

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.

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: KC Quaretti		1000
Title (if applicable): Director		
Name of Organization: New Port Richey	MainStreet	
Is your organization tax exempt? Yes No	If yes, please attach of	locumentation.
Is your organization a non-profit? Yes No	If yes, please attach of	locumentation.
Mailing Address: 6345 Grand Blvd.		
Street	Address	
New Port Richey	FL	34652
City	State	Zip Code
Phone: 727-842-8066	941-223-183	2
Daytime Phone	Cell Phone	
Email: kc@nprmainstreet.com		1963.0

EVENT

<u>EVENI</u>	KiaFest MainSt	troot BLAST	
Name of Event:	Mar est Mairis	ileet DLAST	
Description of Evo	ent (Include purpose):		
Classic Rock mu	usic, beer garden, kids g	ames, fireworks, arts a	and craft vendors,
trolly pull, water	mellon eating contest, ca	ardboard boat race	
Location of Event	Sims Park & O	range Lake	
Event/Organization	on Web Address: www.n	prmainstreet.com	
Event Date(s) & T			
Date	Day of the Week	Start Time	End Time
June30	Thursday	9am	7pm
July 1 Friday Saturday		5pm	11pm
		10am	11pm
July 3	Sunday	9am	5pm
Setup Date(s): J	une 30		
Setup Tim	_{le(s):} 10am	_{to} 7pm	<u>1</u>
•	July 3 8am-4p	m	

Cleanup Time(s): 7am	to 11pm
	Yes No If yes, next year's date(s)
EVENT LOGISTICS	
1. Estimated Attendance (Includes of 10,000	event crew, participants, and spectators): 10,000
This Year	Last year
Maximum number at peak time: 4	000
	Served Sold No Alcohol
	ndors: 12 obtaining copies of all licenses and insurance from each are City. All vendors must be listed on the site plan.
	e vendors along with type i.e. crafts, sponsors, informational ficate of insurance in a form acceptable to the City for each
Commercial Vendors15 / Food V	/endors 12 / Classic car drive in
Information 5 / kids vendors 3/ V	eterans information welcome tent & military vehicle disp
5. Will electricity be required?:	Yes No Source Sims Park Outlets
*City electric is available around the and South side of Orange Lake. If a an alternative. 6. List event equipment (Include the all be listed on site map as well.)	Park Circle, river panel e Sims Park Circle, panel box near the river, and the North an event requires additional locations, the event must provide ings such as seating, tents, booths, and trucks. These should ng for dining, tents for tickets and information
7. List entertainment type (bands, I	OJ, dancers, clowns, etc.):

Classic Rock, fireworks, kids games, bounce houses					
8. List dates and times of music and/or amplified sound: July 1 5-10:30pm and July 2 noon to 10:30					
9. Will private security be provided? If yes, list organization: Florida Volunteeer Force Yes No					
10. Will portable restrooms be used? Yes No					
If yes answer the following and list on site plan:					
How many: 6 Installation Date: July1 Removal Date: July 5					
11. Event holders are responsible for trash removal, and must provide their own dumpsters. Please list your plan. 30 yard dumpster provided by Progressive Waste, recycling containers, trash recptacles and trash picked up by volunteers and scouting group					
Will dumpsters be used? Ves No					
If yes please include on site plan and answer the following:					
How many: 1 Sizes: 30 yard					
Installation Date: June 30 Removal Date: July 5					
12. Please list any admission charges, donations, parking, registration or other fee and how much.					
No admission, this is a free event open to the public for thier enjoyment,					
to promote our beaufifully renovated Sims Park, and promote Downtown New Port Riche					
businesses to the local residents and the surrounding communities.					
13. Does the event require street closures? Yes No					

