EVENT CONTACT INFORMATION Applicant Name: Kelly Flowers Bonefas Address: 918 Osceola Rd City: Belleair Zip Code: 33756 State: FL Phone: 727-518-3728 Email: kflowers@townofbelleair.net Are you requesting that this event be held (at least in-part) on public property? No Are you the property owner/lessee of the event site? Ves * 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? \checkmark Yes * 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 Zip Code: 33756 State: FL Phone: 727-742-0123 Email: kflowers@townofbelleair.net Emergency Contact (MUST BE ON-SITE FOR EVENT): Katie Murray Role with the Event: Recreation Programmer - Event Co-Lead Phone: 727-420-3365 Email: kmurray@townofbelleair.net **EVENT OVERVIEW** Event Name: Spingfest & Arbor Day Celebration Date of Event: 3/30/2024 Start Time: 10:00 ☑ am / ☐ pm End Time: 12:00 □ am / ☑ pm Site Address: 918 Osceola Rd, Belleair - Brewster & East Fields Current Zoning of the Subject Parcel: Public Expected # of Attendees: 300-400 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 existing Code, citing the special relief checkboxes on pages 3 and 4 of this application:

Belleair's annual Springfest & Arbor Day Celebrations is a free, fun, family-friendly event for all ages. This year's event will be held on Saturday, March 30 from 10:00a to 12:00p. The event will be located at the Dimmitt Community Center, Brewster Field and East Field. This community event will feature egg hunts, tree giveaways, touch-a-truck, games, crafts, bounce houses, food, and more. We will be bringing in outside vendors with vehicles for the touch-a-truck that will be located on Varona Street. The Dimmitt Community Center restrooms will be used during the event. Parking will be located at the Dimmitt Community Center, Town Hall, and throughout the nearby neighborhoods.

The Recreation Department is requesting the following:

- -Participation from Parks & Streets, Solid Waste Department and Belleair Police Department for our touch-a-truck activity.
- -Use of the Solid Waste Department's satellite truck for help in disposal of trash collected in cans placed throughout the fields.
- -Temporary yard signs advertising the event 2 weeks prior located at Hunter Memorial Park, Doyle/Wall Park, and Hallett Park (near the water fountain).
- -Temporary closure of Varona Street from approximately 8:00a to 1:00p.

* If yes, please provide the	any private security services/officers on-site? Yes* ∇ No e name of the business and the name(s) and cell phone numbers of the site. Attach additional sheets as necessary.
Name:	Cell Phone:
Name:	Cell Phone:
	ny parking services for this event? \(\sigma\) Yes* \(\sigma\) No (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 ver	ndor(s) contracted for the event:	
Bounce A Lot Inflatables	Various Touch-a-Truck Vendors	
REQUIRED APPLICATION ATTACE	HMENTS	
Unless exempted by the Town Manager, please at	tach the following documents to this application.	
Site Layout: May be printed out or hand-draw	vn on an 8.5" x 11" piece of paper or larger.	
Parking Plan: May be printed or drawn on designate space for public safety services access	a map that is 8.5 " x 11 " or larger. Plan must and parking.	
Neighbor Input Letters: Signed letters from a lots of the event-site that include a statement of a	nt least four (4) neighbors who reside within three pproval or disapproval.	
SPECIAL RELIEF DOCUMENTATION	<u>on</u>	
Check any sections below that are relevant for you	our event and attach relevant documentation.	
☐ Alcohol Licensure (Code Section 6-2): If received alcohol, attach all necessary alcohol licensure	questing to serve alcohol on public property or to applications, including State Form ABT 6003.	
☑ Noise Mitigation Plan (Code Section 74-48 anticipated noise impacts, including the nature, d	4): If requesting to exceed noise limits, explain uration, and location of any amplified sound.	
☑ Road Closures: If the proposed event will reother public spaces, attach a map of these closures		
Sanitary Plans: If regular on-site restroom accommodations are to be made, provide a writt location(s) on the required site layout.	ms are not sufficient for the event and other ten explanation of those plans and include their	
☐ Special Event Insurance: Proof of special event on public property, with the Town of Belle.		
☐ Street Vending: If planning to contract street letter explaining the vendor's purpose and impact	vending for this event (i.e. food trucks), attach a t, along with the vendor(s) contact information.	
☑ Temporary Signage (Code Section 74-572 excess of what the Code allows, attach a plan for		
✓ Waste Elimination/Restoration Plans: If the dumpster or other cleanup not covered by regular	event will create a level of waste that requires a 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.

