

EVENT CONTACT INFORMATION

Applicant Name: BELLEAIR COMMUNITY FOUNDATION
Address: 903 PONCE DE LEON BLVD
City: BELLEAIR **State:** FL **Zip Code:** 33756
Phone: 727-424-7047 **Email:** bcfworks@gmail.com

Are you requesting that this event be held (at least in-part) on public property? Yes No

Are you the property owner/lessee of the event site? Yes No*

** If no, please attach a written letter of consent to use the event site from the property owner*

Are you going to be the primary contact for this event? Yes No*

** If no, please provide primary contact information in the section below*

Primary Contact (if different than applicant): Jennifer Haller/Karla Rettstatt
Role with the Event: Co-Chairs
Address: 1705 Laurel Road
City: Belleair **State:** FL **Zip Code:** 33756
Phone: 562-824-6503 **Email:** karla Rettstatt@gmail.com

Emergency Contact (MUST BE ON-SITE FOR EVENT): John Rich
Role with the Event: Director
Phone: 727-588-2594 **Email:** johndrich@bannuminc.com

EVENT OVERVIEW

Event Name: Dogs N Donuts **Date of Event:** February 15th
Start Time: 8:30am am / pm **End Time:** 10:00am am / pm
Site Address: WALL/DOYLE PARK
Current Zoning of the Subject Parcel: PARK
Expected # of Attendees: 75 **Expected # of Vehicles (Including Vendors):** 10

Provide a detailed description of the proposed event below (or attach a separate sheet). Please explain the event's purpose and activities, and describe why the event is requesting exemption(s) from the Code, citing the special relief checkboxes on pages 3 and 4 of this application. Also include an explanation of any measures in place to prevent underage drinking at your event.

The Belleair Community Foundation its hosting their annual Dogs N Donuts at Wall/Doyle Park.

We will block off both ends of Rosery Road at the Parks with barricades for safety. Closure will begin at 7:30 am to set trailer

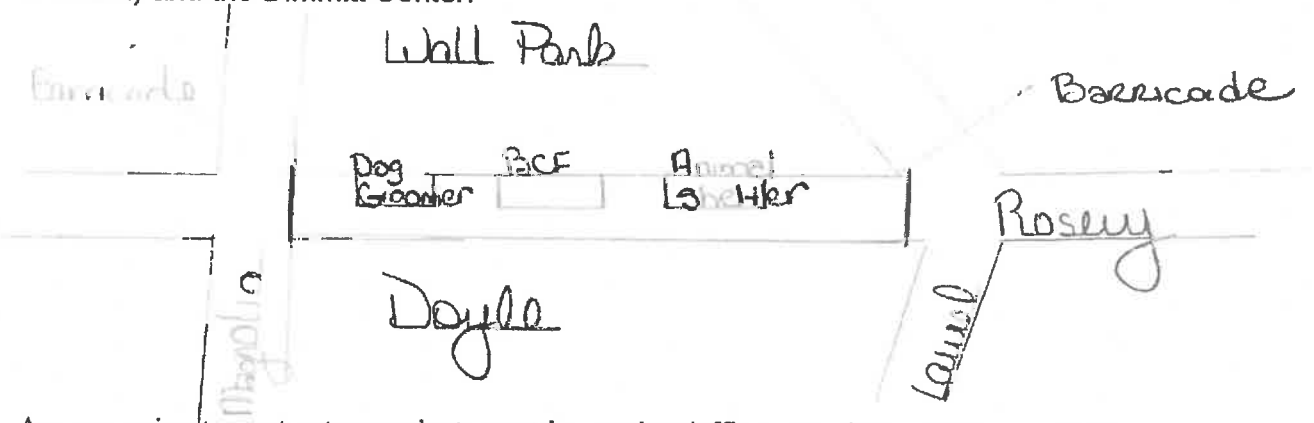
There will be refreshments and donuts

We have invited a local animal shelter, and other pet vendors and a possible veterinary to the event. Asking folks to bring pet supplies for the shelter.

We will need assistance from the town with the following:

- 2 Trash Cans
- Barricades
- Police Services

We would request place of 18" x 24" event signs at Doyle, Wall, Hallett (at water fountain) and the Dimmitt Center.



Are you going to contract any private security services/officers on-site? Yes* No

* If yes, please provide the name of the business and the name(s) and cell phone numbers of the person(s) who will be on-site. Attach additional sheets as necessary.

