

**CITY OF DELRAY BEACH**  
**Parks and Recreation Department**



50 NW 1<sup>st</sup> AVENUE, DELRAY BEACH, FLORIDA 33444

**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: Delray Beach Youth Tennis Foundation Website: www.delraytennisfoundation.org  
Organization/Corporation

Address: 11714 Dunes Rd  
Street Address Apartment/Unit #

Boynton Beach FL 33436  
City State Zip

Phone: 203-984-6254 Email: peg@delraytennisfoundation.org  
stefan@delraytennisfoundation.org

Event Producer: Peg Perez 203-984-6254  
stefan Konowalskyj 917-304-3501  
First Last Cell Phone

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 # N15000009313 Please submit IRS non-profit letter with application.

**Event Information**

Event Name/Title: Center Court Under the Stars

Request Event Location: Delray Tennis Center - Stadium Court

Event Description: Do Good Delray Fundraiser

	EVENT DATE	DAY OF WEEK	START TIME	END TIME
DAY 1	<u>October 24, 2024</u>	<u>Thursday</u>	<u>4pm</u>	<u>9pm</u>
DAY 2				
DAY 3				

Set-up will begin on: Oct 22 at 8am AM PM

Breakdown will be completed by: Oct 25 at 6pm AM PM

*Rec'd  
7/22/24*

**Event Details**

Attendance Estimates:  
 Total Event Attendance: 125 Daily Attendance: \_\_\_\_\_ Peak Hourly Attendance: \_\_\_\_\_  
 Is this an Annual Event?  Yes  No  
 If yes, # of Years Held: 2 If yes, # of Years Held in Delray Beach: 2 Last Held: 2023  
 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
<i>Example: SW 9<sup>th</sup> Ave from SW 1<sup>st</sup> St to Atlantic Ave.</i>	<i>Nov 21, 2021 / 7:00am</i>	<i>Nov 21, 2021 / 4:00pm</i>
	/	/
	/	/

**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)**

- Alcohol (113.02)  Live Music /Amplified Music / Sounds (99.03(a)/99.05)
- Animals (101.27/LDR 2.4.6(f)(8))  Merchandise Vendors (118.04/110.15)
- 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. Chapter 316 & 318)
- Food Trucks (120.01(c))  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 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'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.) Wine Room

**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.

Do Good Delray Fundraiser event to showcase the sport of tennis and support the Delray Beach Youth Tennis Foundation

**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.)

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

OK (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

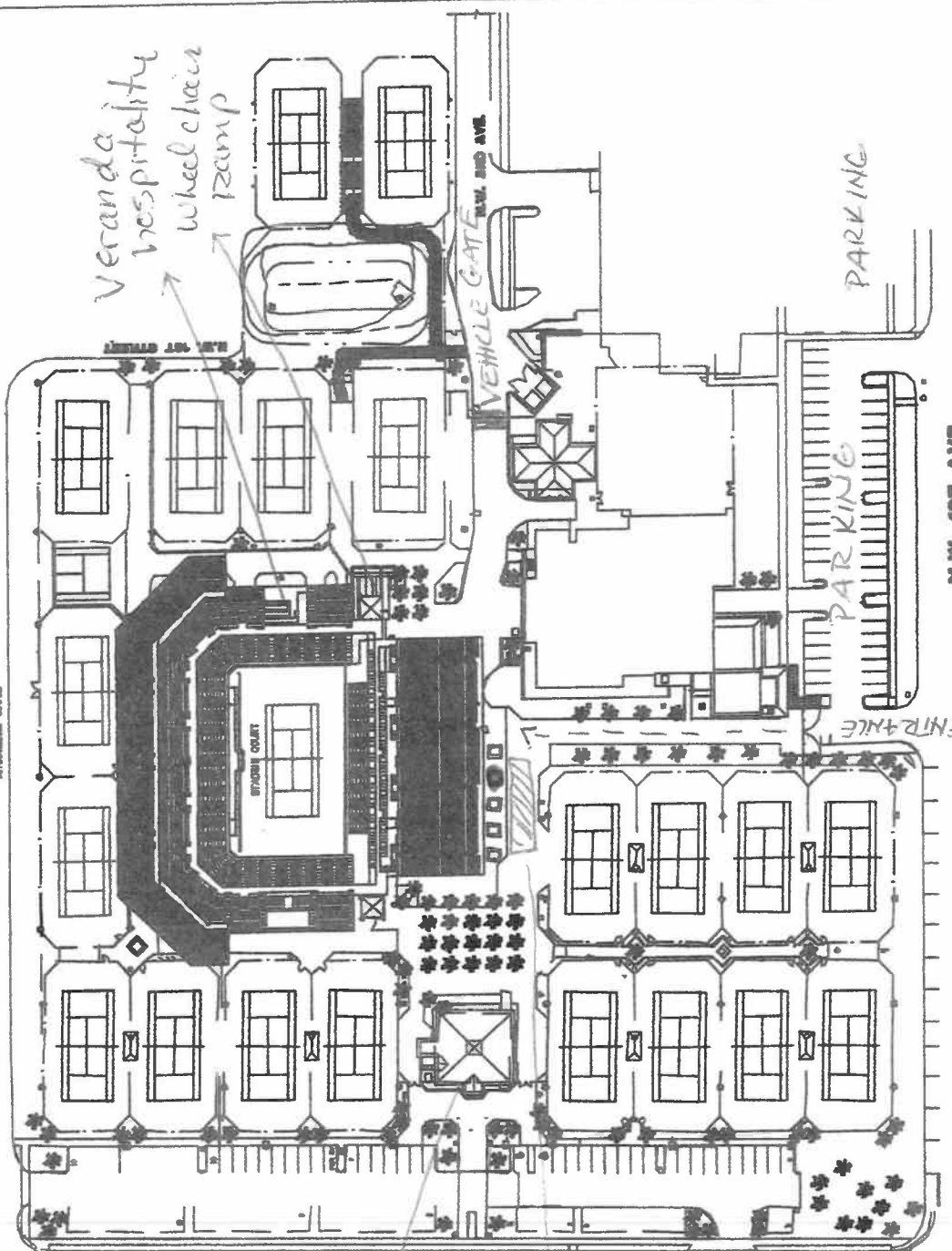
Event Permit Type	Deadline to Submit Application (days prior to event date)	SEO/SETAC Processing Time (days prior to event date)	Approval Authority
Commercial Event (For-Profit/Non-Profit)	90	60	City Commission with SEO and SETAC recommendation
Community Event (For-Profit/Non-Profit)	90	60	SEO with SETAC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

**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.  
OK (Please initial here)

Signature: Stefan Konowalskyj Date: 7/22/24



Veranda  
hospitality  
wheel chair  
ramp

Entrance  
to TC Building  
will not  
be used

Fire Truck

Police  
Car

**DELRAY BEACH TENNIS CENTRE**

DOWNTOWN LOCATION

N.W. 187 AVE.

1" = 40'



NORTH

PARKING

PARKING

ENTRANCE

VEHICLE GATE

TENNIS COURT

N.W. 188 AVE.

ATLANTIC AVENUE

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: OCT 08 2015

DELRAY BEACH YOUTH TENNIS  
FOUNDATION  
11714 DUNES ROAD  
BOYNTON BEACH, FL 33436-0000

Employer Identification Number:  
47-5161144  
DLN:  
26053678003885  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
June 30  
Public Charity Status:  
509(a)(2)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
September 21, 2015  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 5436