If yes complete the following:		
Date(s) of street closure:	Begin July 2	End July 2
Time of street closure:	Begin 4pm	End 11PM
List street(s) to be closed:	Bank Street, Circle Blvd,	Grand Blvd
*A letter must be delivered to all r Attach letter along with addresses		y impacted by a road closure.
14. Will there be a parade? Ye	s No	
If yes complete the following: Street(s) that will be utilized for pa	arade route:	
Time assembly to begin:		
Time parade starts:		
Total number of units in parade: _		
Number of people in the parade:		
Number of vehicles in the parade:		
Number of animals in parade:		
Number of floats:		
Number of bands:		
*Attach parade route map to appli		
15. Will there be a running/walking		Yes V 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? Yes
If yes, hours of use: noon to 8 pm
Location of dock: Sims Park
List vendors who will use the dock: Miss Daisy Boat Tours
*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)

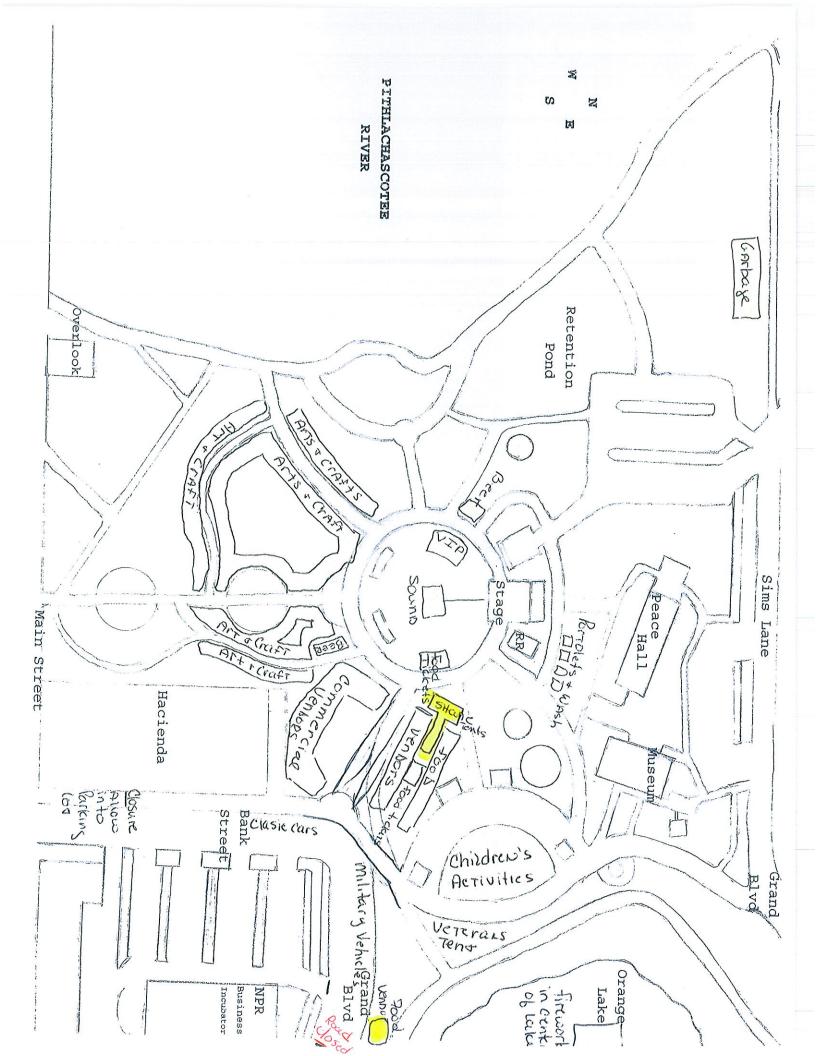
As the applicant, I hereby accept and understand the responsibility to oversee all contractors, vendors, or parties affiliated with the event and to insure compliance with the event policy and procedure manual, the resolution and City ordinance pertaining to Special Events, the event rules, guidelines, 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.