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

Are you going to utilize any parking services for this event? Yes* No

* If yes, provide the name(s) of the vendor(s) below along with company contact information.

Vendor: _____ Phone: _____

Vendor: _____ Phone: _____

Provide the name(s) of any other commercial vendor(s) contracted for the event:

BCF Trailer

Dog Groomer Trailer

Pet vendor trailer or tent

REQUIRED APPLICATION ATTACHMENTS

Unless exempted by the Town Manager, please attach the following documents to this application.

- Site Layout:** May be printed out or hand-drawn on an 8.5" x 11" piece of paper or larger.
- Parking Plan:** May be printed or drawn on a map that is 8.5" x 11" or larger. Plan must designate space for public safety services access and parking.
- Neighbor Input Letters:** Signed letters from at least four (4) neighbors who reside within three lots of the event-site that include a statement of approval or disapproval.

N/A-surrounding neighbors look forward to this annual event.

SPECIAL RELIEF DOCUMENTATION

Please mark the categories below for which you are seeking special relief, and attach relevant supporting documents to your application.

- Alcohol Licensure (Code Section 6-2):** If requesting to serve alcohol on public property or to sell alcohol, attach all necessary alcohol licensure applications, including State Form ABT 6003.
- Noise Mitigation Plans (Code Section 74-484):** If requesting to exceed the noise regulations allowed by Town Code, provide an attached explanation of expected noise impacts, including the nature, duration, and location of any amplified sound.
- Sanitary Plans:** If regular on-site restrooms are not sufficient for the event and other accommodations are to be made, provide a written explanation of those plans and include their location(s) on the required site layout.
- Special Event Insurance:** Proof of special events insurance coverage if requesting to hold the event on public property, with the Town of Belleair listed as additional insured.
- Street Vending:** If planning to contract street vending for this event (i.e. food trucks), attach a letter explaining the vendor's purpose and impact, along with the vendor(s) contact information.
- Temporary Signage (Code Section 74-572):** If requesting to place temporary signage in excess of what the Code allows, attach a plan for the signage and a statement of its purpose.
- Waste Elimination/Restoration Plans:** If the event will create a level of waste that requires a dumpster or other cleanup not covered by regular pickup, provide an explanation of waste removal.

AUTHORIZATION

By signing below, the applicant certifies that all information provided on this application is complete and correct and that all necessary attachments have been included. The applicant also agrees to the relevant fee schedule set forth by the Town, and assumes all responsibility for any and all damages to public property that may result from the requested event. A violation of any of the permit's parameters, any other sections of the Town's Code, or other relevant laws may result in code enforcement or other legal action.

THE COMPLETION OF THIS FORM DOES NOT CONSTITUTE APPROVAL FOR A SPECIAL RELIEF PERMIT.


Applicant signature

12/18/2024
Date

END OF APPLICATION

STAFF WORKFLOW (FOR TOWN USE ONLY)

Police Department Representative: Allison Daniels Date: 12/19/24

Signature: [Signature]

Estimated Department fees: Waived for Town Event

Does the Police Department recommend approval of this permit? Yes No

Notes: [Signature]

Public Works Representative: Ryan Womack Date: 12/19/24

Signature: [Signature]

Estimated Department fees: 0

Does the Public Works Department recommend approval of this permit? Yes No

Notes: _____

Finance Department Representative: Michelle Klins Date: 12-19-24

Signature: Michelle Klins

		Due Date:	Date of Receipt:
Application Fee:	\$ <u>0</u>	<u>/</u>	<u>/</u>
Total Estimated Town Staff Fees:	\$ <u>0</u>	<u>/</u>	<u>/</u>

Notes: _____

Town Manager: Gay Lancaster Date: 12/19/24

Signature: Gay Lancaster

Does the Town Manager recommend approval of this permit? Yes No

Notes: _____

Date of Commission Decision: January 14, 2025

Special Relief Permit is APPROVED Special Relief Permit is DENIED

Notes: _____

Town Manager Signature

Date of approval/denial

FINAL FEES

Final (Actual) Town Staff Fees:	\$
Initial Amount Due:	\$
Difference <input type="checkbox"/> Due or <input type="checkbox"/> Owed	\$

Due Date for Difference Due or Owed: _____ Date of Receipt (If Due): _____