



Railroad Square Usage Request Application

- * Please submit all requests at least 30 days prior to the event
- * All applications must be submit with original signed and notarized Master Special Event application along with Railroad Square usage request application permit fee
- * \$500.00 (City Business / Resident)
- * \$500.00 (Non-City Business / Non-Resident)

Name of Event: 2025 Fitzgeralds St. Patrick's Day Celebration

Date(s) and Time(s) of Event: 03/15/25 03/16/25 03/17/25 - 11:00am - 02:00am

Location of Event: Railroad Square with HARD Street Closure

Applicant: Daniel & Sherry Kuntz - Owners Fitzgeralds Irish Tavern

Address (Street, City, State, Zip Code): 5811 Nebraska Ave.
New Port Richey Fl, 34652

Daytime Phone Number: (727) 816-9092

Email: fitzgeraldstavern@yahoo.com

Authorized Person in Charge: Daniel & Sherry Kuntz - Owners Fitzgeralds Irish Tavern

Estimated number of spectators: 350

Will there be food?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Will there be tents over 10' x 10'?	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Will alcohol beverages be sold/served/consumed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Will there be port-o-lets?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Will public electric outlets be used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Will there be amplified music?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Additional Description of Event: Holiday celebration organized by local
Railroad Square businesses to boost economy for downtown businesses

AUTHORIZATION FOR OWNER'S REPRESENTATIVE(S):

I Sherry Kuntz, the applicant, hereby authorize Megan Killalea to act as my representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all representations and agreements made by the designated representative.

Signature of Applicant(s): _____

Date: 2-15-25

Subscribed and sworn to before me this 15th day of February, 2025 who is personally known to me and/or produced personally known as identification.

STATE OF FLORIDA, COUNTY OF PASCO

Notary Public Tara Carter



My Commission Expires: 5/5/25

APPLICANT'S AFFIDAVIT:

I Sherry, applicant or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all aspects true and correct, to the best of my knowledge.

Signature of Applicant: _____

Date: 2-15-25

Subscribed and sworn to before me this 15th day of February, 2025 who is personally known to me and/or produced personally known as identification.

STATE OF FLORIDA, COUNTY OF PASCO

Notary Public Tara Carter



My Commission Expires: 5/5/25

FOR STAFF USE ONLY: