## **EVENT CONTACT INFORMATION**

Applicant Name: <u>Town of Be</u>	lleair Paks and Recreation Department
Address: 918 Osceola Road	
City: Belleair	State:FL Zip Code:33756
Phone: (727) 518-3728	Email: _kmurray@townofbelleair.net
Are you requesting that this event is he	eld (at least in part) on public property? Yes D No
Are you the property owner/lessee of	the event site? Yes D No
* If no, please attach a written letter o	of consent to use the event site from the property owner.
Are you going to be the primary conta * If no, please provide primary contac	ct information in the section below.
Primary Contact (if different t	han applicant): Katie Murray
Role with the Event: Recreation	Programmer II - Special Events
Address: 918 Osceola Road	
	State: _FL Zip Code: _33756
Phone: (727) 518-3728	Email: <u>kmurray@townofbelleair.net</u>
	ON-SITE FOR EVENT): Kelly Flowers Bonefas
Role with the Event: Recreation	
Phone: (727) 518-3728	Email: _kflowers@townofbelleair.net
EVENT OVERVIEW Halloween Bash/Ske	eleton Trail <sub>Event Date:</sub> _Friday, October 25th, 2024
	am / <b>M</b> pm End Time: 8:00 □ am / <b>M</b> pm
Site Address: 918 Osceola Road	
Current Zoning of the Subject Parcel:	
Expected # of Attendees: 500	Expected # of Vehicles (Including Vendors):150-200

Provide a detailed description of the proposed event in the space 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 existing Code, citing the special relief checkboxes on pages 3 and 4 of this application:

The Belleair Annual Halloween Bash is a free community event that brings families and friends together at the Dimmitt Community Center and athletic fields. A variety of activities are planned, including a costume contest, trick or treat stops, bounce houses, a family-friendly spooky trail, games, and food. Please see the attached proposed site plan for the event. The event will be held approximately from 6:00pm to 8:00pm with road closures (Varona Street only) beginning approximately at 2:00pm (to begin set up for the trick or treat stops) and concluding at 8:30pm.

We are requesting assistance from the Recreation staff for events logistics, and Public Works staff for set up and tear down. We are requesting assistance from the Police Department of three (3) officers from 5:15-8:30pm for road closures, pedestrian safety, and event participation. We are requesting the usage of the satellite garbage truck from the Solid Waste Department for disposal of waste.

The Center will be closed duing the event, but attendees will be able to access the center's indoor restrooms. Parking for attendees will be located around the Dimmitt Community Center and Town roadways.

Staff is requesting temporary promotional signage (yard signs) in local parks (e.g. Doyle/ Wall Park, Hallett Park, Hunter Memorial Park), as well as around the Dimmitt Community Center two weeks prior to the event.

The Recreation Department will also host its annual Skeleton Trail around Town. The Skeleton Trail will be taking place in various locations around town (e.g. in front of homes, in parks, at the Dimmitt Community Center, etc.) from October 14th-31st.

* If yes, please provide the r	y private security services/officers on-site?	
Name:	Cell Phone:	
Name:	Cell Phone:	
	parking services for this event?   Yes No  The vendor, company contact information, and ensure a parking	ıg
Vendor:	Phone:	
Vendor	Dhona	

5) · E

Provide the name(s) of any other commercial vendor(s) contracted for the event:
Bounce a Lot Inflatables
REQUIRED APPLICATION ATTACHMENTS
Unless exempted by Town staff, 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.
□ <b>Neighbor Input Letters:</b> 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
Check any sections below that are relevant for your event and attach relevant documentation.
☐ 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 Plan (Code Section 74-484): If requesting to exceed noise limits, explain anticipated noise impacts, including the nature, duration, and location of any amplified sound.
Road Closures: If the proposed event will require the temporary closing of Town roads or other public spaces, attach a map of these closures and an explanation for their necessity.
☐ 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) in 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 (more than 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.
□ Other:

## **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 damage to public property that may result from the requested event.

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

Katie Munay	9/18/24
Applicant signature	Date

## STAFF WORKFLOW (FOR TOWN USE ONLY)

Police Department Representative: Richard Do	V/ C Date:	9/19/24
Signature: 62 14 Dec		
Estimated Department fees:		
Does the Police Department recommend approval of this pe	ermit?  Yes  No	
Notes:		
12 - 2 - c 1		
Public Works Representative: Ryan Womack	Date: _	9/19/24
Signature: My MM		•
Estimated Department fees:		
Does the Public Works Department recommend approval o	f this permit? 🗷 Yes 🛭	□ No
Notes:		
Finance Department Representative: Amy Lock	lat Dat	te: <u>9/19/24</u>
Signature: A State of the Signature of t		
Application Fee: \$ N/A	Due Date:	Date of Receipt:
Total Estimated Town Staff Fees: \$ N   A	/	/
Notes:		

Updated 7/2/24 Signature: 2 Does the Town Manager recommend approval of this permit? Tyes I No Notes: Date of Commission Decision: 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:

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

Difference 🗆 Due or 🗀 Owed

