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.

All Applications must be submitted with a minimum 90 days from the date of the event.

Applications less than 90 days out will not be accepted.

		Applicant Ir	nformation	18875	CONTROL OF THE STATE OF THE STA
Applicant:	Boston's on the	Beach		Website:	www.Bostonsonthebeach.co
	Organization/Corporation			-	
Address:	40 S.Ocean Blv	d			
	Street Address			Apartment/Unit	#
_	Delray Beach		Florida		33483
,	City		State		Zip
Phone:	561-278-3364		Email:_	Millie.wil	kinson@ophotels.com
Event Producer:	Mila WW	Last		Cell Phone:	561-7069583
Type of Even	t (<u>check</u> event type and <u>c</u>	ircle organization ty	/pe):		
	ial (For-Profit/Non-Profit)			☐ Ath	letic (For-Profit/Non-Profit)
SUNBIZ #		PIe	ease submit IRS no	n-profit letter	r with application.
	Med Comment	Event Info	ormation	VIS YES	
Event Name/	Title: 4th of Ju	ly			
Request Ever	nt Location: 40 S.Ocea	ın Blvd, Delray B	each, FL 33483		
Event Descrip	otion:July 4th Fir	eworks Celebrat	ion		
DAY 1	EVENT DATE	DAY O	F WEEK S	TART TIME	END TIME
	July 4th	FRI		4pm	10pm
DAY 2					
DAY 3					
Set-up will be	egin on:July 4	at 2pm	١	AM / PM	
	Date vill be completed by:Ju		ime at 10pm		AM / PM
_, oandown w	55 completed by .	Date	Tim	е	0:1

	Event Details	AND AND A PROPERTY OF	A TOWN STATE		
Attendance Estimates: Total Event Attendance: 300	Daily Attendance: 360	Peak Hourly Attendance:_	7-9pm		
Is this an Annual Event?	≺ Yes □ No				
	s, # of Years Held in Delray Beach: 30	Last Held:	July 4th 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.		nior: \$Ch	ild: \$		
Is fencing to be used (i.e. gated event)?	Yes 🗆 No				
ROAD CLOSURES					
Will your event require road closures?					
If YES, please describe the streets and			2045		
STREET/INTERSECTION	CLOSURE Date / Time	RE-OPEN OF F Date / Tim			
Example: SW 9 th Ave from SW 1 st St to Atlantic Ave.	Nov 21, 2021 / 7:00am	Nov 21, 2021 /	4:00pm		
Atlantic ave & A1A to Sandbar	July 4,2025 [/] 12:00pm	July 4,2025 _/ 10:00pm			
	1	1			
GENERAL EVENT COMPON General Event Components which ma (please select all that may apply and a		le/LDR waiver			
☐ Animals (101.27/LDR 2.4.6(f)(8))	☐ Merchandise Vendors (1				
		·	(0) (-))		
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. Cha	pter 316 & 318)			
☐ Food Trucks (120.01(c))	Signs & Banners (LDR 4	1.6.7(F)			
☐ Amusement Games/Rides/Carnival	(including inflatables/climbing walls, etc.	.) (LDR 2.4.6(f)(1))			
Please note that if approved, Amusement of Agriculture and Consumer Services (FD be provided to the City.					
Other					

Tents:	Yes		No	If yes	, how m	any tota	l tent	:s? _	4			_ Size	of tent	ts:	10x10	
	ote that a each Build											t Perm	its are a	availab	le through tl	he City of
If yes, w		is ob	otaining to eve	g the A	lcohol L	icense p Ider mus	st pro	it? Lis	Certi	ow. (ficate	of Ins	surance			nol Liability la f Delray Bea	
		ethoc	/Comp ctric	Marsh	al inspe	□ N ections a		equire	d)							
> Nar	me of grea	ase r	emova	l contr	actor: _			D	ate 8	k time	of pi	ckup at	end of	event:		
Firewor If yes, sp required		tech ct lo	nics: cation	on the	site ma	p of the	pyro									n approval is
(Health I		nt ap	oproval	requii	red alon	g with C	ity B	usine	ss Ta	ax Re	ceipt	or Ven	dor Lice	ense. F		e required prior to d Additional Insured.)
				ent Flo	rida and		Depa	artme	nt pe	rmits					 ide Certificat	te of Insurance listing
If yes, ap	rformanc pplicant ag uired befo	gree	s all en	tertain	ment w	ill be fan	nily-fi	riendl	y and	d con	tain n	o obsc	enities.	List of	all performe	ers and
(City Bu	ndise Ver siness Ta. s Certifica	x Re	ceipt o	r Vend	dor Licei	nse requ	iired.	_							ne event: Insurance lis	sting City of Delray
	nance Planumber of p										ıy be i	require	d for an	nything	over 30")	
	e Toilets: ow many?		V	'endor	providir	ng servic		Yes				(No	te loca	tions o	n submitted	site map)
	Onsite Cit ecation of a note that	-			-			Yes ed: use o			stroon	ns whic	h requi	ire an a	nttendant.)	
Roadwa	y Signag	e/Po	ole Bar	nners:				Yes	X	No	(City f	ees an	d charg	ges wili	be incurred	with this request).
Trash B	oxes & B	ags:	:				X	Yes		No	If yes	s, the C	ity will	determ	nine number	needed / staffing.
Access	to City P	owei	r:					Yes	X	No	If ye	s, whe	e:			

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.
4th of July Celebration for The Community
EVENT SITE MAP, PARKING PLAN, & SUSTAINABLE PRACTICES
 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:
Parking Plan for Attendees, Vendors, etc.: \[\sum \text{Yes} \ \text{No (If yes, please indicate locations on site map)} \]
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.)
Directional Parking Signage Needed YES NO If yes, submit signage plan. Trash Removal Plan to be determined by the City based on each event.
mw (Please initial here) Per City of Delray Beach Ordinance 10-19, <u>plastic straws are banned.</u> Single-use plastics, including Styrofoam, are discouraged. This includes plastic cups, plates, and utensils. Please address locations for recycling and composting.
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APPLICATION CHECK LIST
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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