



# ALCOHOLIC BEVERAGE SPECIAL EVENT PERMIT APPLICATION

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

CASE # \_\_\_\_\_  
DRC Date: \_\_\_\_\_  
Council Date: \_\_\_\_\_  
Date Received: \_\_\_\_\_

**\* Please print legibly or use fillable form \***

- Submit original signed and notarized application, plus four copies
- 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: "Wine Down Wednesday"

Date(s) of Event: 4-27-16 (Limited to three days for alcohol sales)

Location of Event: Sims Park

Applicant: Trinity Rotary Charitable Foundation, Inc.

Mailing Address: P.O. Box 238 New Port Richey FL 34656  
(Street, City, State, Zip Code)

Daytime Phone Number: 281-827-0223 Fax Number: \_\_\_\_\_

Email or Alternate Contact Information: jangelcardenas@me.com / jc@josecardenashomes.com

Authorized Person in Charge: Jose Cardenas / Katie McQuillan

If an organization, names, addresses, phone numbers of all Officers: (may attach as addendum)  
Trinity Rotary  
attached

Who is the PRIMARY contact for this application? Jose Cardenas

## ABSEP SUBMITTAL REQUIREMENTS:

List Alcohol to be Sold: Ø  
(Limited to beer and wine)

List Alcohol to be Given Away: Craft beer & wine

Time of Alcohol Sales: 6-9  
(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: 0  
(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.)
- Attach general liability and other insurance as required by the provisions of Florida Statutes for the sale or consumption of alcoholic beverages.
- Attach IRS Tax Exemption Form 501(c)(3) or (6), if nonprofit organization.

**APPLICANT'S ACKNOWLEDGEMENT OF REQUIREMENTS:**

1. Any business that obtains a permit allowing for outdoor consumption of alcoholic beverages on its premises shall provide an off-duty officer for security during all times that consumption is permitted.
2. The person responsible for conducting the event on behalf of the applicant must meet State minimum age licensing requirements and cannot have been convicted of a felony or crime involving moral turpitude. The applicant must obtain all necessary federal, state and local permits to engage in the proposed sale and/or consumption activity.
3. City Council may require any nonprofit civic organization that desires to hold an event on or in public property at which alcoholic beverages will be served, to enter into a written lease agreement and/or an indemnification agreement to indemnify and save harmless the City from any and all liability which may arise as a result of any such function and may further require any such organization to secure public liability insurance coverage from an insurance company, and in the amount acceptable to City Council, but providing coverage for each event 1) for personal injury of not less than \$1,000,000 per person and \$2,000,000 per occurrence, and 2) for property damage of not less than \$1,000,000.
4. Nonprofit civic organizations shall: 1) Have tax exempt status under Section 501(c)(3) or (6) of the 1986 IRS Code; 2) Operate an office in the City or be a nationally-recognized organization that conducted business as a nonprofit in the City; and 3) Promote or stimulate community and economic development within the City.
5. Only beer and wine shall be permitted to be served. The proposed sales and/or consumption activity must be associated with a public event. Alcoholic beverages shall be served in plastic containers only. No cans or glass containers shall be permitted.
6. Access points of the serving area shall be marked with signs notifying patrons that alcoholic beverages are not to be taken past the perimeter of the area shown on the site plan, and the applicant shall staff the entrance with as many personnel as necessary to enforce this requirement.
7. The proposed sales and/or consumption activity will not unreasonably interfere with or detract from the promotion of public health, welfare, safety and recreation. It will also not entail extraordinary or burdensome expense or police operation by the City. The use of alcoholic beverages is not expected to result in violence, crime or disorderly conduct.
8. The consumption and possession of alcoholic beverages upon a public street may be permitted as part of a special event subject to other conditions. No permits will be issued for special events within any City park, except Sims Park, Orange Lake Park or Cavalier Square.
9. The sale, possession and consumption of alcoholic beverages shall be confined to designated and secured areas. The perimeter of the designated area shall be secured for the entire event. It is unlawful for any person to carry alcoholic beverages into the secured areas. Any person violating this shall be subject to ejection and arrest.
10. No person under the age of 21 shall be permitted to possess, consume or distribute any alcoholic beverages at the permitted event. After displaying the proper proof of legal age, the person wishing to purchase, possess or consume alcohol shall receive a wristband from the applicant (or agent) which shall be attached to his/her wrist and worn at all times of possession/consumption.
11. Hours of sales and/or consumption shall be limited to Monday through Saturday, noon to 11:00 p.m., and Sunday, 1:00 to 9:00 p.m. The applicant shall be responsible for enforcing the hours of operation and shall be liable for the failure to enforce.
12. The applicant shall pay all costs of police and other City services attributable to the sale or consumption of alcohol during the activity. For events at Sims Park, City Council may require an off-duty officer stationed at the playground, at the applicant's expense.
13. The applicant understands that the event must meet or exceed all applicable codes, laws and regulations.

