

EVENT CONTACT INFORMATION

Applicant Name: Kelly Flowers 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 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): Kelly Flowers Bonefas
Role with the Event: Interim Recreation 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: Recreation Programmer - Event Coordinator
Phone: 727-518-3728 Email: cgray@townofbelleair.net

EVENT OVERVIEW

Event Name: Wiffleball Classic Date of Event: Saturday, 4/20/24
Start Time: 3:00 am / pm End Time: 9:00 am / pm
Site Address: 918 Osceola Rd - Athletic Fields
Current Zoning of the Subject Parcel: Public
Expected # of Attendees: 80-150 Expected # of Vehicles (Including Vendors): 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* 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: _____

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.
- 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): AKD

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

Notes: _____

Date of Receipt by the Recreation Department: 2/26/24

Received By (Initials): KFB

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

Notes: _____

Date of Receipt by the Public Works Department: 2-26-2024

Received By (Initials): MK

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

Notes: _____

Date of Receipt by the Town Manager: 2/26/24

Signature: [Handwritten Signature]

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

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 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.*