CITY OF DELRAY BEACH

TO PSMUSI Motion Passed 1-0PPOsed-NK

50 NW 1" AVENUE, DELRAY BEACH, FLORIDA 33444

Parks and Recreation Department

APPLICATION FOR SPECIAL EVENT

Submittel 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 (nonrefundable application fee) payable to the City of Deiray Beach.

Applicant Information

GOTHEREFORE MINISTRIES INCORPORATED Applicant Website: GOTHEREFORE.CUM (UNDER CONSTRUCTION)

Address

2812 CASA WAY 11 DELRAY BEACH, EL 33445 Street Address Apartment/Unit #

City Dellay BEACH State FL Zip 22445

Phone: 561843-8956 Email: ralphe gothere Fore.com Event CHRISTMAS CONCERT Cell 561-843-8956 Producer First RALPH Phone: LOST GTTA CHETTI

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

- Westweet

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Event Name/Title: CHRISTMAS CONCERT

Request Event Location: OLD SCHOOL SQUARE AMPHITHERIDE

Event Description: FREE CHRISTMAS CONCERT WITH ACTIVITIES, MUSIC, SANTH, SOUTH FOOD TOUCKI 12/21/24 SATURDAY GOPM BOOPM

> 6 HOURS PRIOR TO EJENT Set-up will begin on: AM / PM at

> > Date Time

Z HOURS AIETER EJENT Breakdown will be completed by: at AM/PM
Date Time
Event Details Attendance Estimates:
Total Event Attendance: Daily Attendance: Peak Hourly Attendance:
\$ 1,000
Is this an Annual Event? Pres INO HOPEFULLY
If yes, # of Years Held: NA If yes, # of Years Held in Delray Beach: Last Held: 1s this event produced
in other cities: I Yes I No NA
If yes, please list what cities: NA
Is the event open to the public?
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)?
ROAD CLOSURES
Will your event require road closures?

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

	Date / Time	Date / Time
Example: SW 9 th Ave from SW 1 ^{et} St to Atlantic Ave.	Nov 21, 2021 / 7:00am	Nov 21, 2021 / 4:00pn
	1	1
	I	1

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

	Ge	Device frame		Application Application days prior to event etited	SED/SETAC Processing Time (days prior to event aller)	Aucrova Auchority
		Alcohol (113.02)	(99.03(a	90	60	City Community of web SEO and SETAC mic commondation SEC with SETAC
NO	\times	Animals (101.27/LDR 2.4.6(f)(8))	.6.9(5)(b	/ 110.15),)) & (2.4.6. (F)(7)	ю (2.4.6.(3)(ө))	SED with SETAC
		Fireworks (99.05/101.20/96.25)	apter 31	6 & 318)		
		Food Trucks (120.01(c)) Food Trucks (LDR 4.6.7(F	•)			
	<i>ļ</i> b	Amusement Games/Rides/Carnival (including inflatables/climbing w	valls, 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.

C Other

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Tents: 🖉 Yes 🗌 No

It yes, how many total tents? (O

Size of tents 10 × 10

Please note that a tent permit is required for any tent that is over 10'x10'. 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 Yos Yos Yos Yos Yos Yos Yos Yos Yos Yo
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 contractorDate & 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 Trucka: 📲 Yes 🔲 No If yes, number of food trucks 44-5
(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-friendly1and contain no obscenities. List of all performers and DJs required before event permit is issued.
Merchandise Vendors: Ves No If yes, number of vendors anticipated at the event
(City Business Tax Receipt or Vendor License required. Eech vendor must provide Certificate of Insurance listing City of Delray Beach as Cartificate Holder and Additional Insured.)
Performance Platform (30" high or less):
If yes, number of platforms: (An additional stage permit may be required for anything over 30")
Portable Tollets: Yes A No
If yes, how many?Vendor providing service?(Note locations on submitted site map)
Use of Onsite City Restrooms during event: E 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.)
Readway Signage/Pole Banners: Types Interview of the control of th
Trash Boxes & Bags: 🛛 🗱 Yes 🗌 No. If yes, the City will determine number needed / staffing.
Access to City Power: The Yes INO If yes, where: AMPHITNEATHE

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.

CHRISTMAS CONCERT THAT IS FAMILY FRIENDLY WITH ACTIVITIES FOR KIDS INCLOSED FOR MILLY FRIENDLY And MORE

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

Parking Plan for Attendees, Vendors, etc.:	C Yes	No (If yes, please indicate locations on site map)
Jse of City Owned-Metered Parking Spaces: f yes, indicated how many and locations. (<i>City fe</i>	Yes Yes end charges	No s will be incurred with this request.)
Are Valet Parking Services being Used? ndicate the name of the service provider.)	Yes	No (If yes, Indicate Valet location on site map and
Trash Removal Plan to be determined by	ray Beach On	ad on each event. dinance 10-19, <u>plastic straws are banned.</u> aged. This includes plastic cups, plates, and
Itensils. Please address locations for red	yoling and o	omposting.
APPLICAT	ION CH	IECK LIST &
D	EADLIN	4ES
To ensure timely processing of your event applic the following must be submitted at time of applic Please ensure that you have included all the folk items with your application:	ation.	
Completed Application		
Site Map		
Non-Refundable \$150.00 Applicable Fee		
Detailed COVID-19 Safety Plan		
	Signatu	ire
the best of my knowledge and intentions. I also u application. Additionally, I agree to conform to all general cleaning and removal of trash, recycling,	City, State, Fed and all other ite at all necessary	Policy and Guide and the answers provided above are true to y be asked for additional information relating to this faral laws and regulations. I also accept responsibility for the erns from the premises and agree to be accountable for any fees, insurance, outside permits, and other requirements

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

(Please initial here)

Signalure: 7. M Date: 3/13/24