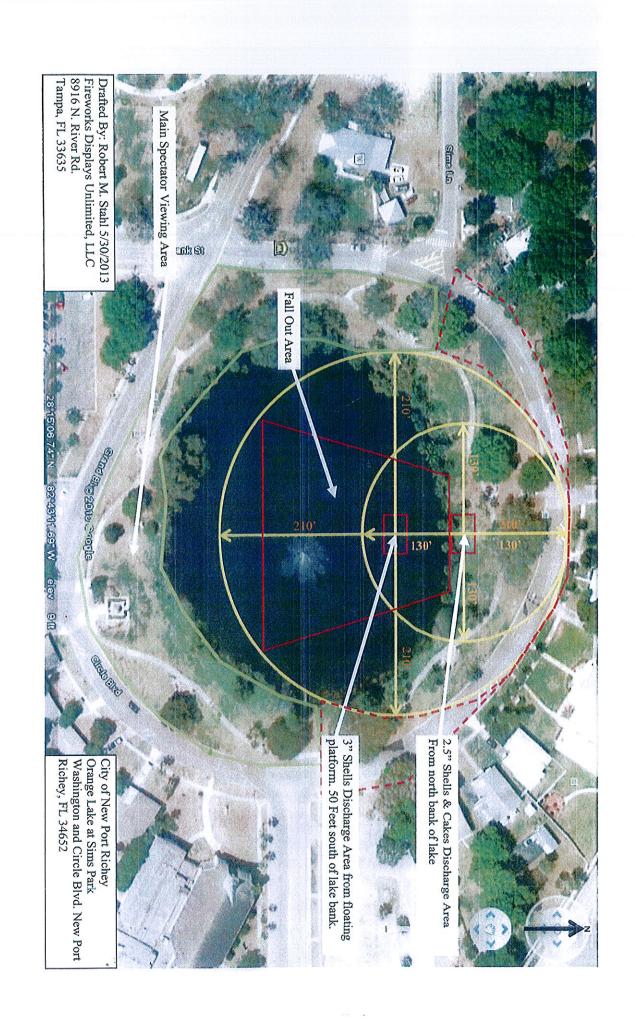
For events on public property, I agree to obtain and furnish the City of New Port Richey with a certificate of general liability insurance in the amount of \$500,000.00 or greater as deemed by the City Risk Manager. The insurance must name the City of New Port Richey as an additional insured.

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.

Signature of Applicant or Authorized Representative:	Marill	
Date: $05/02/4$	uasita	
Subscribed and surrous to before me this and down to	700000°	م ، ، ا م
subscribed and sworn to before the this day of	uy	, 20 <u> \ </u>
Who is personally known to me and/or produced $-+L-DL$	<u> </u>	_ as
identification.		
STATE OF FLORIDA, COUNTY OF PASCO		
Notary Public: Van 1888 888 888 888 888 888 888 888 888 8		
Notary Public.		
	SOM TO A STATE OF THE STATE OF	
	**A*	JOANNA LEE LACHER
		Notary Public, State of Florida Commission# FF 164276
\bigvee		My comm. expires Dec. 26, 2016
	***************************************	CONTRACTOR SERVICE CONTRACTOR CON
My Commission expires: Dec. 21 pm, 2014		
1vi y Commission expires.		

Hold Harmless Agreement







Consumer's Certificate of Exemption

DR-14 R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8015724557C-5 08/26/2011 08/31/2016 501(C)(3) ORGANIZATION

Certificate Number Effective Date Expiration Date Exemption Category

This certifies that

GREATER NEW PORT RICHEY MAIN STREET INC 6231 GRAND BLVD NEW PORT RICHEY FL 34652-2603

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR+14 R. 04/11

- You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases.
 See Rule 12A-1.038, Florida Administrative Code (E.A.C.).
- 2. Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities.
- 5. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
- This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
- It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree follow. Any violation will require the revocation of this certificate.
- If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, fallahassee, FL 32314-6480.