Deleted: t

Deleted: Only those alcoholic beverages that are sold by the applicant within the secured areas shall be permitted to be possessed, consumed or purchased within the secured areas.

**ATTENDANCE AT MEETINGS:**

The applicant or applicant's representative needs to be present at the DRC and City Council meetings.

**AUTHORIZATION FOR OWNER'S REPRESENTATIVE(S):**

I, Jose Cardenas, the applicant, hereby authorize Geoffrey Krawitz 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) [Signature]

Date: 2-19-16

Subscribed and sworn to before me this 19th day of Feb., 2016 who is personally known to me and/or produced \_\_\_\_\_ as identification.

STATE OF FLORIDA, COUNTY OF PASCO  
Notary Public [Signature]



My Commission Expires: \_\_\_\_\_

**APPLICANT'S AFFIDAVIT:**

I, Jose Cardenas, 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: [Signature]  
Date: 2-19-16

Subscribed and sworn to before me this 19th day of Feb., 2016 who is personally known to me and/or produced \_\_\_\_\_ as identification.

STATE OF FLORIDA, COUNTY OF PASCO  
Notary Public [Signature]



My Commission Expires: \_\_\_\_\_

FOR STAFF USE ONLY:

- Date completed application received \_\_\_\_\_
- Application fee paid

\_\_\_\_\_ Cash

\_\_\_\_\_ Check #

- Approval from Business and Professional Regulation
- General liability or other insurance attached
- No more than three approvals for this applicant verified
- DRC meeting date \_\_\_\_\_
- City Council approval date \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

7/1/2016

DATE (MM/DD/YYYY)  
02/23/2016

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> LOCKTON COMPANIES 500 West Monroe, Suite 3400 CHICAGO IL 60661 (312) 669-6900	<b>CONTACT NAME:</b> Lockton Companies <b>PHONE (A/C, No. Ext):</b> 1-800-921-3172 <b>FAX (A/C, No.):</b> 1-312-681-6769 <b>E-MAIL ADDRESS:</b> Rotary@lockton.com <hr/> <b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> <b>INSURER A:</b> Westchester Fire Insurance Company      10030 <b>INSURER B:</b> _____ <b>INSURER C:</b> _____ <b>INSURER D:</b> _____ <b>INSURER E:</b> _____ <b>INSURER F:</b> _____
<b>INSURED</b> 1379367 All Active US Rotary Clubs & Districts Attn: Risk Management Department 1560 Sherman Ave. Evanston, IL 60201-3698	

**COVERAGES** ROTIN01      **CERTIFICATE NUMBER:** \_\_\_\_\_      **REVISION NUMBER:** \_\_\_\_\_

**THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Liquor Liability</b> Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			PMI G23861355 007	7/1/2015	7/1/2016	EACH OCCURRENCE      \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ 500,000 MED EXP (Any one person)      \$ XXXXXXXX PERSONAL & ADV INJURY      \$ 2,000,000 GENERAL AGGREGATE      \$ 10,000,000 PRODUCTS - COMP/OP AGG      \$ 4,000,000 _____      \$
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PMI G23861355 007	7/1/2015	7/1/2016	COMBINED SINGLE LIMIT (Ea accident)      \$ 1,000,000 BODILY INJURY (Per person)      \$ XXXXXXXX BODILY INJURY (Per accident)      \$ XXXXXXXX PROPERTY DAMAGE (Per accident)      \$ XXXXXXXX _____      \$ XXXXXXXX
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE      \$ XXXXXXXX AGGREGATE      \$ XXXXXXXX _____      \$ XXXXXXXX
	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	NOT APPLICABLE			PER STATUTE    OTH-ER E.L. EACH ACCIDENT      \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE      \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT      \$ XXXXXXXX

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

The Certificate Holder is included as Additional Insured where required by written and signed contract or permit subject to the terms and conditions of the General Liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured.

<b>CERTIFICATE HOLDER</b> City of New Port Richey 5919 Main St New Port Richey, FL 34652  RE: New Member Fundraiser April 27, 2016. District 6950, Trinity Rotary.	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: OCT 17 2014

TRINITY ROTARY CHARITABLE  
FOUNDATION INC  
7512 RIDGE RD  
PORT RICHEY, FL 34668

Employer Identification Number:  
47-1115794  
DLN:  
17053174365014  
Contact Person:  
JASON A KROTINE ID# 31666  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
June 30  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
June 12 2014  
Contribution Deductibility:  
Yes  
Addendum Applies:  
NO

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

TRINITY ROTARY CHARITABLE

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in black ink, reading "Tamara Rippeida". The signature is written in a cursive style with a large initial 'T' and a long, sweeping underline.

Director, Exempt Organizations