

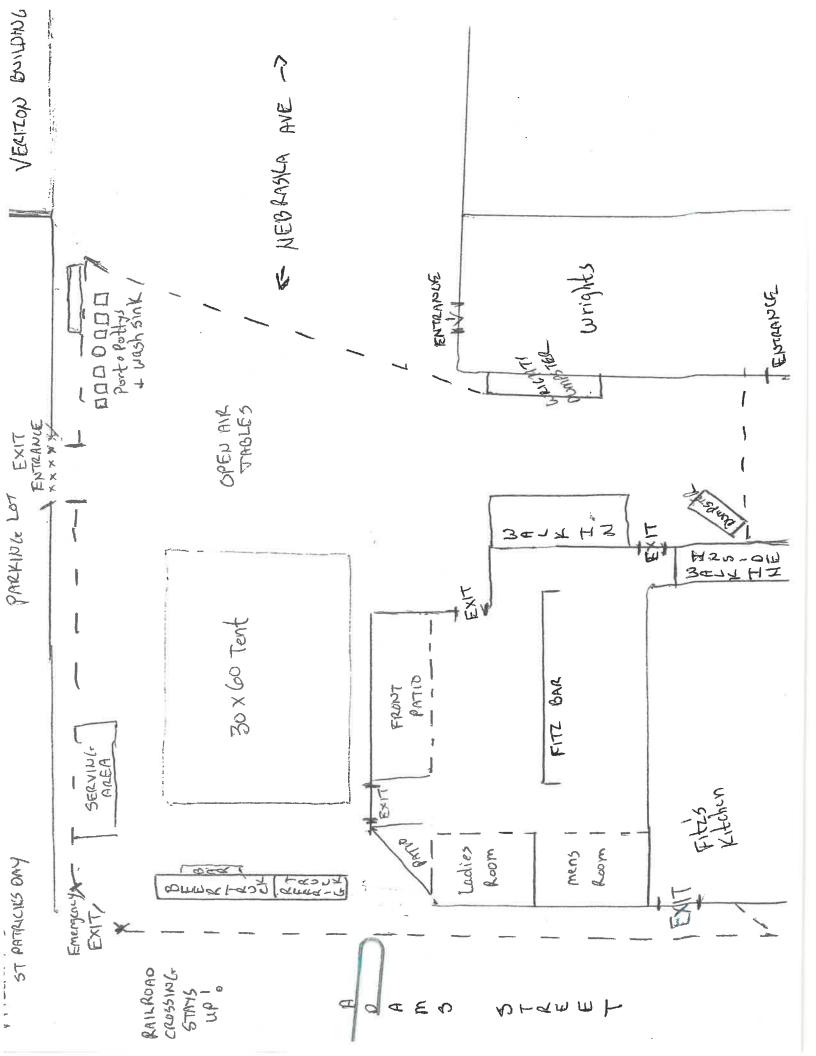
## Railroad Square Usage Request

City of New Port Richey
Parks and Recreation Department
6630 Van Buren Street
New Port Richey, FL 34652

Phone: (727) 841-4560 Fax: (727) 841-4562

Please submit all requests at least 30 days prior to the event.

Name of Event: Fitzy walds St. Pa-	tricks Celebration	
Date(s) and Time(s) of Event: 3-15 5:30-10:3	30 / 3-16 5-12 / 3-	17 Mam-12a
Location of Event: Fitzgeralds Trish	Tavern	
Applicant: Daniel Kuntz - Sherry	Kuntz	
Address (Street, City, State, Zip Code): 5911 Nebr	aska Ave	
	Richey FL 34652	
Daytime Phone Number: 127-946-0205	J.	
Email: Fitzgeraldstavencyahos	o com	
Authorized Person in Charge: Daniel & Shar		
Estimated number of spectators:	1	
Will there be food?	Yes V	No _
Will there be tents over 10' x 10'?	Yes V	No
Will alcohol beverages be sold/served/consumed?	Yes 🔽	No
Will there be port-o-lets?	Yes 🔽	No
Will public electric outlets be used?	Yes	No 🔽
Will there be amplified music?	Yes 🔽	No
Additional Description of Event:		





## ALCOHOLIC BEVERAGE SPECIAL EVENT PERMIT APPLICATION

City of New Port Richey
Development Department
City Hall, 5919 Main Street, 1st Floor
New Port Richey, FL 34652
Phone (727) 853-1039
Fax (727) 853-1052

CASE#	
SET Date:	
Council Date:	
Date Received:	

Phone (727) 853-1039 Fax (727) 853-1052
* Please print legibly or use fillable form *
Submit original signed and notarized application
Submit \$250 application fee
□ Submit at least 45 days prior to the proposed special event □ Submit with separate Special Event application (Case #)
ABSEP GENERAL INFORMATION:
Name of Event: FITZ GERALDS ST PATRICKS DAY CELEBRATION
Date(s) of Event: MARCH 15, 16 + 17 <sup>th</sup> (Limited to three days for alcohol sales)
Location of Event: 5811 NEGRASKA AVE, NEW PORT RICHEX, FL
Applicant: DANIEL + SHERRY KW77
Mailing Address: 5811 NEBRASKA AVE, NEW PORT RICHEY, FL 34652
(Street, City, State, Zip Code)
Daytime Phone Number: 727-816-9092 Fax Number:
Email or Alternate Contact Information: FITZCrFRALD STAVERN C VAHOO, COM
Authorized Person in Charge: SIHERRY KUNTZ
If an organization, names, addresses, phone numbers of all Officers: (may attach as addendum_
Who is the PRIMARY contact for this application?
ABSEP SUBMITTAL REQUIREMENTS:
List Alcohol to be Sold: BEER + WINE
(Limited to beer and wine)
List Alcohol to be Given Away:
Time of Alcohol Sales: 3/15 \$\frac{15}{2}\rho n - 10\rho n/3/16 n/a / 3/17 11:00 cm - 12:00 am
(Limited to Monday through Saturday, 12:00 noon to 11:00 p.m. and Sunday, 1:00 p.m. to 9:00 p.m.; events limited to three days in duration)
List ABSEP applications approved for your organization this calendar year:
(Limited to three permits per year, per applicant; eight per year total City-wide)
Attach approved alcoholic beverage license from Florida Department of Business and Professional Regulation, Division of Alcoholic Beverages and Tobacco (1313 N. Tampa Road, Suite 909, Tampa, 33602; 813-272-2610.)
C. Attack accord to bitte and attack according to the control of t
Attach general liability and other insurance as required by the provisions of Florida Statutes for the sale or consumption of alcoholic beverages.

**APPLICANT'S ACKNOWLEDGEMENT OF REQUIREMENTS:** 

☐ Attach IRS Tax Exemption Form 501(c)(3) or (6), if nonprofit organization.