New Port Richey Main Street 6345 Grand Blvd. New Port Richey, FL 34652

Dear Resident/Homeowner/Business

We are writing to remind you we have a special event scheduled for Sims Park and Orange Lake on July 1 & 2, 2016. the 19th annual Friendly KIAFest Main Street Blast will be celebrating Independence Day with Fireworks on Saturday evening. The event requires some street closures and "no parking" on some streets. New Port Richey Main Street wants you to be aware of the street closings and which streets will be affected.

The entire circumference of Circle Blvd. will be closed from Saturday July 2nd starting 4pm until Midnight for the launch of the annual fireworks display.

Please review the attached listing of the streets by name and time of closing. We thank you for you patience and invite you to join us for a free concert at Sims park, good food and fun activities as well as a fantastic fireworks display celebrating our Independence Day!

Please note there will be crowd barricades placed around Orange Lake and along the sidewalks around Circle Boulevard starting Thursday, June 30th. The barricades are required by the order of the Fire Marshall.

Again, thank you for allowing us to host this family friendly activity and provide an opportunity for our community to come together and celebrate this great nation's independence!

Sincerely, KC Quaretti New Port Richey Main Street Director 727-842-8066

Google Maps



Google Maps

Area for letter delivery of road closures



NEW PORT RICHEY MAIN STREET EXECUTIVE BOARD 2016 - 2017

BOB SMALLWOOD - PRESIDENT

Design; Organization; Promotion; Economic Restructuring Committees
Realtor, FI GREY & Son Inc.
6328 US Hwy 19
New Port Richey

Phone: 727.267.5853

Email: smallwood.bob@gmail.com

STEPHEN SHURDELL - VICE PRESIDENT

Design; Organization; Promotion; Economic Restructuring Committees
HITS 106 WGHR 106.3 FM
13825 US Hwy 19, Ste. 400
Hudson, Fl 34667

Phone: 727.697.1063 / 727.439.1984 Email: <u>steve@greatesthits103.com</u>

DAVID A. DORSEY - TREASURER

Finance; Promotion Committee
David A. Dorsey, CPA, PA
6105 Main Street
New Port Richey, Fl 34653
Phone: 727.846.0556

Email: david@daviddorsey.com

RACHEL MANCUSO - SECRETARY

Finance Committee
BB&T Company
6500 Massachusetts Ave.
New Port Richey, 34653
Phone: 727.815.0976

Email: rmancuso@bbandt.com



NEW PORT RICHEY MAIN STREET BOARD OF DIRECTORS 2016 - 2017

DOUG FARRIS - PROMOTIONS TEAM CHAIR

RESIDENT

3539 OXFORD DR.

HOLIDAY, FL 34691

PHONE: 727.808.8344

EMAIL: DOUGFERRIS10@GMAIL.COM

JOSE CARDENAS - DESIGN TEAM CHAIR BERKSHIRE HATHAWAY HOME SERVICES

FLORIDA PROPERTIES GROUP

2136 LITTLE RD.

NEW PORT RICHEY, FL 34655

PHONE: 281-827-0223

EMAIL: JANGLECARDENAS@ME.COM

PATTI AMMONS - HOSPITALITY CHAIR

PROMOTIONS, FINANCE BERKSHIRE HATHAWAY

PHONE: 727.992.8827

EMAIL: PATAMMONS@LIVE.COM

DEBBIE LEONE - MEMBERSHIP TEAM CHAIR

OWNER, INDEPENDENT PRINTING

5613 GULF DR.

NEW PORT RICHEY, FL 34652

PHONE: 727.848.8991

EMAIL: DLEONE@INDEPENDENT-NPR.COM

ANN MOORE - DESIGN TEAM

RESIDENT

6337 OLD MAIN ST.

NEW PORT RICHEY, FL 34653

PHONE: 727,992,7220

EMAIL: TOMOOR@MSN.COM

DEBBIE MANNS - BOARD MEMBER

CITY MANAGER - CITY OF NEW PORT RICHEY

5919 MAIN STREET

NEW PORT RICHEY, FL 34652

PHONE: 727.853.1020

EMAIL: MANNSD@CITYOFNEWPORTRICHEY.ORG

STAFF

KC QUARETTI
EXECUTIVE DIRECTOR
6345 GRAND BLVD.
NEW PORT RICHEY, FL 34652
PHONE: 727-842-8066
CELL:

