CITY OF DELRAY BEACH

Parks and Recreation Department

50 NW 1st 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 $150.00 (non-refundable application fee) payable to the City of Delray Beach.**

Applicant Information

Applicant: Cason United Methodist Church (*Organization/Corporation*) Website: www,casonumc.org

Address: 342 North Swinton Avenue (*Street Address*) (*Apartment/Unit #*)

Delray Beach (*City*) FL (*State*) 33444 (*Zip*)

Phone: (561) 276-5302 Email: pastor@casonumc.org

Event Producer: Pastor David (*First*) Schmidt (*Last*) Cell Phone: (561) 613-7144

Type of Event (**check event type and circle organization type**):

☐ Commercial (For-Profit/Non-Profit) x☐ Community (For-Profit/Non-Profit) ☐ Athletic (For-Profit/Non-Profit)

SUNBIZ # 703285 ***Please submit IRS non-profit letter with application.***

Event Information

Event Name/Title: Easter Sunrise Service

Request Event Location: The Pavilion at Atlantic Avenue & A1A

Event Description: Easter Sunrise Service.

	EVENT DATE	DAY OF WEEK	START TIME	END TIME
DAY 1	March 31, 2024	Sunday	4:30 am	8:00 am
DAY 2				
DAY 3				

Set-up will begin on: March 31, 2024 (*Date*) at 4:30 am (*Time*) AM / PM

Breakdown will be completed by: March 31, 2024 (*Date*) at 8:00 am (*Time*) AM / PM

Rcd 1/24

Event Details

Attendance Estimates:
Total Event Attendance: 700 Daily Attendance: _____ Peak Hourly Attendance: _____

Is this an Annual Event? x☐ Yes ☐ No

If yes, # of Years Held: + 50 years If yes, # of Years Held in Delray Beach:_____Last Held: April 21, 2020

Is this event produced in other cities: ☐ Yes x☐ No

If yes, please list what cities: _____

Is the event open to the public? x☐ Yes ☐ No

Is there an Admission Fee/Ticket Fee? ☐ Yes x☐ o
If yes, provide fees/ticket prices: Adult/General Admission: $_____Senior: $_____Child: $_____

Is fencing to be used (i.e. gated event)? ☐ Yes x☐ No

ROAD CLOSURES

Will your event require road closures? x☐ Yes ☐ No

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

STREET/INTERSECTION	CLOSURE Date / Time	RE-OPEN OF ROAD Date / Time
Example: SW 9th Ave from SW 1st St to Atlantic Ave.	*Nov 21, 2021 / 7:00am*	*Nov 21, 2021 / 4:00pm*
A1A from Atlantic Avenue to Miramar	March 31, 2024, 6:15 am/	March 24, 2024, 7:15 am/
	/	/

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)

☐ Animals (101.27/LDR 2.4.6(f)(8))

☐ Cooking on Site/Open Flame (96.04)

☐ Fireworks (99.05/101.20/96.25)

☐ Food Trucks (120.01(c))

x☐ Live Music /Amplified Music / Sounds (99.03(a)/99.05)

☐ Merchandise Vendors (118.04/110.15)

☐ Offsite Parking (4.6.9(5)(b)) & (2.4.6. (F)(7) (2.4.6.(3)(e))

x☐ Road Closure (F.S. Chapter 316 & 318)

☐ Signs & Banners (LDR 4.6.7(F)

☐ Amusement Games/Rides/Carnival (including inflatables/climbing walls, etc.) (LDR2.4.6(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 x☐ 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 x☐ 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 x☐ 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 x☐ 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 x☐ 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: x ☐ 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. Covenant – from Cason United Methodist Church _____

Merchandise Vendors: ☐ Yes x ☐ 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 x☐ No
If yes, number of platforms:_____*(An additional stage permit may be required for anything over 30")*

Portable Toilets: ☐ Yes x☐ No
If yes, how many?_____Vendor providing service? _____*(Note locations on submitted site map)*

Use of Onsite City Restrooms during event: ☐ Yes x☐ 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 x☐ No *(City fees and charges will be incurred with this request).*

Trash Boxes & Bags: ☐ Yes x☐ No If yes, the City will determine number needed / staffing.

