ALCOHOLIC BEVERAGE SPECIAL EVENT PERMIT APPLICATION

City of New Port Richey
Parks and Recreation Department
6630 Van Buren Street
New Port Richey, FL 34653
Phone (727) 841-4560 Fax (727) 841-4562

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: Summer Sunset Concert Series
Date(s) of Event: July 9, July 23, August 6 *(Limited to three days for alcohol sales)*
Location of Event: Sims Park, historic Downtown New Port Richey, FL
Applicant: HOLIDAY ROTARY CLUB ENDOWMENT FUND
Mailing Address: 13232 OLD FLORIDA CIR HUDSON, FL 34669
(Street, City, State, Zip Code)
Daytime Phone Number: 727·698·8100 Fax Number: _____
Email or Alternate Contact Information: JACKIEBASAK@GMAIL.COM
Authorized Person in Charge: JACKIE BASAK
If an organization, names, addresses, phone numbers of all Officers: (may attach as addendum)
/see Attached

Who is the PRIMARY contact for this application? JACKIE BASAK

ABSEP SUBMITTAL REQUIREMENTS:

List alcohol to be sold: KRAFT beer, WINE, soda, water
(Limited to beer and wine)
List alcohol to be given away: N/A
Time of alcohol sales: Saturday 7:00 - 9:30pm July 9, July 23, Aug 6th
(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: NONE
(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 an 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 be taken past the perimeter of the area shown on the site plan, and the applicant shall staff the entrance with as are personnel as a 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 excent 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. 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. 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.

ATTENDANCE AT MEETINGS:

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

AUTHORIZATION FOR OWNER'S REPRESENTATIVE(S):

I JACQUELINE A. BASAK, the applicant, hereby authorize JAMIE MICK 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: Jacqueline A. Basak

Date: 6.5.2016

Subscribed and sworn to before me this 5th day of June, 2016
who is personally known to me and/or produced _____ as identification.

STATE OF FLORIDA, COUNTY OF PASCO

Notary Public Jamie K Mick

My Commission Expires: June 11, 2016

JAMIE K. MICK
Notary Public - State of Florida
My Comm. Expires Jun 11, 2016
Commission # EE 207038
Bonded Through National Notary Assn.

APPLICANT'S AFFIDAVIT:

I JACQUELINE A. BASAK, the 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: Jacqueline A. Basak
Date: 6.5.2016

Subscribed and sworn to before me this 5th day of June, 2016
who is personally known to me and/or produced _____ as identification.

STATE OF FLORIDA, COUNTY OF PASCO

Notary Public Jamie K Mick

My Commission Expires: June 11, 2016

JAMIE K. MICK
Notary Public - State of Florida
My Comm. Expires Jun 11, 2016
Commission # EE 207038
Bonded Through National Notary Assn.

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 _____

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

NOV 15 2001

HOLIDAY ROTARY ENDOWMWENT FUND INC
PO BOX 3663
HOLIDAY, FL 34690-0000

Employer Identification Number:
59-3393304
DLN:
17053293739031
Contact Person:
DAVID M EVANS ID# 31393
Contact Telephone Number:
(877) 829-5500
Our Letter Dated:
May 1997
Addendum Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(2).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(2) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Letter 1050 (DO/CG)

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248562365
Dec. 01, 2008 LTR 4168C E0
59-3393304 000000 00 000
00018626
BODC: TE

HOLIDAY ROTARY ENDOWMENT FUND INC
% LARRY C SCHALLES
PO BOX 3663
HOLIDAY FL 34692-0663632

660

Employer Identification Number: 59-3393304
Person to Contact: Robert C Voss
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Nov. 19, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in May 1997, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

