

**EVENT CONTACT INFORMATION**

**Applicant Name:** Town of Belleair Parks & Recreation

**Address:** 918 Osceola Road

**City:** Belleair **State:** FL **Zip Code:** 33756

**Phone:** 727-518-3728 **Email:** rhobbs@townofbelleair.net

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):** Rachel Hobbs

**Role with the Event:** Event Coordinator

**Address:** 918 Osceola Road

**City:** Belleair **State:** FL **Zip Code:** 33756

**Phone:** 727-518-3728 **Email:** rhobbs@townofbelleair.net

**Emergency Contact (MUST BE ON-SITE FOR EVENT):** Ricky Allison

**Role with the Event:** \_\_\_\_\_

**Phone:** 727-518-3728 **Email:** rallison@townofbelleair.net

**EVENT OVERVIEW**

**Event Name:** Halloween Bash **Date of Event:** 10-26-19

**Start Time:** 4:30  am /  pm **End Time:** 8:00  am /  pm

**Site Address:** 918 Osceola Road

**Current Zoning of the Subject Parcel:** \_\_\_\_\_

**Expected # of Attendees:** 1500 **Expected # of Vehicles (Including Vendors):** 250

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.

Belleair's Annual Halloween Bash is a community event bringing families and friends together at the Dimmitt Community Center and Athletic Fields. A variety of activities are planned including costume contest, treat stops, bounce houses, black light dance room, games and food. Please see attached proposed site plan for event site.

The event will be held from 4:30-8:00 pm with road closures beginning approximately 12:00pm and concluding at 10:00 pm.

We are requesting assistance from the parks & recreation staff and police department for road closures and park usage.

We are requesting the usage of the satellite garbage pick up truck for disposal of waste.

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:

Bounce A Lot Inflatables (not on site during event)

Smith Rents Tents (not on site during event)

Laser Tag Company

## **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.

## **SPECIAL RELIEF DOCUMENTATION**

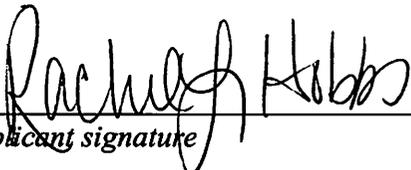
*Please mark the categories below for which you are seeking special relief, and attach relevant supporting documents to your application.*

- 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*

  
\_\_\_\_\_  
*Date*

**END OF APPLICATION**

**STAFF WORKFLOW (FOR TOWN USE ONLY)**

**Date of Application Submission to the Police Department:** 9/16/19

Received By (Initials): SJT Approved By (Initials): SJT

Does the Police Department have any objections to this permit?  Yes  No

If yes, provide an explanation here or attach another sheet: \_\_\_\_\_

\_\_\_\_\_

**Date of Receipt by Parks and Recreation Department:** 9-16-19

Received By (Initials): RWA Approved By (Initials): RWA

Does the Parks and Recreation Dept. have any objections to this permit?  Yes  No

If yes, provide an explanation here or attach another sheet: \_\_\_\_\_

\_\_\_\_\_

**Date of Receipt by Town Manager:** 09/16/19

Does the Town Manager have any objections to this permit?  Yes  No

If yes, provide an explanation here or attach another sheet: \_\_\_\_\_

\_\_\_\_\_

**Date of Commission Decision:** \_\_\_\_\_

Special Relief Permit is **approved\***

Special Relief Permit is **denied**

Assessed Fee: \_\_\_\_\_ Due Date for Fee: \_\_\_\_\_

  
\_\_\_\_\_  
Town Manager's signature

\_\_\_\_\_  
Date of approval/denial

*\*If approved by the Commission, the Police Department will issue a Special Relief Permit to the applicant within three (3) business days. The Police Department will be responsible for enforcing the conditions of the permit before, during, and after the event.*

**STAFF WORKFLOW (FOR TOWN USE ONLY)**

Date of Application Submission to the Police Department: 9/16/19

Received By (Initials): JT Approved By (Initials): OT

Does the Police Department have any objections to this permit?  Yes  No

If yes, provide an explanation here or attach another sheet: \_\_\_\_\_

2 OFFICERS 1500 - 2200

Date of Receipt by Parks and Recreation Department: 9-16-19

Received By (Initials): RWT Approved By (Initials): RWT

Does the Parks and Recreation Dept. have any objections to this permit?  Yes  No

If yes, provide an explanation here or attach another sheet: \_\_\_\_\_

Date of Receipt by Town Manager: 

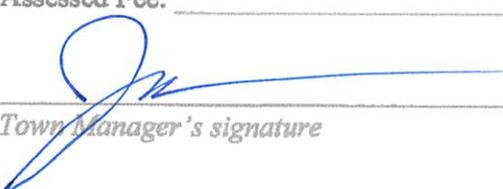
Does the Town Manager have any objections to this permit?  Yes  No

