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 \$150.00 (non-refundable application fee) payable to the City of Delray Beach.

		Applicant Information		
Applicant:	Hope Louison S	Inc	Website 100	idsofcicilia con
Address:	4917 Polymetto Street Address	Drive	Apartment/Unit #	
	Fort Pierce	FL	3	1962 Zip
Phone:	561-812-0111			mon 2013 @gmai
Event Producer:	Sydvly	Bhn5811 Last	Cell Phone: 501	-812 -Oliy
	ent (<u>check</u> event type and <u>ci</u> rcial (For-Profit/Non-Profit)	rcle organization type): Community (For-Profit/Non	-Profit)	For-Profit/Non-Profit)
SUNBIZ#_	92-288991	Please submit	IRS non-profit letter with	application.
		Event Information		
	vent Location: DWSCI	of Cecilia 1001 Saware Aw or Egrad with co.	aphtheater Co	mpus Na music vendo
DAY 1 DAY 2	January 1841	DAY OF WEEK	START TIME	S: SO PM
DAY 3				
Set-up will	begin on: 1181202U	at A O	AM/ PM	
Breakdown	will be completed by:	18 2 at	Time	AM(PM)

	Event Details	
Attendance Estimates: Total Event Attendance: 300/40	Daily Attendance:	Peak Hourly Attendance: 100
Is this an Annual Event?	☐ Yes No	
If yes, # of Years Held:If yes	•	Last Held:
Is this event produced in other cities:	☐ Yes 🎗 No	
If yes, please list what cities:		
Is the event open to the public?		
Is there an Admission Fee/Ticket Fee? If yes, provide fees/ticket prices: Adulto	General Admission: \$Se	enior: \$Child: \$
Is fencing to be used (i.e. gated event)?	Yes No Kids 700	re ficket: \$10-15
ROAD CLOSURES	~	
Will your event require road closures?		
If YES, please describe the streets and i		
STREET/INTERSECTION	CLOSURE Date / Time	RE-OPEN OF ROAD 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
	/	/
	1	1
GENERAL EVENT COMPON General Event Components which ma (please select all that may apply and a		
☐ Alcohol (113.02)	Live Music /Amplified M	usic / 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. Cha	pter 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 I of Agriculture and Consumer Services (FD be provided to the City.		
Other		

Tents: Yes ☐ No If yes, how many t	otal tents? 30	Size of tents: _	10×10
Please note that a tent permit is required for any Delray Beach Building Department and may take			ilable through the City of
Consumption/Sale of Alcoholic Beverages: If yes, what entity is obtaining the Alcohol Licens required 30 days prior to event. License holder is Certificate Holder and Additional Insured.)	se permit? List below. (Co		
Onsite Cooking: Please specify method: (Fire Marshal inspection Gas/Compressed Gas Electric Fryers	No is are required)		
Name of grease removal contractor:	Date & time o	of pickup at end of eve	ent:
Fireworks / Pyrotechnics:	the pyrotechnics will be se		
Food and Beverage Vendors: Yes [(Health Department approval required along with event. Each vendor must provide Certificate of I.	h City Business Tax Rece Insurance listing City of De	eipt or Vendor License elray Beach as Certifi	e. Full list will be required prior to icate Holder and Additional Insured.
Food Trucks: (Food trucks must have current Florida and Heal City of Delray Beach as Certificate Holder and A			
Live Performances & Music: Yes If yes, applicant agrees all entertainment will be DJs required before event permit is issued.	No family-friendly and contain	in no obscenities. List	t of all performers and
Merchandise Vendors: (City Business Tax Receipt or Vendor License re Beach as Certificate Holder and Additional Insur			
Performance Platform (30" high or less): If yes, number of platforms:(An add	☐ Yes No ditional stage permit may	be required for anyth	ing over 30")
Portable Toilets: If yes, how many?Vendor providing set	☐ Yes 🔏 No rvice?	(Note location	s on submitted site map)
Use of Onsite City Restrooms during event: If yes, location of requested restrooms & times by (Please note that an additional cost may be incut	Yes No peing used: No urred for use of City Restric	ooms which require a	II:00-AM3:00-FM
Roadway Signage/Pole Banners:	Yes 🗆 No (C	ity fees and charges	will be incurred with this request).
Trash Boxes & Bags:			ermine number needed / staffing.
Access to City Power:	☑ Yes □ No If	f yes, where: By S	age and a
		the co	inpus

Event Purpose and Community/Public Benefits: Descommunity needs, provide community benefits/promote activities within a neighborhood or the Central Business The French of Contral August 1990 of the Central Business The French of Central August 1990 of the Central Business The French of Central Business The French of Central Business The French of Central Business of Community and Central Business of Central Business	community welfare District, and/or help District, and/or help District, and/or help District, and Di	stimulate broad build a sense of build a	economic or cut from the community. The community of the	nitural MANNITURA MA
stations, emergency access points, etc. Als	o include:			
Parking Plan for Attendees, Vendors, etc.:		es, please indicat		rage.
Use of City Owned-Metered Parking Spaces: ☐Y If yes, indicated how many and locations. (City fees and		urred with this re	equest.)	
Are Valet Parking Services being Used? indicate the name of the service provider.)	Yes No (If ye	es, indicate Valet	location on site	map and
Trash Removal Plan to be determined by the City (Please initial here) Per City of Delray Beac			e aro hannod	
Single-use plastics, including Styrofoam, are discutensils. Please address locations for recycling a APPLICATION CH To ensure timely processing of your event application, the following must be submitted at time of application. Please ensure that you have included	couraged. This inc ind composting. IECK LIST & DE Event Permit Type	cludes plastic o		
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