EVENT CONTACT INFORMATION

Applicant Name: Kelly Flowe	rs Bonefas
Address: 918 Osceola Rd	
City: Belleair	State: FL Zip Code: 33756
Phone: 727-518-3728	Email: kflowers@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 lett	er of consent to use the event site from the property owner
Are you going to be the primary cor * If no, please provide primary cor	ontact for this event? ✓ Yes No* ntact information in the section below
Primary Contact (if different that	n applicant): Kelly Flowers Bonefas
	ecreation Director - Event Co-Lead
Address: 918 Osceola Rd	
City: Belleair	State: FL Zip Code: 33756
Phone: 727-518-3728	Email: kflowers@townofbelleair.net
Emergency Contact (MUST BE	ON-SITE FOR EVENT): Chris Gray
Role with the Event: Recreatio	n Programmer - Event Coordinator
Phone: 727-518-3728	Email: cgray@townofbelleair.net
EVENT OVERVIEW	
Event Name: Wiffleball Class	Date of Event: Saturday, 4/20/24
Start Time: [\Box am / \Box pm End Time: 9:00 \Box am / \Box pm
Site Address: 918 Osceola F	d - Athletic Fields

Current Zoning of the Subject Parcel:	Public	
00 450		50

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 existing Code, citing the special relief checkboxes on pages 3 and 4 of this application:

The Spring Wiffleball Classic will take place on Saturday, April 20, 2024 starting at 3:00p.m. on the Dimmitt Community Center's Brewster Field. There will be a youth tournament (3:00p-5:00p) and an adult tournament (5:30p-8:30p). The event will include a total estimated 80-150 participants, spectators & staff.

Staff is requesting assistance from the Police Department for event security during the evenings adult tournament (5:00p-9:00p). A food truck vendor and concessions will be sold at the event, including beer (sold by recreation staff only during the adult tournament from 5:30p-8:00p). Staff will complete the required paperwork to receive a temporary alcohol permit for this event.

Parking for the event will be primarily located at the Dimmitt Community Center, with some parking also available at the John J. Osborne Public Works Building.

Staff is requesting temporary yard signs be placed in local parks (Doyle/Wall Park, Hallett Park, and Hunter Memorial Park) up to two weeks prior to the event.

Are you going to contract any private security services/officers on-site? Yes* \lor 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:	
Are you going to utilize any parking * If yes, provide the name(s) of the v	services for this event? \Box Yes* \Box No rendor(s) below along with company contact information.
Vendor:	Phone:
Vendor:	
Vendor:	Phone:

Provide the name(s) of any other commercial vendor(s) contracted for the event: **Backyard Rule**

Food Truck - TBD

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

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.

 \Box 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

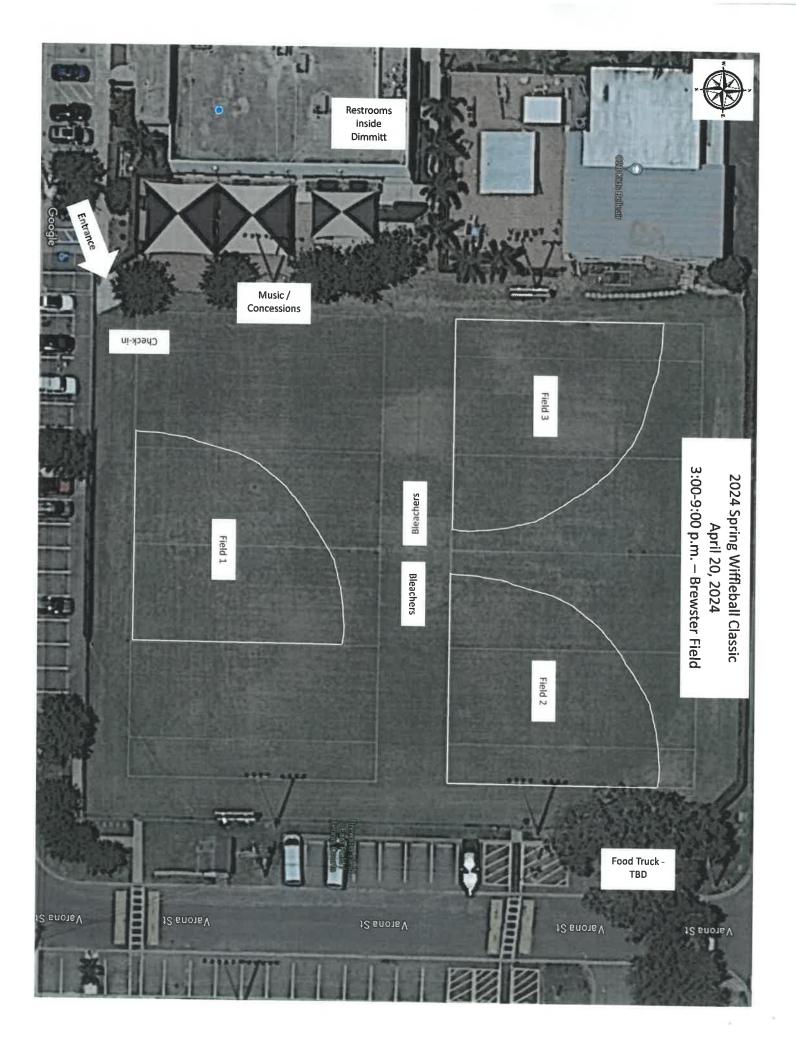
By signing below, the applicant certifies that all information provided on this application is complete and correct and that all necessary attachments have been included. The applicant also agrees to the relevant fee schedule set forth by the Town, and assumes all responsibility for any and all damages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

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

Applicant signature

Date

END OF APPLICATION



STAFF WORKFLOW (FOR TOWN USE ONLY)
Date of Receipt by the Police Department: $02/26/24$
Received By (Initials):
Does the Police Department recommend approval of this permit? 🗹 Yes 🗆 No
Notes:
Date of Receipt by the Recreation Department: 22624
Received By (Initials):
Does the Recreation Department recommend approval of this permit? 🗆 Yes 🗆 No
Notes:
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Date of Receipt by the Public Works Department: $2-76-2024$ Received By (Initials): MK
Does the Public Works Department recommend approval of this permit? 政 Yes ロ No
Notes:
Date of Receipt by the Town Manager:
Signature: Hag Jaacuette
Does the Town Manager recommend approval of this permit? Wes Doe
Notes:
Date of Commission Decision: 3/12/24
Special Relief Permit is approved Special Relief Permit is denied
*If approved by the Commission, the Police Department will issue a Special Police Department to the survey of the second

approved by the Commission, the Police Department will issue a Special Relief Permit to the applicant within three
business days. The Police Department will be responsible for enforcing the conditions of the permit before, during, and after the event.