

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: karlaretstatt@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, 2024

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

Site Address: Doyle Park

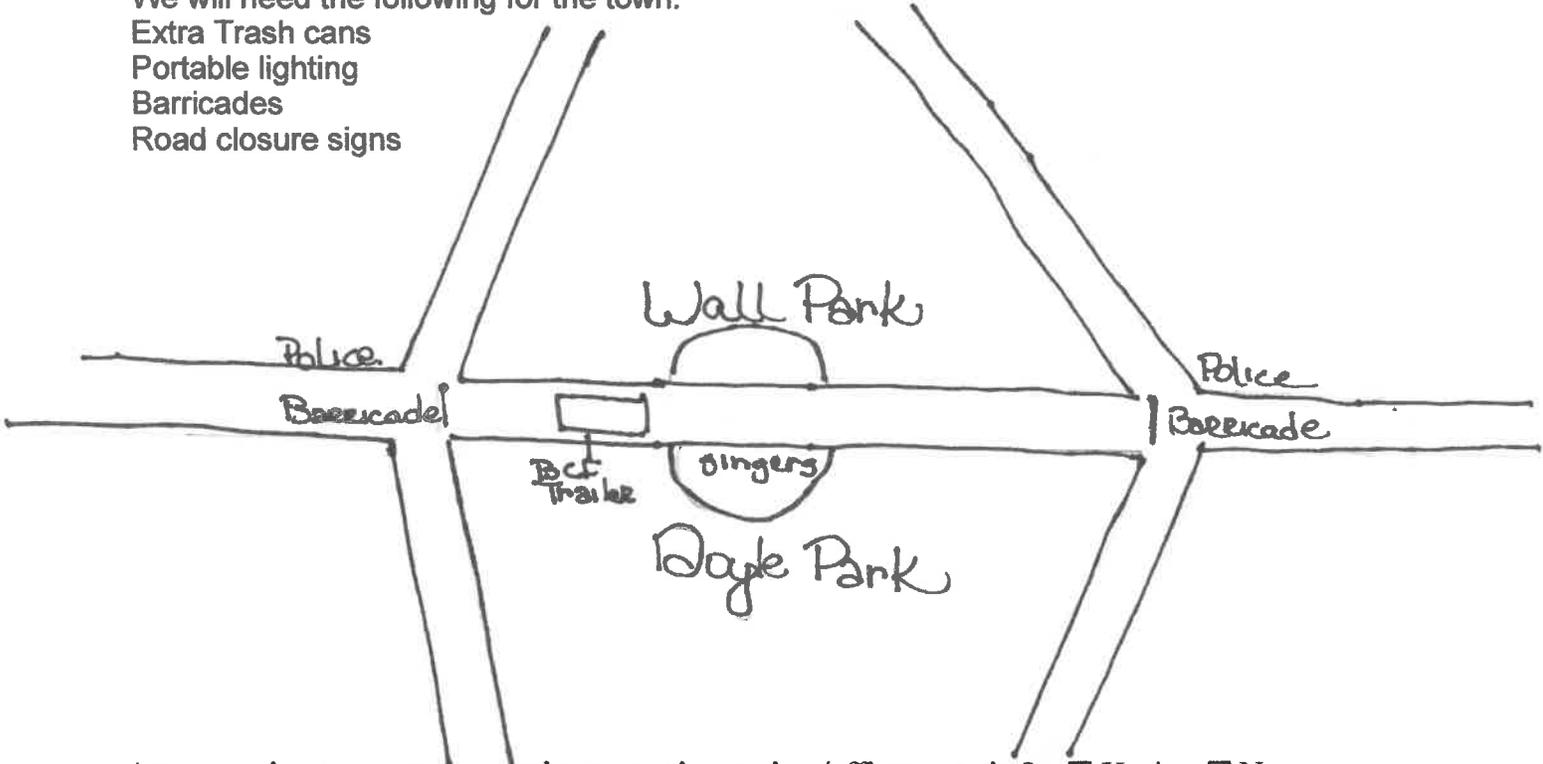
Current Zoning of the Subject Parcel: Park

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. We will have hot chocolate and S'mores. Santa will also be attending. There will be adult beverages at no charge. Pulling Permit for alcohol. Concert is a free event.

- We will need the following for the town:
- Extra Trash cans
 - 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.

N/A → **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.
no parking for event

N/A → **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.

↳ This annual event is expected and attended by surrounding neighbors.

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.

