



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: Kiwanis Club of Delray Beach - Sunrise Foundation Website: _____
Organization/Corporation

Address: PO Box 7083 _____
Street Address Apartment/Unit #

Delray Beach FL 33482
City State Zip

Phone: 954-899-6454 Email: _____

Event Producer: Peggy Kelleher Cell Phone: 954-899-6454
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 # N97000004543 Please submit IRS non-profit letter with application.

Event Information

Event Name/Title: Mistletoe Magic

Request Event Location: Old School Square

Event Description: Mistletoe event to break a world record

	EVENT DATE	DAY OF WEEK	START TIME	END TIME
DAY 1	<u>12/18/24</u>	<u>wednesday</u>	<u>6pm</u>	<u>8pm</u>
DAY 2				
DAY 3				

Set-up will begin on: 12/18/24 at 11 AM AM / PM
Date Time

Breakdown will be completed by: 12/18/24 at 11pm AM/PM
Date Time

*Red
8/5/24*

Event Details

Attendance Estimates:

Total Event Attendance: 1000 Daily Attendance: _____ Peak Hourly Attendance: _____

Is this an Annual Event? Yes No

If yes, # of Years Held: _____ 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: \$ _____ 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 checked="" type="checkbox"/> Alcohol (113.02)
<input type="checkbox"/> Animals (101.27/LDR 2.4.6(f)(8))
<input checked="" type="checkbox"/> Cooking on Site/Open Flame (96.04)
<input type="checkbox"/> Fireworks (99.05/101.20/96.25)
<input type="checkbox"/> Food Trucks (120.01(c))
<input type="checkbox"/> Amusement Games/Rides/Carnival (including inflatables/climbing walls, etc.) (LDR 2.4.6(f)(1)) | <input checked="" type="checkbox"/> Live Music /Amplified Music / Sounds (99.03(a)/99.05)
<input type="checkbox"/> Merchandise Vendors (118.04/110.15)
<input type="checkbox"/> Offsite Parking (4.6.9(5)(b)) & (2.4.6. (F)(7) (2.4.6.(3)(e))
<input type="checkbox"/> Road Closure (F.S. Chapter 316 & 318)
<input type="checkbox"/> Signs & Banners (LDR 4.6.7(F)) |
|--|--|

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'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 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.

See attached

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.)

Trash Removal Plan to be determined by the City based on each event.

PK (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 \$150.00 Applicable Fee
- Detailed COVID-19 Safety Plan

Event Permit Type	Deadline to Submit Application (days prior to event date)	SEO/SETAC Processing Time (days prior to event date)	Approval Authority
Commercial Event (For-Profit/Non-Profit)	90	60	City Commission with SEO and SETAC
Community Event (For-Profit/Non-Profit)	90	60	recommendation SEO with SETAC
Athletic Event (For-Profit/Non-Profit)	45	30	recommendation SEO with SETAC

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.

PK (Please initial here)

Signature:  Date: 7/31/24

Kiwanis Mistletoe Magic Event December 18, 2024



X = Big Mistletoe

Mistletoe Magic: A Kiss for the Record ("Mistletoe")

12/18/24

Old School Square, Delray Beach

Event Purpose & Community Benefits

Mistletoe aims to bring residents together, spreading love and happiness during this holiday season. Family and friends are invited to gather near Delray's beautiful 100' Christmas Tree, sharing holiday cheer and excitement while breaking the world record of the number of couples kissing under the mistletoe.

The occasion not only fosters connections among neighbors but also supports the Kiwanis Club. . Foundation. Every dollar raised is given back into the community helping children and families of Delray Beach.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Not For Profit Corporation

KIWANIS CLUB OF DELRAY BEACH-SUNRISE FOUNDATION, INC.

Filing Information

Document Number	N97000004543
FEI/EIN Number	65-0776935
Date Filed	08/11/1997
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	12/10/2012

Principal Address

1237 N FEDERAL HIGHWAY
DELRAY BEACH, FL 33483

Changed: 01/04/2022

Mailing Address

PO BOX 7083
DELRAY BEACH, FL 33482

Changed: 05/11/2006

Registered Agent Name & Address

MORRISON, DALE F
1237 N FEDERAL HIGHWAY
DELRAY BEACH, FL 33483

Name Changed: 01/05/2016

Address Changed: 01/04/2022

Officer/Director Detail

Name & Address

Title Treasurer

MORRISON, DALE
 1237 N FEDERAL HIGHWAY
 DELRAY BEACH, FL 33483

Title D

MARTIN, DOUGLAS
 4630 PINETREE DRIVE
 DELRAY BEACH, FL 33445

Title Director

YOUNGBERG, SCOTT
 4214 PINE CONE LANE
 BOYNTON BEACH, FL 33436

Title President

KELLEHER, PEGGY
 212 BEVERLY DRIVE
 DELRAY BEACH, FL 33444

Title Secretary

ALPERIN, JAY
 PO BOX 7083
 DELRAY BEACH, FL 33482

Annual Reports

Report Year	Filed Date
2022	01/04/2022
2023	01/04/2023
2024	01/03/2024

Document Images

01/03/2024 -- ANNUAL REPORT	View image in PDF format
01/04/2023 -- ANNUAL REPORT	View image in PDF format
01/04/2022 -- ANNUAL REPORT	View image in PDF format
01/04/2021 -- ANNUAL REPORT	View image in PDF format
01/02/2020 -- ANNUAL REPORT	View image in PDF format
01/02/2019 -- ANNUAL REPORT	View image in PDF format
01/03/2018 -- ANNUAL REPORT	View image in PDF format
01/03/2017 -- ANNUAL REPORT	View image in PDF format
01/05/2016 -- ANNUAL REPORT	View image in PDF format
01/08/2015 -- ANNUAL REPORT	View image in PDF format
01/02/2014 -- ANNUAL REPORT	View image in PDF format
01/04/2013 -- ANNUAL REPORT	View image in PDF format

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: November 24, 2015

Person to Contact:

Ms. Cottrell #727464

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

65-0776935

DALE F. MORRISON
C/O KIWANIS CLUB OF DELRAY BEACH-SUNRISE
FOUNDATION INC
PO BOX 7083
DELRAY BEACH, FL 33482

Dear Sir or Madam:

This is in response to your November 12, 2015 request for information regarding your tax-exempt status.

Our records indicate you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in December 1988.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/charities for information regarding filing requirements. Specifically, note that section 6033(j) of the Code automatically revokes the tax-exemption of any organization that fails to satisfy its filing requirement for three consecutive years. The automatic revocation of exemption is effective as of the due date of the third required annual filing or notice. The IRS maintains a list of organizations whose tax-exempt status was automatically revoked at IRS.gov.

If you have any questions, please call the phone number in the heading of this letter.

Sincerely,



Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements