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.

		Аррисансинония	441541	
Applicant:	Cason United Methodist Ch Organization/Corporation	urch	Web	site: www,casonumc.org
Address:	342 North Swinton Avenue			
	Street Address		Apartment	/Unit #
	Delray Beach		FL	33444
	City	Sta	ate	Zip
Phone:	(561) 276-5302		Email:_pastor@ca	asonumc.org
Event Producer:	Pastor David	Schmidt	Cell Phone	e: <u>(561) 613-7144</u>
	First	Last		
Type of Eve	nt (<u>check</u> event type and <u>ci</u>	rcle organization type):		
		x□ Community (For-Pro	fit/Non Profit)	Athletic (For-Profit/Non-Profit)
L Commen	cial (For-Profit/Non-Profit)	XLI Community (For-Fro	iivivon-Prolit)	Athletic (For-Front/Non-Front)
SUNBIZ # <u>7</u>	03285	Please su	ıbmit IRS non-profit l	etter with application.
	· - — - (= ' a	Event Informati	on	
Event Name	e/Title: Easter Sunrise Service			
Request Eve	ent Location: The Pavilion a	t Atlantic Avenue & A1A		
Event Descr	ription: Easter Sunrise Service	e		
	EVENT DATE	DAY OF WEE	K START TI	ME END TIME
DAY 1	March 31, 2024	Sunday	4:30 am	8:00 am
DAY 2				
DAY 3				
Set-up will b	egin on: <u>March 31, 2024</u>	at_4:30 am	AM /	PM
	Date	Time		
Breakdown	will be completed by: March	31, 2024 at 8:0	00 am	AM / PM
		Date	Time	



	Event Details	
Attendance Estimates: Total Event Attendance:	Daily Attendance:	Peak Hourly Attendance:
Is this an Annual Event?	x□ Yes□ No	
If yes, # of Years Held: + 50 years If ye	es, # 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? $x \square Y$	′es□ No	
Is there an Admission Fee/Ticket Fee? If yes, provide fees/ticket prices: Adult	☐ Yes x☐ o /General Admission: \$Ser	nior: \$Child: \$
Is fencing to be used (i.e. gated event)?	☐ Yes x☐ No	
ROAD CLOSURES		
Will your event require road closures?	x□ Yes □ No	
	intersection you are requesting to be clo	
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
Al A from Atlantic Avenue to Miramar	March 31, 2024, 6:15 am/	March 24, 2024, 7:15 am/
	1	/
GENERAL EVENT COMPON	ENTS WHICH MAY REQUIRE A	TEMP USE PERMIT/WAIVER
General Event Components which ma (please select all that may apply and a	ay require a Temporary Permit or Cod add others as needed)	e/LDR waiver
☐ Alcohol (113.02)	x□ Live Music /Amplified M	lusic / Sounds (99.03(a)/99.05)
☐ Animals (101.27/LDR 2.4.6(f)(8))	☐ Merchandise Vendors (1	18.04/110.15)
☐ 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)	x☐ Road Closure (F.S. Cha	apter 316 & 318)
☐ Food Trucks (120.01(c))	☐ Signs & Banners (LDR 4	.6.7(F)
☐ Amusement Games/Rides/Carnival	(including inflatables/climbing walls, etc.) (LDR2.4.6(f)(1))
	Rides must be inspected on-site after insta ACS) and a copy of the temporary amuse	
☐ Other		

Tents: \square Yes $x\square$ No If yes, how many total to	ents? 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: Please specify method: (Fire Marshal inspections are 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 py required.)	ovrotechnics will be set-up and fall zone. (City Commission approval is					
	o If yes, number of vendors anticipated at event: Business Tax Receipt or Vendor License. Full list will be required prior to ence listing City of Delray Beach as Certificate Holder and Additional Insured.)					
	o If yes, number of food trucksepartment permits and inspections and provide Certificate of Insurance listing onal Insured.)					
Live Performances & Music: x ☐ Yes ☐ Note of the Second Performances & Music: x ☐ Yes ☐ Note of the Second Performance of	y-friendly and contain no obscenities. List of all performers and					
	o If yes, number of vendors anticipated at the event:ed. Each vendor must provide Certificate of Insurance listing City of Delray					
Performance Platform (30" high or less): If yes, number of platforms:(An additional)]Yes x□ No al stage permit may be required for anything over 30")					
Portable Toilets: If yes, how many?Vendor providing service?	Yes x No (Note locations on submitted site map)					
Use of Onsite City Restrooms during event:] Yes x□ No					
If yes, location of requested restrooms & times being a (Please note that an additional cost may be incurred for	used: 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 instruments, key board and speakers	☐ Yes ☐ No If yes, where: Musicians plug in on the Pavilion for					

