

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: bclworks@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): Justin Helmus

Role with the Event: co-chair

Address: 213 Garden Circle

City: Belleair State: FL Zip Code: 33756

Phone: 727-507-1993 Email: jshelmus@gmail.com

Emergency Contact (**MUST BE ON-SITE FOR EVENT**): Karla Rettstatt

Role with the Event: co-chair

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

EVENT OVERVIEW

Event Name: Chillin Chili Cook-Off and Cornhole Tournament Date of Event: February 10, 2021

Start Time: 3:00 ☐ am / ☒ pm End Time: 6:30 ☐ am / ☒ pm

Site Address: Hunter Memorial Park

Current Zoning of the Subject Parcel: park

Expected # of Attendees: 100 Expected # of Vehicles (Including Vendors): 25

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.

Chili Cook Off & Cornhole tournament

Residents can enter either or both.

Winners receive trophies & prizes

Hotdogs, funnel cakes.

Beer & wine

Will supply high tops to stand around.

Chairs but no tables.

All chili participants will serve w/ gloves & masks

After each cornhole game, bags will be disinfected.

Social distancing will be encouraged.

Port a Potty will be supplied

Signs at the park 7 days prior to event

Needs from town - hightops, trash cans, barricades

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

Port A Potty

Mr. Bill Finer Food

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. *in process*

☒ **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. *ordering portapotty*

☒ **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

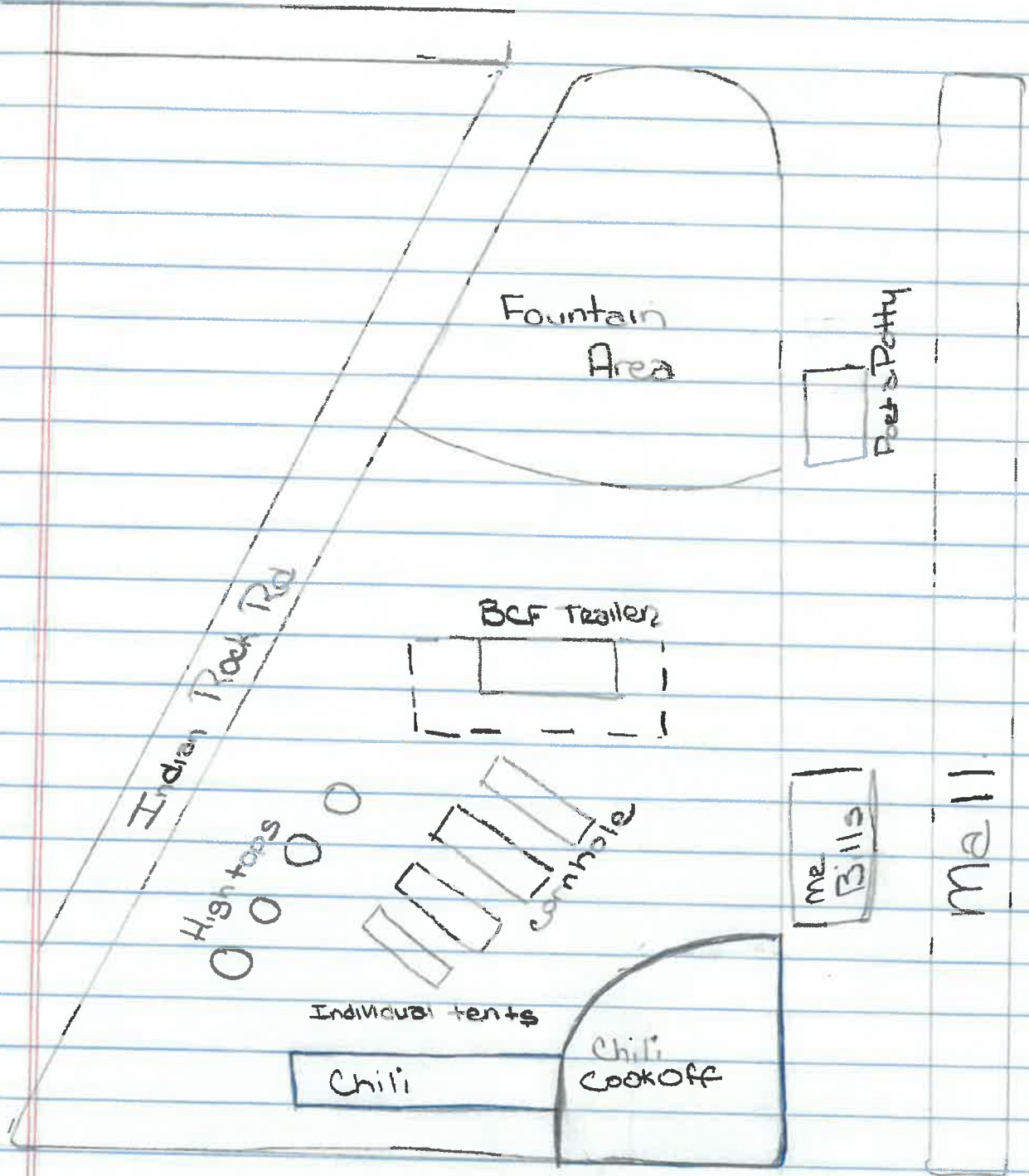
By signing below, the applicant certifies that all information provided on this application is complete and correct and that all necessary attachments have been included. The applicant also agrees to the relevant fee schedule set forth by the Town, and assumes all responsibility for any and all damages 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.

Karen D. Rottstatt
Applicant signature

1/6/21
Date

END OF APPLICATION



STAFF WORKFLOW (FOR TOWN USE ONLY)

Date of Application Submission to the Police Department: 1/24/21

Received By (Initials): OT 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: (waiting on email answers)

Date of Receipt by Parks and Recreation Department: 1-14-21

Received By (Initials): LWA Approved By (Initials): LWA

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.*