

APPLICANT

City of New Port Richey Parks and Recreation Department Special Event Application

- *All applications must be submitted at least 45 days prior to the event, but no more than 12 months before the event.
- * Do not advertise our event until you receive an approved event permit.

Submit original signed and notarized application along with \$100 application fee to the following:

City of New Port Richey
Parks and Recreation Department
6630 Van Buren Street
New Port Richey, FL 34653

Name of Applicant: Gilliss & Gilliss, Inc. dba	Friendly KIA	Feet 15
Title (if applicable): friendly VET	FEST	
Name of Organization:		
Is your organization tax exempt? Yes	No If yes, please at	tach documentation.
		tach documentation.
Mailing Address: 5819 U.S. H	ighway 19 Street Address	
		0.40=0
New Port Richey	FL	34652
City	State	Zip Code
Phone: 727.815.9611	727.641.3	930
Daytime Phone	Cell Pho	ne
Email: supergill2@aol.com		

EVENT

Name of Event: friendly VET FEST Description of Event (Include purpose): This family-friendly event offers FREE admission, a music stage, guest speakers and information by veterans for veterans including vendors. The festival serves as a celebratory "Thank You" to our Veterans who have fought to ensure our freedoms. Sims Park, 5547 Main Street, New Port Richey, FL 34652 Location of Event: Event/Organization Web Address: Event Date(s) & Time(s): **End Time** Start Time Day of the Week Date 4:00 pm 11:00 pm Saturday Nov 12, 2022 Setup Date(s): Friday, November 11, 2022 _{to} 5:00 pm 9:00 am Setup Time(s): Cleanup Date(s): immediately after event and Sunday November 13

Cleanup Time(s): 9:00 a	am <u>to</u> 2:00 pm
Will this be an annual event?	Yes No If yes, next year's date(s) 11/11/2023
EVENT LOGISTICS	
1. Estimated Attendance (Includes	event crew, participants, and spectators):
2-3,000	this event is new in 2022
This Year	Last year
Maximum number at peak time:	3,000 flow
2. Will alcohol be served or sold?	Served Sold No Alcohol
	ndors: 7-9 obtaining copies of all licenses and insurance from each e City. All vendors must be listed on the site plan.
*May need to provide copy of certifivendor:	vendors along with type i.e. crafts, sponsors, informational icate of insurance in a form acceptable to the City for each and information and/or service vendors primarily veteran owned or operated
	ing on downtown business who want to participate
*City electric is available around the and South side of Orange Lake. If a an alternative. 6. List event equipment (Include this all be listed on site map as well.)	Park Circle, stage, infield Sims Park Circle, panel box near the river, and the North n event requires additional locations, the event must provide ngs such as seating, tents, booths, and trucks. These should lity tent; chairs, vendor tents, food trucks, beer trucks
7. List entertainment type (bands, D	J, dancers, clowns, etc.): Color guard, National Anthem,

Veteran guest speaker, dignitaries, DJ/ Emcee, live music with potential laser show.
display of military vehicles per availability
8. List dates and times of music and/or amplified sound: 4:00 pm; as noted above, i.e. color guard, etc. music and amplified sound until 10:30pm.
9. Will private security be provided? Yes No If yes, list organization:
10. Will portable restrooms be used? Yes No
If yes answer the following and list on site plan:
How many: 3 Installation Date: 11/11 Removal Date: 11/14
11. Event holders are responsible for trash removal, and must provide their own dumpsters. Please list your plan. Waste Services, Inc. providing trash service
20 additional trash containers distributed around the Park
Will dumpsters be used? Yes No
If yes please include on site plan and answer the following:
How many: one Sizes: 30 yard
Installation Date: Friday, November 11 Removal Date: Monday, November 14
12. Please list any admission charges, donations, parking, registration or other fee and how much.
free admission; minimal food vendor fee of \$100, all other \$50 with priority for veteran owned / operated
free admission; minimal food vendor fee of \$100, all other \$50 with priority for veteran owned / operated
free admission; minimal food vendor fee of \$100, all other \$50 with priority for veteran owned / operated
13. Does the event require street closures? Yes No