KATHY L. LEEK
ADMINISTRATIVE ASSISTANT
6345 GRAND BLVD.
NEW PORT RICHEY, FL 34652
PHONE: 727.848.8066
CELL: 904-495-3968

EMAIL: KATHYGNPRMS@GMAIL.COM

PASCO COUNTY HEALTH DEPARTMENT TEMPORARY EVENT SANITATION APPLICATION

This form is to be completed and submitted to:
Pasco County Health Department
Environmental Health Services

Ne (72	40 Main Street w Port Richey, Fl., 34652 17) 841-4425 ext. 5 X (727) 816-1956		13941 15 th Street Dade City, FL., 33525 (352) 521-1450 ext. 5 FAX (352) 523-6913	*\$
1.	Name of Event:	Main Street BlasT	Kinfest_	
2.	Sponsor/Applicant/Agent Name:	Greater New Port	Richey Main Street	
3.	Mailing Address (for the above):	6345 Grand Blud	New Port Richey	
4.	Telephone (for the above):	727-842-8066		
5.	Location of Event: (copy of site plan required)	Sims Park N	ew Bort Richery	
6.	Expected Number of attendance (per d	ay): 5,000 - 10,000	flow	٠
7.	Duration of Event (days/dates/times):	Friday July 1 5-1	0:30pm July 2 1pm-	10:30pm
8.	Will Overnight Camping Be Allowed:	YES		
9.	Toilet service provided by: (copy of contract required)	Port · O· Potty		
10	Dumpsters/Trash pick-up provided by. (copy of contract required)	V		
11	. Handwashing sinks provided by: (copy of contract required)	Port-O-Potty		
12	Will Food Service be provided: YES	NO (if Yes pr	rovide a list of vendor names)	
he at dmin	ove (火) does () does not comply wi strative Code.	th the minimum requirements of Ch	napter 64E-6.010 of the Florida	
Vhen	this form is completed, fee paid and	Pasco County Health Departmen	nt has signed off, return to:	
	County Government Complex opment Review Division		overnment Complex ne event is being held in)	
ignat	JU ANT TO ure of Applicant/Agent/Sponsor	Pasco	CHD Representative	
Ma)ate	422010	Date		
EE:	\$30 / \$60.00 Date Paid:	10/16 Recei	pt# <u>3080267</u>	2
		Luine - Climatth - Danaa A-	k Lake	

Florida Department of Health - Pasco County

Environmental Health Services 5640 Main Street, New Port Richey, Florida 34652 PHONE: 727/841-4425 ext. 5 • FAX 727/816-1956 PAYING ON:

PERMIT #: BILL DOC #:51-BID-3080267

RECEIVED FROM:

Greater NPR Main Street inc

AMOUNT PAID: \$ 60.00

PAYMENT FORM:

CHECK 1303

PAYMENT DATE: 05/02/2016

MAIL TO: Greater NPR Main Street inc

New Port Richey FL 34652

FACILITY NAME: Greater NPR Main Street inc

PROPERTY LOCATION:

RECEIVED BY: rashidpa AUDIT CONTROL NO. 51-PID-2933619

Note: Main Street Blast

Port-O-Potty, Inc.

5534 Wray Way Holiday, FL 34690-3026 Ph # 727-869-8688 Fax # 727-934-4687

Invoice

Date	Invoice #
4/28/2016	34314

Bill To

Greater New Port Richey Main Street 6231 Grand Blvd New Port Richey, FL 34652

		P.O. No.	Terms	Due Date	Project
		514-5839 Judy	Due on receipt	6/10/2016	
Quantity	D	escription		Rate	Amount
		ain St, NPR. Delivered	5/30/16 -	75.00 100.00 100.00 100.00	300.00 200.00 400.00 100.00
Thank you for you b	ousiness!		Tot	tal	\$1,000.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/06/2016

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.