Karen D Rettstatt
Applicant signature

11/19/24
Date

END OF APPLICATION

STAFF WORKFLOW (FOR TOWN USE ONLY)

Police Department Representative: ALLISON DANIELS Date: 11/21/24

Signature: [Signature]

Estimated Department fees: FEE WAIVED FOR TOWN EVENT

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

Notes: 2 OFFICERS

Public Works Representative: Ryan Womack Date: 11/21/24

Signature: [Signature]

Estimated Department fees: 0

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

Notes: _____

Finance Department Representative: Michelle Mims Date: 11-21-24

Signature: [Signature]

		Due Date:	Date of Receipt:
Application Fee:	\$ <u>0</u>	<u>N/A</u>	<u>N/A</u>
Total Estimated Town Staff Fees:	\$ <u>0</u>	<u>N/A</u>	<u>N/A</u>

Notes: _____

Town Manager: Gay Lancaster Date: 11/21/24

Signature: Gay Lancaster

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

Notes: _____

Date of Commission Decision: 12/10/24

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 <input type="checkbox"/> Due or <input type="checkbox"/> Owed	\$

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

**DBPR ABT-6003 – Division of Alcoholic Beverages and Tobacco
Application for One/Two/Three Day Permit or Special Sales License**

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**DBPR Form
ABT- 6003
Revised 08/2013**

If you have any questions or need assistance in completing this application, please contact the Division of Alcoholic Beverages & Tobacco's (AB&T) local district office. Please submit your completed application to your local district office at least (7) days prior to the first date of the event to insure the permit is issued by the event date. This application may be submitted by mail, or it can be dropped off. A District Office Address and Contact Information Sheet can be found on AB&T's page of the DBPR web site at the link provided below.

<http://www.state.fl.us/dbpr/abt/contact/index.shtml>

SECTION 1 – CHECK TRANSACTION REQUESTED	
Transaction Type:	
<input checked="" type="checkbox"/> One/Two/Three Day Permit	<input type="checkbox"/> Special Sales License

SECTION 2 – PERMIT or LICENSE INFORMATION			
If the applicant is a corporation or other legal entity, enter the name and the document number as registered with the Florida Department of State Division of Corporations on the line below.			
FEIN Number 45-5425037	Business Telephone Number 727	E-Mail Address (Optional) bcfworks@gmail.com	
Full Name of Applicant(s): (This is the name the permit or license will be issued in) Belleair Community Foundation			Department of State Document # N12000004698
Business Name (D/B/A) or Name of Event Christmas In Doyle Park			
Location of Event (Street and Number) Rosery Road at the Park			
City Belleair	County Pinellas	State FL	Zip Code 33756
Mailing Address (Street or P.O. Box) 903 Ponce de Leon Blvd			
City Belleair		State FL	Zip Code 33756
Contact Person - This section is optional, see application instructions for details			
Contact Person Karla Rettstatt		Telephone Number 727 424 7047 ext.	
Email Address (Optional)			
Mailing Address (Street or P.O. Box) 1705 Laurel Road			
City Belleair		State FL	Zip Code 33756
Date(s) Permit Desired 12/20/24			

ABT District Office Received Date Stamp

**SECTION 3 – SALES TAX
TO BE COMPLETED BY THE DEPARTMENT OF REVENUE**

Full Name of Applicant Organization
Belleair Community Foundation

The named applicant for a license/permit has complied with the Florida Statutes concerning registration for Sales and Use Tax and has agreed to pay any applicable taxes due.

Signed _____ Date _____

Title _____

Department of Revenue Stamp:

**SECTION 4 - ZONING
TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING THE EVENT LOCATION**

Location of Event (Street and Number)
Rosery Road at the Park

City
Belleair

County
Pinellas

The location complies with zoning requirements for the temporary sale of alcoholic beverages pursuant to this application for a One/Two/Three Day Permit.