If yes complete the following:			
Date(s) of street closure:	Begin	End	
Time of street closure:	Begin	End	
List street(s) to be closed:			
*A letter must be delivered to all re Attach letter along with addresses to 14. Will there be a parade? Yes	o this application.	ectly impacted by a roa	d closure.
If yes complete the following: Street(s) that will be utilized for par			
Time assembly to begin:	IEWAY.		
Time parade starts:	LIROF		
Total number of units in parade:			
Number of people in the parade:			
Number of vehicles in the parade:			
Number of animals in parade:	7 10		
Number of floats:			
Number of bands:			
*Attach parade route map to applica	ation.		
15. Will there be a running/walking	y/biking/water event?	Yes 🗸 No	

If yes answer the following:
Time assembly to begin:
Time event starts:
Estimated ending time:
Event will be conducted on Streets Sidewalks Body of water
*Attach route map to application
16. Will a City dock be used for the event? Ves No
If yes, hours of use:
Location of dock:
List vendors who will use the dock:
*Any dock used for the event will need to remain open to the public during the event.
17. Please check the additional facilities you plan on using.
Pavillion(s)
Gazebo
Amphitheatre (requires an additional rental fee)
Peace Hall (requires an additional rental fee)

As the applicant, I hereby accept and understand the responsibility to oversee all contractors, vendors, or parties affiliated with the event and to insure compliance with the event policy and procedure manual, the resolution and City ordinance pertaining to Special Events, the event rules, guidelines, requirements, for tents and all policies, rules, regulations, and code provisions of the City of New Port Richey. I understand that any violations may result in immediate cancellation and revocation of the Event Permit. I further certify that all facts contained in this request are accurate.

For events on public property, I agree to obtain and furnish the City of New Port Richey with a certificate of general liability insurance in the amount of \$1,000,000.00 or greater as deemed by the City Risk Manager. The insurance must name the City of New Port Richey as an additional insured.

I understand incomplete applications or any outstanding financial obligations with any department within the City of New Port Richey may result in a denial of my request.

Print Name of Applicant or Authorized Representative: John P. Gilliss
Signature of Applicant or Authorized Representative:
Date: 8/2/2
Subscribed and sworn to before me this 2 day of Avqvi+ , 20 22 Who is personally known to me and/or produced as identification.
STATE OF FLORIDA, COUNTY OF PASCO
Notary Public:
My Commission expires:
MY COMMISSION SOPRES 3-8-2026

Authorization for Applicant's Representative(s)

_I John P. Gilliss	, applicant, h	ereby
authorize	to act as my rep	
in all matters pertaining to the processing and approval of this a		
the project. I agree to be bound by all representatives and agree	ments made by the	designated
representative.		
Signature of Applicant(s):		
Date: 8/22/		1
Subscribed and sworn to before me this 2 day of	Avgust	,20 22
Subscribed and sworn to before me thisday of		as
identification.		as as
Notary Public:		
My Commission expires:		
MY COMMISSION EXPIRES 3-8-2026		

Hold Harmless Agreement

I John P. Gilliss	, agree to protect the City of New Port
Richey, Florida against all losses arising out of friendly VET FEST	of claims, in connection with the
	100 d 0 / 100
of any patent, trademark, copyright (or application applicable statute, ordinance, administrative or included in the indemnity hereunder. The	ng, and all workmanship, actual or alleged infringement ation for any thereof) or of any other violation of any order, rule or regulation, or decree of any court, shall be
Further agrees to investigate, handle, respond expense and agrees to bear all other costs and groundless, false or fraudulent.	to, provide defend any such claims, etc., at its sole expenses related thereto, even if it (claims etc.) is
foregoing provisions concerning indemnificat	ould violate any applicable legal prohibition, the ion shall not be construed to indemnify the City for sor damage to property caused by or resulting from the
Certification: I John P. Gilliss of	lo certify that I am
of	
and that I am authorized to issue this hold har	mless agreement; and that this hold harmless agreement
	nercial general liability insurance policy currently in
effect for the entity/organization	
Signature of applicant:	THE CORES OF THE C
Date: 8/11/2/2	OTARY PUBLIC
STATE OF FLORIDA, COUNTY OF PASCO	MY COMMISSION EXPIRES 3-8-2026
Notary Public	S TE OF FLORIDA
My Commission Expires:	SON MARKE MANUTER AND
	Page 9 of 11