

# 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: Cason United Methodist Church Website: www.casonumc.org  
Organization/Corporation

Address: 342 North Swinton Avenue Apartment/Unit # \_\_\_\_\_  
Street Address

Delray Beach FL 33444  
City State Zip

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

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

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 # 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
<b>DAY 1</b>	March 31, 2024	Sunday	4:30 am	8:00 am
<b>DAY 2</b>				
<b>DAY 3</b>				

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

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

*R'ced  
1/24*

## Event Details

**Attendance Estimates:**

Total Event Attendance: 700 Daily Attendance: \_\_\_\_\_ Peak Hourly Attendance: \_\_\_\_\_

Is this an Annual Event?  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  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>
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)**

- |   |   |
|---|---|
| <input type="checkbox"/> Alcohol (113.02)   | <input checked="" type="checkbox"/> Live Music /Amplified Music / Sounds (99.03(a)/99.05) |
| <input type="checkbox"/> Animals (101.27/LDR 2.4.6(f)(8))   | <input type="checkbox"/> Merchandise Vendors (118.04/110.15)                              |
| <input type="checkbox"/> Cooking on Site/Open Flame (96.04)   | <input type="checkbox"/> Offsite Parking (4.6.9(5)(b)) & (2.4.6. (F)(7) (2.4.6.(3)(e))    |
| <input type="checkbox"/> Fireworks (99.05/101.20/96.25)   | <input checked="" type="checkbox"/> Road Closure (F.S. Chapter 316 & 318)                 |
| <input type="checkbox"/> Food Trucks (120.01(c))  | <input type="checkbox"/> Signs & Banners (LDR 4.6.7(F))                                   |
| <input type="checkbox"/> 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  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  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. Covenant – from Cason United Methodist Church \_\_\_\_\_

**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: 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.:**      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.)

**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.

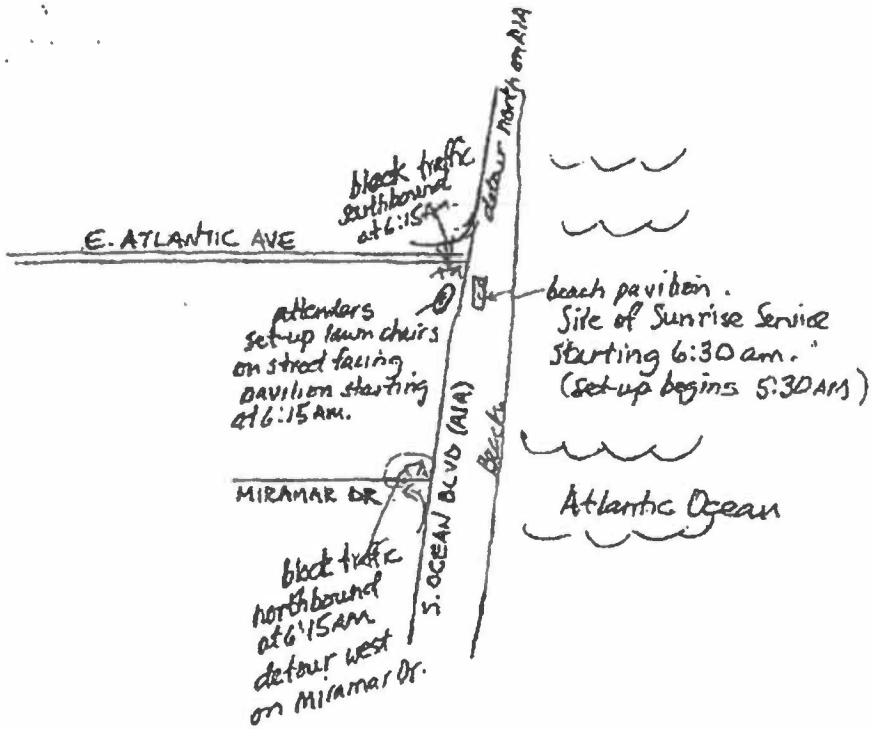
**ADA Compliance:** I am prepared and willing to grant all reasonable requests for accommodations for this event.

DMS (Please initial here)

Signature: \_\_\_\_\_

Date: 1/25/24

# EASTER SUNRISE SERVICE



EVENT ends no later than 7:30 AM

