown to raise funds for ACEF

	EVENT DATE	DAY OF WEEK	START TIME	END TIME
DAY 1	<u>October 25, 2025</u>	<u>Saturday</u>	<u>8:30 AM</u>	<u>10:00 AM</u>
DAY 2				
DAY 3				

Set-up will begin on: October 25<sup>th</sup>, 2025 at 5:30 (AM) / PM  
Date Time

Breakdown will be completed by: October 25<sup>th</sup>, 2025 at 11:00 (AM) / PM  
Date Time

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## Event Details

**Attendance Estimates:**

Total Event Attendance: 300 Daily Attendance: 300 Peak Hourly Attendance: 300

Is this an Annual Event? ☒ Yes ☐ No

If yes, # of Years Held: 14 If yes, # of Years Held in Delray Beach: 14 Last Held: 2024

Is this event produced in other cities: ☐ Yes ☒ No

If yes, please list what cities: N/A

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 Rolling Closure

STREET/INTERSECTION	CLOSURE	RE-OPEN OF ROAD
	Date / Time	Date / Time
Example: SW 9 <sup>th</sup> Ave from SW 1 <sup>st</sup> St to Atlantic Ave.	Nov 21, 2021 / 7:00am	Nov 21, 2021 / 4:00pm
See Attached Route	/	/
	/	/

## 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 checked="" 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 checked="" 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? 2 Size of tents: 10'x10' 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: N/A Date & time of pickup at end of event: N/A

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: City Community Center & OSS Garage.  
(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: OSS Stage 1

## 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.

An iconic 14 year event held to raise funds for the Achievement Centers for Children & Families. A Delray Beach non-profit who has made an indelible impact on the families of Delray by providing quality child care affordably for the last 55 years

## 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?**  
indicate the name of the service provider.)

☐ Yes ☒ No (If yes, indicate Valet location on site map and

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

(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

## 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: \_\_\_\_\_

**Internal Revenue Service**

**Date:** August 19, 2005

COMMUNITY CHILD CARE CENTER OF  
DELRAY BEACH INC  
555 NW 4TH ST  
DELRAY BEACH FL 33444-2734 556

**Department of the Treasury**  
**P. O. Box 2508**  
**Cincinnati, OH 45201**

**Person to Contact:**  
Ms. Julius 3108345  
Customer Service Representative  
**Toll Free Telephone Number:**  
8:30 a.m. to 5:30 p.m. ET  
877-829-5500  
**Fax Number:**  
513-263-3756  
**Federal Identification Number:**  
59-1264435

Dear Sir or Madam:

This is in response to your request of August 19, 2005, regarding your organization's tax-exempt status.


In December 1969 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE  
Customer Account Services