

EVENT CONTACT INFORMATION

Applicant Name: Rachel Hobbs, Special Events Coordinator
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): _____

Role with the Event: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

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

Role with the Event: Director of Public Works, Parks & Recreation

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

EVENT OVERVIEW

Event Name: Family Movie Nights **Date of Event:** 1-22-2021, 2-12-2021, 4-23-2021, & 5-14-2021

Start Time: 5:30 am / pm **End Time:** 9:00 pm am / pm

Site Address: Dimmitt Community Center Complex 918 Osceola Road, Belleair, FL 33756

Current Zoning of the Subject Parcel: _____

Expected # of Attendees: 300 **Expected # of Vehicles (Including Vendors):** 100

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 Family Movie Nights will be held on Fridays: 1-23-2021, 2-19-2021, 4-23-2021, 5-14-2021 from 5:30pm-9:00pm. Dates subject to change. The Family Movie Nights gives the community an opportunity to have fun, see family and friends, and celebrate together!

Outdoor movie showing on the inflatable movie screen. The Family Movie Night will be a ticketed event and is limited to 300 participants. Advance registration is required and will be opened to Belleair residents first. The tickets are \$5 per person and children 4 and under are free.

Staff is requesting to sell of beer and wine at the event. Staff will complete required State temporary alcohol permit as required to sell alcohol.

Parks and Recreation staff will soft close Varona Street starting at 4:00pm. Staff is requesting assistance from the police department to close Varona Street between the two ballfields from 4:00pm to 9:30pm.

Staff is requesting usage of the satellite truck from the solid waste department.

Parking will be located around the Dimmitt Community Center along Osceola Road, Biltmore Construction, the professional building on Ponce de Leon Blvd. and surrounding on-street parking throughout the neighborhood.

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:

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

12-29-2020

Date

END OF APPLICATION

STAFF WORKFLOW (FOR TOWN USE ONLY)

Date of Application Submission to the Police Department: 12/30/20

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

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: _____

Received By (Initials): _____ Approved By (Initials): _____

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: _____

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.*

Family Fun Night Site Plan Facility & Brewster Field

- Food/Drinks Service: 4– 8 foot tables and 1 white tents
- Crafts: (3) 8 foot tables and 1 white tent