If yes, provide an explanation here or attach another sheet: \_\_\_\_\_

Date of Commission Decision: 10/1/19

Special Relief Permit is approved\*  Special Relief Permit is denied

Assessed Fee: \_\_\_\_\_ Due Date for Fee: \_\_\_\_\_

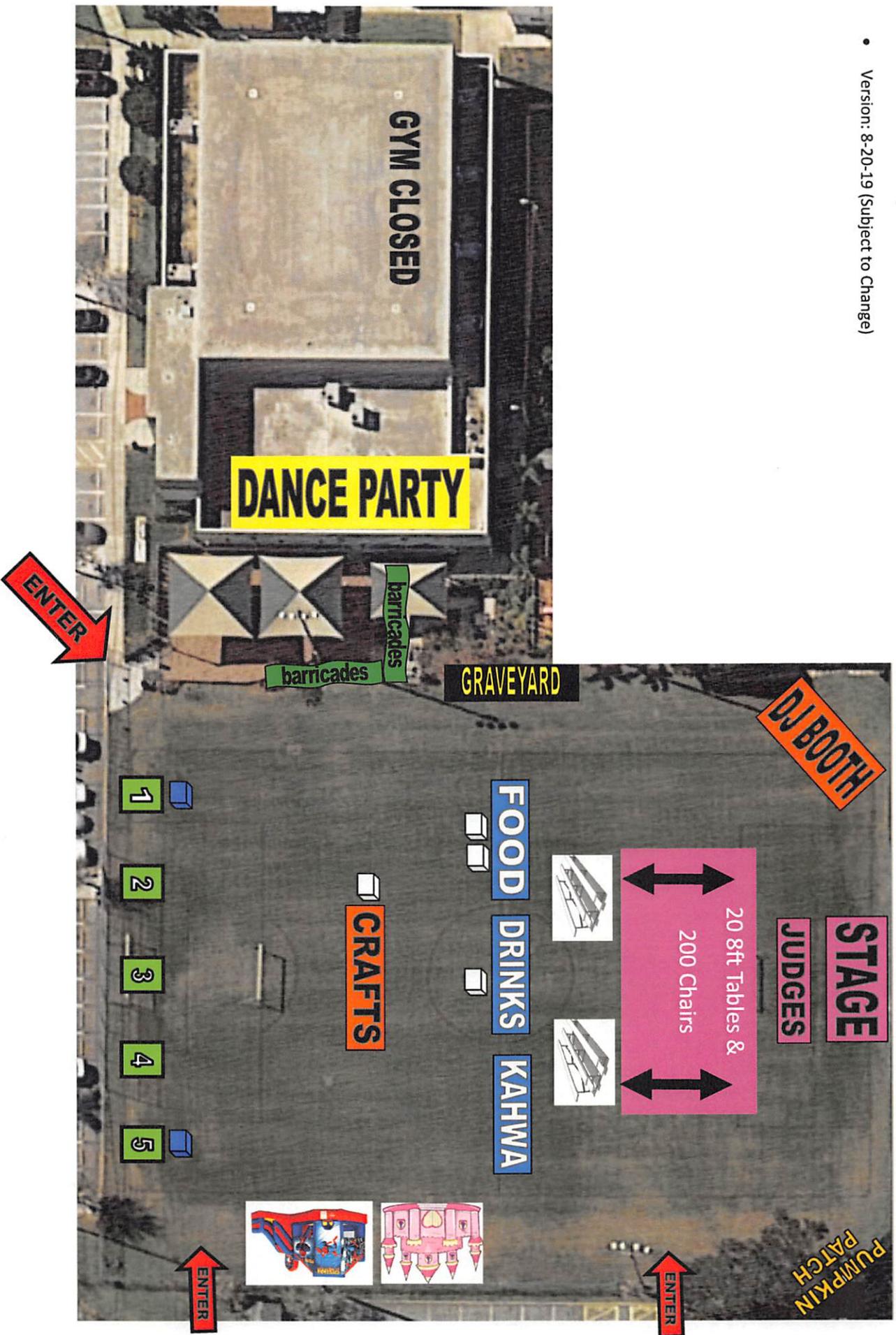
  
Town Manager's signature

\_\_\_\_\_  
Date of approval/denial

*\*If approved by the Commission, the Police Department will issue a Special Relief Permit to the applicant within three (3) business days. The Police Department will be responsible for enforcing the conditions of the permit before, during, and after the event.*

# Halloween Party Site Plan Facility & Brewster Field

• Version: 8-20-19 (Subject to Change)





# PARKING FOR HALLOWEEN BASH

**Event time:** 4:30 pm-8:00 pm

**Road Closures:** 12:00 pm-10:00 pm– Parks & Recreation Staff to close Varona at 12:00 pm. Police assistance at Varona/Ponce and Varona/Osceola Road at 3:30pm to assist with pedestrian safety. Recreation staff to reopen Varona by 10:00pm.

**Parking Locations in Yellow:** On street parking and in parking lots located at Ponce de Leon Doctor's offices, Biltmore Construction, and Public Works .

