EVENT CONTACT INFORMATION

Applicant Name: Belleair Community Foundation

Address: 903 Ponce de Leon Blvd.

City: Belleair State: FL Zip Code: 33756

Phone: 727-219-1817 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): Karla Rettstatt

Role with the Event: Chair

Address: 1705 Laurel Road

City: Belleair State: FL Zip Code: 33756

Phone: 727-424-7047 Email: karlarettstatt@gmail.com

Emergency Contact (MUST BE ON-SITE FOR EVENT): same as above

Role with the Event:

Phone: Email:

EVENT OVERVIEW

Event Name: Doyle Park Christmas Concert Date of Event: December 20th, 2025

Start Time: 6:30pm ☐ am / ☑ pm End Time: 8:00pm ☐ am / ☑ pm

Site Address: Doyle Park

Current Zoning of the Subject Parcel: Park

Expected # of Attendees: 100 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.

BCF will host Doyle Christmas Concert. The Heralds of Harmony will begin performing at 6:30pm. We request closing Rosery Road between the two parks and will have BCF trailer placed there. Singers and sound system will be placed on Doyle Park. We will have hot chocolate and S'mores. Santa will also be attending. There will be adult beverages at no charge.
Concert is a free event.
We will need the following for the town:
Extra Trash cans
Sound System
Portable lighting
Barricades
Road closure signs

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

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.

Karla D Rettstatt — *Applicant signature*

10/10/25 — *Date*

END OF APPLICATION

STAFF WORKFLOW (FOR TOWN USE ONLY)

Police Department Representative: Ofc Torch **Date:** 11/03/25

Signature: _____

Estimated Department fees: Ø

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

Notes: _____

Public Works Representative: Ryan Womack **Date:** 10/30/25

Signature: _____

Estimated Department fees: Ø

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

Notes: _____

Finance Department Representative: Michelle Mims **Date:** 11-4-25

Signature: Michelle Mims

		Due Date:	Date of Receipt:
Application Fee:	$ Ø		
Total Estimated Town Staff Fees:	$ Ø		

Notes: NO fees - Town / BCF Partnership event

Town Manager: Gay Lancaster **Date:** 11/4/2025

Signature: Gay Lancaster

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

Notes: _____

_____

Date of Commission Decision: 11/18/25

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 ☐ Due or ☐ Owed	$

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