## 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 Infor	mation		
Applicant:	Pets Broto Organization/Corporation	ward		Website: Per	sbrangerd.
Address:	919 Seaso	ge Drive	Ар	artment/Unit #	
	#HAM Del	by Beach	, FL	3348	3
	City	J	State	Zij	
Phone:			Email: <b>_</b>	mmbpo	intse001.0
Event Producer:	Meredith Bn	der		Cell Phone: 954	-288-078
Type of Eve	ent ( <b>check event type and <u>cir</u></b>	<u>cle</u> organization type)	r:		
☐ Comme	rcial (For-Profit/Non-Profit)	Community (For-P	rofit/Non-Profit)	☐ Athletic (Fo	or-Profit/Non-Profit)
SUNBIZ#_		Please	submit IRS non- <sub>l</sub>	profit letter with a	pplication.
		Event Inform	ation		
Event Name	e/Title: Delra	y is going	to the	Dogs	
Request Ev	vent Location: 01d	school Squ	are	5	
	ription: Free Event	Open to all	Feetung C	alphable d	ogs + Vendor
DAY 1	EVENT DATE	DAY OF W	EEK STA	RT TIME	END TIME
DAY 2	DEC 15, 20	024 Sn	day v	2pm	Чрт
DAY 3					
Set-up will I	begin on: 12/15 24	at 8:0	)	<u>АМ</u> РМ	
Breakdown	will be completed by: 12/	15 24 Time at	6	00	AM /PM
		Date	Time		hara

Event Details											
Attendance Estimates: Total Event Attendance: 300-50	Daily Attendance: 300 - 500 P	Peak Hourly Attendance: 250									
Is this an Annual Event?	Yes 🗆 No	. 1									
If yes, # of Years Held:If yes	, # of Years Held in Delray Beach:	Last Held: 11 23									
Is this event produced in other cities:   Yes  No											
If yes, please list what cities:											
Is the event open to the public?	☐X 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	The state of the s										
STREET/INTERSECTION	CLOSURE Date / Time	RE-OPEN OF ROAD  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									
	1	1									
	1	1									
GENERAL EVENT COMPON  General Event Components which ma (please select all that may apply and a											
Alcohol (113.02)		sic / Sounds (99.03(a)/99.05)									
Animals (101.27/LDR 2.4.6(f)(8))	Merchandise Vendors (1	, , , , , , , , , , , , , , , , , , , ,									
☐ Cooking on Site/Open Flame (96.04)	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.	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 I of Agriculture and Consumer Services (FD. be provided to the City.											
Other											

Tents:	Yes		No	If yes, how	many total	tents'	?	40		_ Size o	f tents:	10	x l	>	_
				is required t						t Permits	are availa	able thi	rough i	the City o	f
If yes, v	what entity of 30 days	y is ol prior	btaining to eve	olic Bevera the Alcohol nt. License h onal Insured.	License pe nolder must	prov	List ide C	below. <i>ertificat</i>	e of Ins		sting City				-
Please		Gas Elec Frye	s/Comp ctric ers	Arshal inspressed Gas	pections ar	e req									
> Na	ame of gre	ease r	remova	I contractor:	_ ~ ~ ~	1	Dat	te & tim	e of pic	ckup at er	nd of ever	nt:			
				☐ Ye on the site m			chnic	s will b	e set-u <sub>l</sub>	o and fall	zone. (Ci	ty Com	nmissio	on approv	al is
(Health		ent ap	oproval	rs: 🔀 required ald vide Certifica		y Bus	siness	Tax R	eceipt (	or Vendoi	License.	Full lis	t will b		
(Food t				Yes ent Florida ar ficate Holder	nd Health D	epar	tment	permit			s and pro		ertifica	te of Insu	rance list
If yes, a		agree	s all en	tertainment	will be fami	ly-frie	-				ties. List o		erforme	ers and	
(City B		ax Re	eceipt o	X Yes r Vendor Lic and Additiona	ense requir		-								_ of Delray
				high or less				☑ No ermit m	ay be r	equired fo	or anythin	g over	30")		
	le Toilets now many		V	endor provid			es [	INo No		(Note	locations	on sub	mittea	site map	)
Use of	Onsite C	ity R	estroo	ms during e	vent:	Ye	25	□ No							
If yes, I	ocation of	requ	ested r	estrooms & t al cost may l	times being	used	d::		stroom	s which r	equire an	attend	lant.)		_
	ay Signa					□ Y		-			harges w			l with this	request\
	Boxes & I					X Y					will deter				
Access	s to City F	owe	r:			X Y	es	□ No	If ves	s. where:	Ligh	1	Pos	its	

## **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.  This event is mount to buse the community together our our local to be a decided by the community together our our local to be the community together our our local to be the benefit of pets in oved in south florida.										
EVENT SITE MAP, PARKI	NG PLAI	N, & SUSTA	INABLE PRA	CTICES						
<ul> <li>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:</li> </ul>										
Parking Plan for Attendees, Vendors, etc.: ☐ Yes ☐ Yes ☐ No (If yes, please indicate locations on site map)										
Use of City Owned-Metered Parking Spaces:										
Are Valet Parking Services being Used?  — Yes So 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.  (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 recycli										
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 include	ed	ent Permit Type	Deadline to Submit Application (days prior to event date)	SEO/SETAC Processing Time (days prior to event date)	Approval Authority					
all the following items with your application:		mercial Event (For- ofit/Non-Profit)	90	60	With SEO and SETAC					
Completed Application		munity Event (For- ofit/Non-Profit)	90	60	recommendation SEO with SETAC recommendation					
Site Map		nletic Event (For- ofit/Non-Profit)	45	30	SEO with SETAC recommendation					
Non-Refundable Applicable Fee										
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.										
Signature: MB =	Date.	9.3.	24							