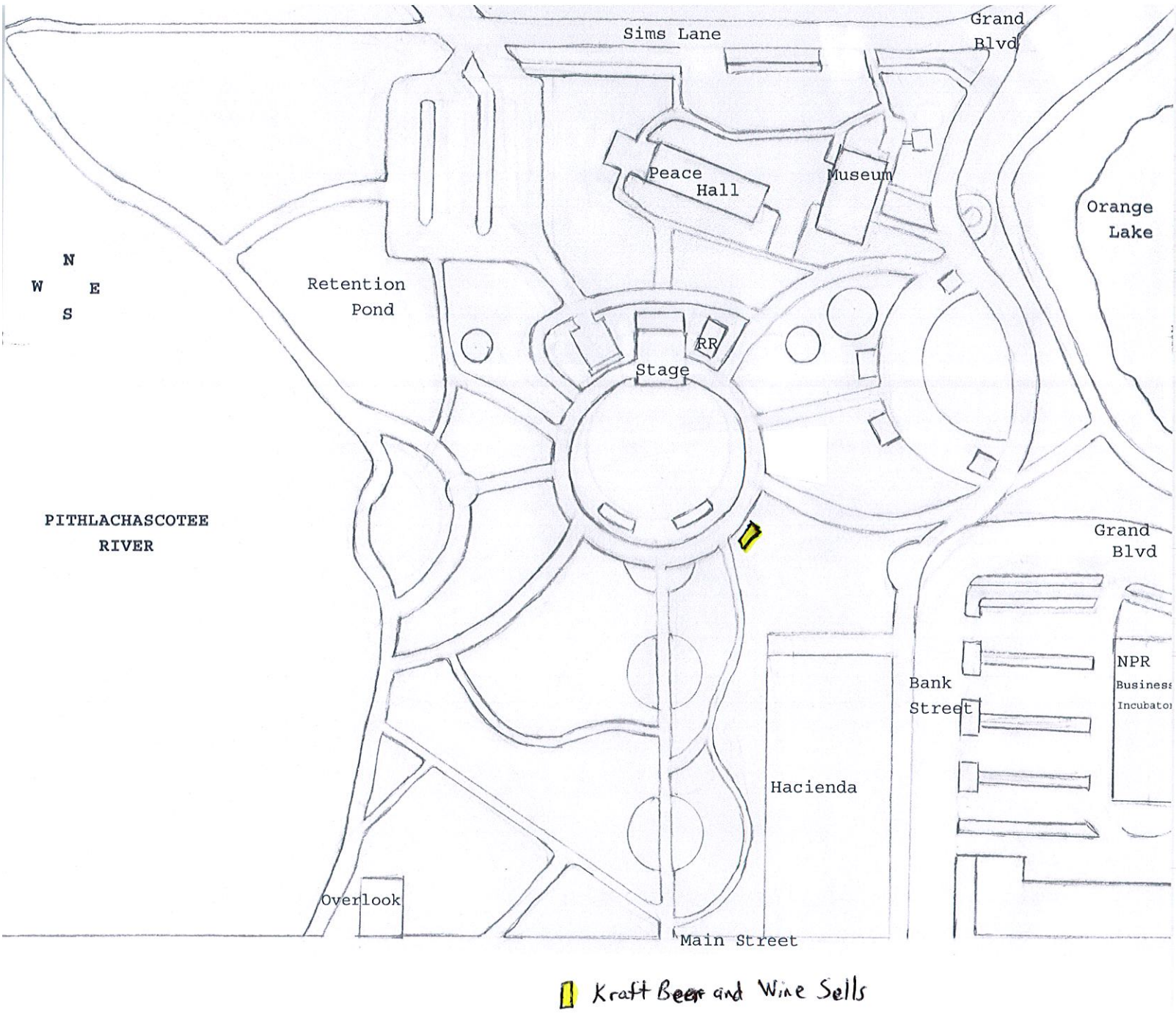
Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I



Kraft Beer and Wine Sells

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/1/2016

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).

PRODUCER: LOCKTON COMPANIES 500 West Monroe, Suite 3400 CHICAGO IL 60661 (312) 669-6900	CONTACT NAME: Lockton Companies PHONE (A/C, No, Ext): 1-800-921-3172 FAX (A/C, No): 1-312-681-6769 E-MAIL ADDRESS: rotary@lockton.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A: Westchester Fire Insurance Company — 10030
INSURED 1393456 All Active US Rotary Clubs & Districts Holiday Rotary Club Endowment Fund, Inc. Attn: Risk Management Department 1560 Sherman Ave. Evanston, IL 60201-3698	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Liquor Liability [ ] Included GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			PMI G23861355 007	7/1/2015	7/1/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 2,000,000 $ 500,000 $ XXXXXXX $ 2,000,000 $ 10,000,000 $ 4,000,000 $
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			PMI G23861355 007	7/1/2015	7/1/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ XXXXXXX $ XXXXXXX $ XXXXXXX $ XXXXXXX
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			NOT APPLICABLE			EACH OCCURRENCE AGGREGATE $	$ XXXXXXX $ XXXXXXX $ XXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			NOT APPLICABLE			[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ XXXXXXX $ XXXXXXX $ XXXXXXX

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 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.

CERTIFICATE HOLDER

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

CANCELLATION

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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