

ALCOHOLIC BEVERAGE SPECIAL EVENT PERMIT APPLICATION

CASE #	_____
DRC Date:	_____
Council Date:	_____
Date Received:	_____



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

** 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: International Caribbean Food & Music Fest

Date(s) of Event: AUGUST 27th 2016 (Limited to three days for alcohol sales)

Location of Event: SIMS PARK

Applicant: AFRICAN LITERACY FOUNDATION INC.

Mailing Address: 10516 BERMUDA ISLE DRIVE TAMPA FL 33647
(Street, City, State, Zip Code)

Daytime Phone Number: 813 362 5747 Fax Number: _____

Email or Alternate Contact Information: EMEKA.EZIAKONWA@AfricanLiteracyFoundation.org

Authorized Person in Charge: EMEKA EZIAKONWA Hoticejos@yahoo.com

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

EMEKA EZIAKONWA

10516 BERMUDA ISLE DRIVE TAMPA FL 33647

813 362 5747

Who is the PRIMARY contact for this application? EMEKA EZIAKONWA

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: 12 NOON to 11 PM
(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.)

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. ~~Only these 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 needs to be present at the DRC and City Council meetings.

AUTHORIZATION FOR OWNER'S REPRESENTATIVE(S):

I EMEKA EZIAKONUA, the applicant, hereby authorize DOREEN SCOTT 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: 06/20/16

Subscribed and sworn to before me this 20 day of June, 20 16 who is personally known to me and/or produced ST OF FL D/L as identification.

STATE OF FLORIDA, COUNTY OF PASCO

Notary Public [Signature]



MIKA L. CARUANA
MY COMMISSION # FF 221946
EXPIRES: June 5, 2019

My Commission Expires: June 05, 2019

APPLICANT'S AFFIDAVIT:

I [Signature] EMEKA EZIAKONUA 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: 06/20/16

Subscribed and sworn to before me this 20 day of June, 20 16 who is personally known to me and/or produced ST OF FL D/L as identification.

STATE OF FLORIDA, COUNTY OF PASCO

Notary Public [Signature]



MIKA L. CARUANA
MY COMMISSION # FF 221946
EXPIRES: June 5, 2019

My Commission Expires: June 05, 2019

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: APR 17 2008

AFRICAN LITERACY FOUNDATION
C/O EMEKA EZIAKONWA
PO BOX 53411
SAN JOSE, CA 95153-0411

Employer Identification Number:
26-0641759
DLN:
17053018327008
Contact Person:
DEL TRIMBLE ID# 31309
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
.170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
July 31, 2007
Contribution Deductibility:
Yes
Advance Ruling Ending Date:
December 31, 2011
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. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 1045 (DO/CG)

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

ARTICLES OF INCORPORATION

I

JUL 31 2007

The name of this corporation is African Literacy Foundation Inc.

II

A. This corporation is a nonprofit PUBLIC BENEFIT CORPORATION and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for public and charitable purposes.

B. The specific purpose of this corporation is to provide access to basic education in Sub Saharan Africa through scholarships, school supplies, infrastructure, and teacher training programs.

III

The name and address in the State of California of this corporation's initial agent for service of process is:

Legalzoom.com, Inc.

IV

A. This corporation is organized and operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.

B. No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office.

V

The property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer, or member thereof or to the benefit of any private person. Upon the dissolution or winding up of the corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation, or corporation which is organized and operated exclusively for charitable purposes and which has established its tax exempt status under Section 501(c)(3) of the Internal Revenue Code.



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 1286
RANCHO CORDOVA CA 95741-1286

In reply refer to
755:AFF:ARJ

February 16, 2011

AFRICAN LITERACY FOUNDATION INC
EMEKA EZIAKONWA
10516 BERMUDA ISLE DR
TAMPA FL 33647-2720

Purpose : CHARITABLE
Code Section : 23701d
Form of Organization : Corporation
Accounting Period Ending: December 31
Organization Number : 3019946

EXEMPT ACKNOWLEDGEMENT LETTER

This letter acknowledges that the Franchise Tax Board (FTB) has received your federal determination letter that shows exemption under Internal Revenue Code (IRC) Section 501(c)(3). Under California law, Revenue and Taxation Code (R&TC) Section 23701d(c)(1) provides that an organization is exempt from taxes imposed under Part 11 upon submission of the federal determination letter approving the organization's tax-exempt status pursuant to Section 501(c)(3) of the IRC.

The effective date of your organization's California tax-exempt status is 07/31/2007.

R&TC Section 23701d(c)(1) further provides that the effective date of an organization's California tax-exempt status is the same date as the federal tax-exempt status under IRC Section 501(c)(3).

Under R&TC Section 23701d(c), any change to your organization's operation, character, or purpose that has occurred since the federal exemption was originally granted must be reported immediately to this office.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/23/2016

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 have ADDITIONAL INSURED provisions or 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
Charlie Brown and Associates Inc.
1827 River Watch Blvd.
Tarpon Springs, FL 34689
Phone (772) 559-5334 Fax (813) 433-5377

CONTACT NAME: Kelly Brown
PHONE (AC No, Ext): (772) 559-5334
E-MAIL: kelly.walter1@yakoo.com
FAX (AC, No): (813) 433-5377

INSURED
Dulcet Restaurant & Lounge

INSURER(S) AFFORDING COVERAGE
INSURER A: Lloyd's of London
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES **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	ADDLSUBR INSR WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	SEAUFLCIB00048	08/26/2016	08/28/2016	EACH OCCURRENCE \$ 1000000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					DAMAGE TO RENTED PREMISES (Per occurrence) \$ 50000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY					MED EXP (Any one person) \$ 5000
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE					PERSONAL & ADV INJURY \$ 1000000
	DED RETENTION \$					GENERAL AGGREGATE \$ 2000000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PRODUCTS - COM/OP AGG \$ 1000000
						Liquor Liability \$ 1000000
						COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
	PROPERTY DAMAGE (Per accident) \$					
	EACH OCCURRENCE \$					
	AGGREGATE \$					
	\$					
	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>					
	E.L. EACH ACCIDENT \$					
	E.L. DISEASE - EA EMPLOYEE \$					
	E.L. DISEASE - POLICY LIMIT \$					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The certificate holder is listed as additional insured on the General Liability policy for the event on 08/27/2016 at SIMS Park for the African Literacy Foundation.

CERTIFICATE HOLDER
City of New Port Richey
5919 Main Street
New Port Richey, FL 34652

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
Kelly Brown