Signed Gay Loveston Date 11/21/24

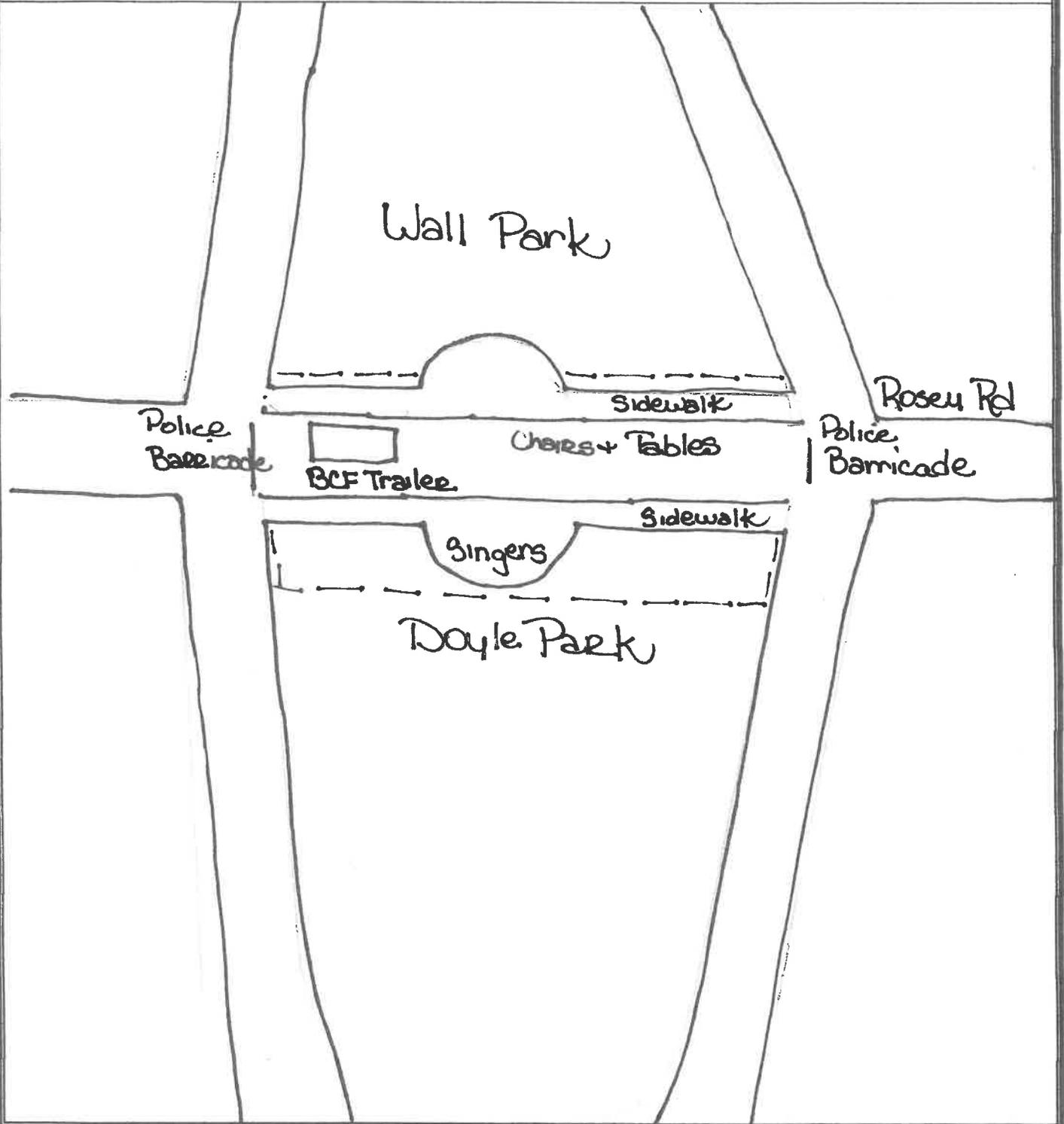
Title Town Manager

Note: College fraternities and sororities must meet certain additional conditions which can be found in the application instructions and requirements.

**SECTION 5 - DESCRIPTION OF PREMISES TO BE LICENSED
AB&T AUTHORIZED SIGNATURE REQUIRED**

Business Name (D/B/A) or Name of Event
Christmas In Doyle Park

Neatly draw a floor plan of the premises in ink, including sidewalks and other outside areas which are contiguous to the premises, walls, doors, counters, sales areas, storage areas, restrooms, bar locations and any other specific areas which are part of the premises where the event will be held. A multi-story building where the entire building is to be licensed must show the details of each floor.



**SECTION 6 - AFFIDAVIT OF APPLICANT
FOR NON-PROFIT CIVIC ORGANIZATION ALCOHOLIC BEVERAGE PERMIT**

NOTARIZATION REQUIRED

Full Name of Applicant Organization
Belleair Community Foundation

"This is to certify that the applicant requesting the permit in the above and foregoing application is a non-profit civic organization and that the permit, if used, will be used only by the organization making application, on the date(s) requested and at the location stated. By acceptance of this permit, we agree that the applicant organization, as the permit holder, is the ONLY entity that will receive any of the profits from the sale of alcoholic beverages on this permit. This is to further certify that the applicant organization has not received more than three (3) permits within the calendar year, unless otherwise authorized by law, and agree that the location may be inspected and searched during the time that the permit is issued and business is being conducted without a search warrant by authorized agents or employees of the Division of Alcoholic Beverages and Tobacco, the Sheriff, his Deputies, and Police Officers for purposes of determining compliance with the alcoholic beverage laws.

I, the undersigned individual, hereby swear or affirm that I am an officer and is duly authorized to make the above and foregoing statements on behalf of the applicant organization. Furthermore, I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45, and 837.06, Florida Statutes, that the foregoing information is true to the best of my knowledge."

STATE OF _____

COUNTY OF _____

APPLICANT/AUTHORIZED REPRESENTATIVE NAME
E

APPLICANT/AUTHORIZED REPRESENTATIVE SIGNATURE

The foregoing was () Sworn to and Subscribed before me this _____ Day.

of _____, 20_____, By _____ who is () personally known to me
(print name(s) of person making statement)

OR () who produced _____ as identification.

Notary Public Commission Expires: _____