	ELOW. THIS CERTIFICATE OF INS			A CONTRACT BET	WEEN THE	ISSUING INSURER(S),	UTH	ORIZED
IM the	PORTANT: If the certificate holder is an eterms and conditions of the policy, certificate holder in fleu of such endorsements.	ADDITION	IAL INSURED, the policy(les) i					
PROI	DUCER			CONTACT KAYE	T. HERMANN			
Free	way Insurance Florida #29			PHONE (352) 688-0109	FAX (A/C, No)	. (3	52) 688-6050
	7 Spring Hill Drive			PHONE (A/C, No. Ext): (352 E-MAIL ADDRESS: kheri	mann@freeway	insurancefl.com	·	
Spri	ng Hill, FL 34606			1	SURER(S) AFFO	RDING COVERAGE		NAIC #
Pho	ne (352) 688-0109 F	ax (352)	688-6050	INSURER A : CAPI		LTY INS CORP.		
	ATER NEW PORT RICHEY MAIN S	TREET, I	NC. &/or NPR Gallery, Inc.	INSURER B :	······································			·
6345	GRAND BLVD.		•	INSURER D :				
	PORT RICHEY		FL 34652	INSURER E :		-0.11 11 12-18 1-24 1112-14 21 24		
COV	ERAGES CEI	RTIFICAT	E NUMBER:	INSURER F :		REVISION NUMBER:		
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NSR LTR	TYPE OF INSURANCE	ADDLSUE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR			Tion Seat (111)	[EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	s 1,	00.000,000
Α]=	Y	CS02397223-02	06/28/2015	06/28/2016	MED EXP (Any one person)		000.00
	law in a constant of the const					PERSONAL & ADV INJURY		00.000,000
	GEN'L AGGREGATE LIMIT APPLIES PER-				İ	GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		00.000,000
	OTHER AUTOMOBILE LIABILITY		. <u> </u>			COMBINED SINGLE LIMIT (Ea accident)	\$	000,000.00
	ANY AUTO				-	(Ea accident) BODILY INJURY (Per person)	. \$ <u>.</u> \$	
:	ALLOWNED IN SCHEDULED		1		1	BODILY INJURY (Per accident)		
	AUTOS AUTOS NON-OWNED AUTOS AUTOS			i		PROPERTY DAMAGE (Per accident)	\$	
	UMBRELLA LIAB OCCUR				j	EACH OCCURRENCE	\$	
	EXCESS LIAB . CLAIMS-MADE					AGGREGATE	\$ \$	
-	DED RETENTIONS] [\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N					STATUTE OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	 N/A				E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	100	•			E.L. DISEASE - EA EMPLOYED	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	ļ; <u></u>			 	E.L. DISEASE - POLICY LIMIT	\$	
:								
i			<u> </u>				.	
	RIPTION OF OPERATIONS / LOCATIONS / VEH	ICLES (Att	ach ACORD 101, Additional Remai	ks Schedule, if more spa	ce is required)			
.IQU	OR LIABILITY 1,000,000/1,000,000							į
	IFICATE HOLDER IS LISTED AS AI			RDS TO GENERAL	LAIBILITY.			
(IA F	EST MAIN STREET BLAST JULY 1	& 2, 201	6					
CER	TIFICATE HOLDER			CANCELLATION				
	PASCO COUNTY BOCC 8731 CITIZENS WAY				DATE THERE	ESCRIBED POLICIES BE C OF, NOTICE WILL BE DELIV CY PROVISIONS.		
	NEW PORT RICHEY, FL. 34	1654		AUTHORIZED REPRES	ENTATIVE	Laye THE	·Ma	·····