EVENT PURPOSE & COMMUNITY BENEFITS

vent has been a staple in Delray for over 50 years. Both residents a					
EVENT OUTS MAD DADY	BI A			07/050	
 EVENT SITE MAP, PARK Please attach a clear and detailed map 					ish lines
stages, performance platforms, portab stations, emergency access points, etc	le toilets, t	ents, vendor			
Parking Plan for Attendees, Vendors, etc.:	x□ Yes	□ No (If ye	es, please indicat	te locations on s	site map)
Use of City Owned-Metered Parking Spaces: If yes, indicated how many and locations. (City fee	☐Yes es and char	x□ No ges will be inc	curred with this re	equest.)	
Are Valet Parking Services being Used? indicate the name of the service provider.)	☐ Yes	x□ No (If y	es, indicate Vale	et location on sit	e map an
(Please initial here) Per City of Delray Single-use plastics, including Styrofoam, are	Beach Ord	dinance 10-1 ged. This in	9, plastic strav		
Single-use plastics, including Styrofoam, are utensils. Please address locations for recycles APPLICATIO	Beach Order discoura	dinance 10-1 ged. This in omposting.	9, <u>plastic strav</u> cludes plastic		
(Please initial here) Per City of Delray Single-use plastics, including Styrofoam, are utensils. Please address locations for recycles APPLICATIO To ensure timely processing of your event application, the following must be submitted at time of application. Please ensure that you have included.	Beach Order discourations and control of the contro	dinance 10-1 ged. This in omposting.	9, <u>plastic strav</u> cludes plastic		Approva Authorit
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E. ATLANTIC AVE attisses

Set up found theirs on street facing, pavilion starting attisses and starting attitudes and starting attisses attisses and starting attisses attisses and starting attisses attisses and starting attisses attisses attisses attisses attisses attisses attisses att

EVENT ends no tater than 7:30 Am

CERTIFICATE OF LIABILITY INSURANCE

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(les) 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

COVERAGES	CERTIFICATE NUMBER:	570103644527	7	F	REVISION NUMBER	R:	
			INSURER F:				
			INSURER E:				
			INSURER D:				
Delray Beach FL 33444 USA			INSURER C:				
359884 CASON UMC 342 N SWINTON AVENUE			INSURER B:				
INSURED			INSURER A:	The Princeton	Excess & Surp	Lines Ins Co	10786
				INSURER(S) AFF	FORDING COVERAGE		NAIC #
Suite 200 Tampa FL 33607 USA		E-MAIL ADDRESS:					
Aon Risk Services, Inc of Fl 4010 W. Boy Scout Boulevard	PHONE (A/C. No. Ext):	(866) 283-7122 FAX No.): 800-363-0105					
PRODUCER			CONTACT NAME:				
tills certificate does not conter right	to the certificate floider in flet	or sacir endorse	11101140/				

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,

A X	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	ADDL	SUBR	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		
A X					[(mmoobilitil)	(MM/DD/TTTT)	LIMITS	
E	CLAIMS-MADE X OCCUR			N2-A3-RL-0000017-14		12/31/2024	EACH OCCURRENCE	\$1,000,000
				SIR applies per policy ter	ms & condi	tions	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$1,000,000
							PERSONAL & ADV INJURY	\$1,000,000
G	EN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$5,000,000
X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$1,000,000
	OTHER:						Sex Abuse/Molestation	\$1,000,000
Al	UTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	OWNED SCHEOULED AUTOS						BODILY INJURY (Per accident)	
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY OAMAGE (Per accident)	
	ONLY							
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION							
	NORKERS COMPENSATION AND						PER STATUTE OTH-	
	ANY PROPRIETOR / PARTNER /	N/A					E.L. EACH ACCIDENT	
(1	EXECUTIVE OFFICER/MEMBER (Mandatory in NH)						E.L. DISEASE-EA EMPLOYEE	
Ü	1 yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	
DECODIN	TION OF OPERATIONS / LOCATIONS / VEHICLES (ACC							

Easter Sunrise Service - the event Date to March 31, 2024- Atlantic Avenue & AlA Delray Beach, Project Head: Pastor

CERTIFICATE	HOLDE!
CERTIFICATE	HOLDE

ACORD

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

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

Aon Pish Sorvices Inc. of Florida