Access to City Power: x☐ Yes ☐ No If yes, where: Musicians plug in on the Pavilion for instruments, key board and speakers_____

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 has been a staple in Delray for over 50 years. Both residents and tourist participate in the glories of the rising sun over the Atlantic Ocean celebrating Easter.

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.: x☐ Yes ☐ No (*If yes, please indicate locations on site map)*

Use of City Owned-Metered Parking Spaces: ☐Yes x☐ 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 x☐ 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.

_____(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:

xCompleted Application

xSite Map

xNon-Refundable $150.00 Applicable Fee

xDetailed 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 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

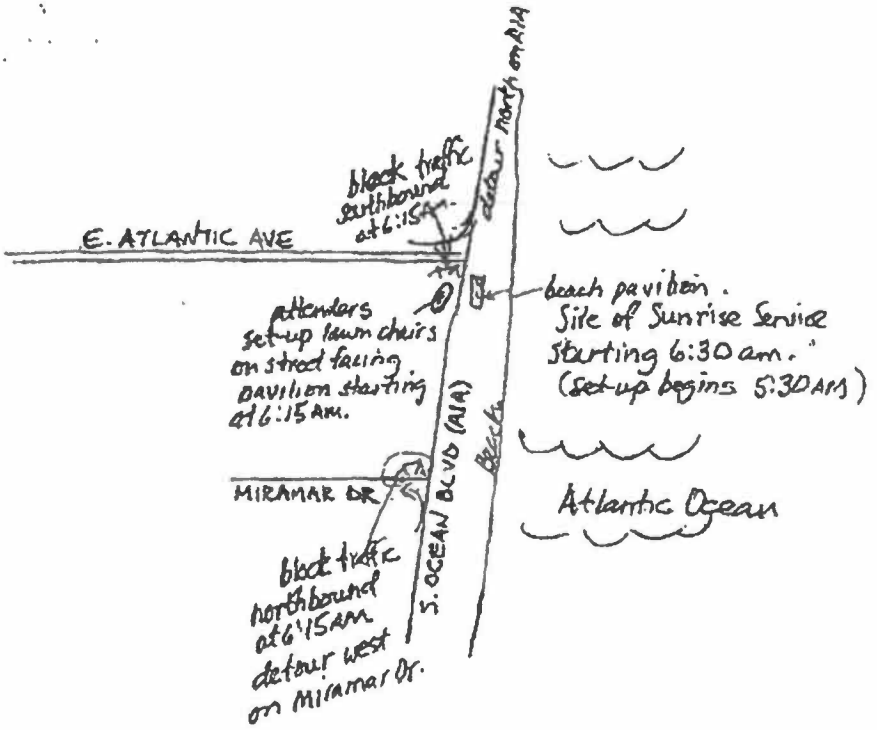
Signature

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.
DMS (Please initial here)

Signature: _____ Date: 1/25/24

EASTER SUNRISE SERVICE



EVENT ends no later than 7:30 AM

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
01/18/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services, Inc of Florida 4010 W. Boy Scout Boulevard Suite 200 Tampa FL 33607 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): 800-363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
359884 CASON UMC 342 N SWINTON AVENUE Delray Beach FL 33444 USA	INSURER A: The Princeton Excess & Surp Lines Ins Co	10786
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570103644527 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY / PRO-JECT / LOC OTHER:			N2-A3-RL-0000017-14 SIR applies per policy terms & conditions	12/31/2023	12/31/2024	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$1,000,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$5,000,000
							PRODUCTS - COMP/OP AGG	$1,000,000
							Sex Abuse/Molestation	$1,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB / OCCUR EXCESS LIAB / CLAIMS-MADE DED / RETENTION						EACH OCCURRENCE	
							AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Easter Sunrise Service - the event Date to March 31, 2024- Atlantic Avenue & A1A Delray Beach, Project Head: Pastor David Schmidt.

CERTIFICATE HOLDER

City of Delray Beach
Attn: Nan Krushinski, Special Events Administrator
100 NW 1st Avenue
Delray Beach FL 33444 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Ins of Florida

Holder Identifier : 359884

Certificate No : 570103644527