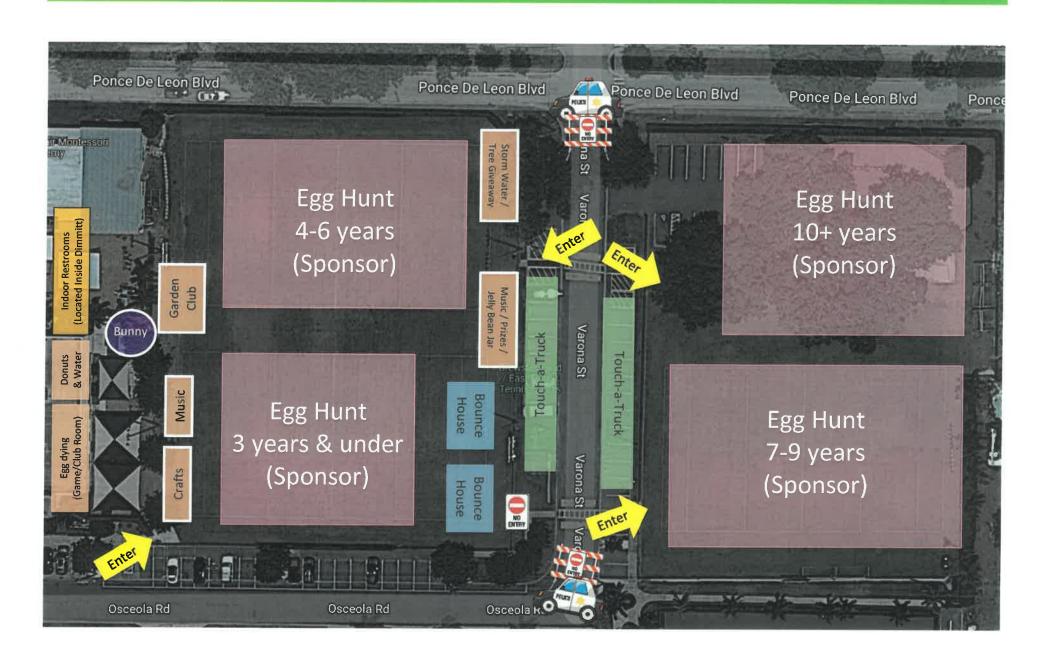
Applicant signature

02/14/2024

Date

END OF APPLICATION

2024 SPRINGFEST & ARBOR DAY CELEBRATION LAYOUT



STAFF WORKFLOW (FOR TOWN USE ONLY)		
Date of Receipt by the Police Department: 2 2 2 2 2		
Received By (Initials):		
Does the Police Department recommend approval of this permit? Yes		
Notes:		
Date of Receipt by the Recreation Department: 2/21/24		
Received By (Initials):		
Does the Recreation Department recommend approval of this permit? Yes - No		
Notes:		
Date of Receipt by the Public Works Department: $\frac{2}{2l}$		
Received By (Initials):RTW		
Does the Public Works Department recommend approval of this permit? ✓ Yes □ No		
Notes:		
Date of Receipt by the Town Manager: 2/21/24		
Signature: Day Tpacaleton		
Does the Town Manager recommend approval of this permit? Yes \(\text{No} \)		
Notes:		
Date of Commission Decision: March 12, 2024		
□ 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.