



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

APPLICANT

Name of Applicant: NELSON O'HIOIN

Title (if applicable): PRESIDENT

Name of Organization: DULCET RESTAURANT & LOUNGE

Is your organization tax exempt? Yes No If yes, please attach documentation.

Is your organization a non-profit? Yes No If yes, please attach documentation.

Mailing Address: 6220 GRAND ISLAND
Street Address

NEW PORT RICHEY FL 34652
City State Zip Code

Phone: 727 494 7654 727 534 1318
Daytime Phone Cell Phone

Email: Nelson@thedulcet.com

EVENT

Name of Event: INTERNATIONAL CARIBBEAN FOOD & MUSIC FEST

Description of Event (Include purpose):

MUSIC FEST FEATURING LIVE CARIBBEAN
NATIONAL BANDS. FOOD VENDORS WITH AN
INTERNATIONAL CARIBBEAN CUISINE SHOWING NPR.

Location of Event: SIMS PARK

Event/Organization Web Address: WWW.THEDULCET.COM

Event Date(s) & Time(s):

Date	Day of the Week	Start Time	End Time
<u>AUG 27 2016</u>	<u>SATURDAY</u>	<u>11 AM</u>	<u>11 PM</u>

Setup Date(s): FRIDAY & SATURDAY AUG 26th & AUG 27th

Setup Time(s): 12 PM FRIDAY to 10 AM SATURDAY

Cleanup Date(s): AUG 28th 2016 SUNDAY
AUG 29th 2016 DUMPSITE

Cleanup Time(s): 12 NOON to 5 PM

Will this be an annual event? Yes No If yes, next year's date(s) AUGUST 26 2017

EVENT LOGISTICS

1. Estimated Attendance (Includes event crew, participants, and spectators):

2000 This Year - Last year

Maximum number at peak time: 1500-2000

2. Will alcohol be served or sold? Served Sold No Alcohol

3. Approximate number of food vendors: 10

*Event promoter is responsible for obtaining copies of all licenses and insurance from each vendor and providing the same to the City. All vendors must be listed on the site plan.

4. Approximate number of all other vendors along with type i.e. crafts, sponsors, informational

*May need to provide copy of certificate of insurance in a form acceptable to the City for each vendor:

CRAFTS : 20, SPONSORS/COMMERCIAL 20

INFORMATIONAL 10

5. Will electricity be required?: Yes No Source CITY

Location of electricity SIMS PARK, PEACE HALL

*City electric is available around the Sims Park Circle, panel box near the river, and the North and South side of Orange Lake. If an event requires additional locations, the event must provide an alternative.

6. List event equipment (Include things such as seating, tents, booths, and trucks. These should all be listed on site map as well.) CHAIRS, TENTS, TRUCKS, INFLATABLES

Booths

7. List entertainment type (bands, DJ, dancers, clowns, etc.): BANDS, DJ'S

8. List dates and times of music and/or amplified sound: AUG 27th
11 AM - 11 PM

9. Will private security be provided? Yes No
If yes, list organization: (OFF DUTY POLICE OFFICERS)

10. Will portable restrooms be used? Yes No

If yes answer the following and list on site plan:
How many: _____ Installation Date: _____ Removal Date: _____

11. Event holders are responsible for trash removal, and must provide their own dumpsters.
Please list your plan. DUMPSTER ON SITE

Will dumpsters be used? Yes No

If yes please include on site plan and answer the following:
How many: 1 Sizes: 20⁸ YARD
Installation Date: AUG 25th Removal Date: AUGUST 29th

12. Please list any admission charges, donations, parking, registration or other fee and how much.
CONCERT ADMISSION: \$20

13. Does the event require street closures? Yes No

If yes complete the following:

Date(s) of street closure: Begin _____ End _____

Time of street closure: Begin _____ End _____

List street(s) to be closed: _____

*A letter must be delivered to all residents that will be directly impacted by a road closure.
Attach letter along with addresses to this application.

14. Will there be a parade? Yes No

If yes complete the following:

Street(s) that will be utilized for parade 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 application.

15. Will there be a running/walking/biking/water event? Yes 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 No

If yes, hours of use: _____

Location of dock: _____

List vendors who will use the dock: _____

*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: _____

Date: 06-04-2016

Subscribed and sworn to before me this 14 day of June, 2016
Who is personally known to me and/or produced _____ as
identification.

STATE OF FLORIDA, COUNTY OF PASCO

Notary Public: Mika L. Caruana



MIKAL CARUANA
MY COMMISSION # FF 221946
EXPIRES: June 5, 2019

My Commission expires: June 05, 2019

Hold Harmless Agreement

I NELSON OHTHIM, agree to protect the City of New Port Richey, Florida against all losses arising out of claims, in connection with the USE OF SITS PARK.

Without limiting the generality of the foregoing, and all workmanship, actual or alleged infringement of any patent, trademark, copyright (or application for any thereof) or of any other violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder. The APPLICANT Further agrees to investigate, handle, respond to, provide defend any such claims, etc., at its sole expense and agrees to bear all other costs and expenses related thereto, even if it (claims etc.) is groundless, false or fraudulent.

In any case in which such indemnification would violate any applicable legal prohibition, the foregoing provisions concerning indemnification shall not be construed to indemnify the City for damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the City or its employees.

Certification:

I NELSON OHTHIM do certify that I am PRESIDENT (DULCE) of DULCE RESTAURANT & LOUNGE and that I am authorized to issue this hold harmless agreement; and that this hold harmless agreement is defined as an insured contract under a commercial general liability insurance policy currently in effect for the entity/organization.

Signature of applicant: [Signature]

Date: 06-14-2016

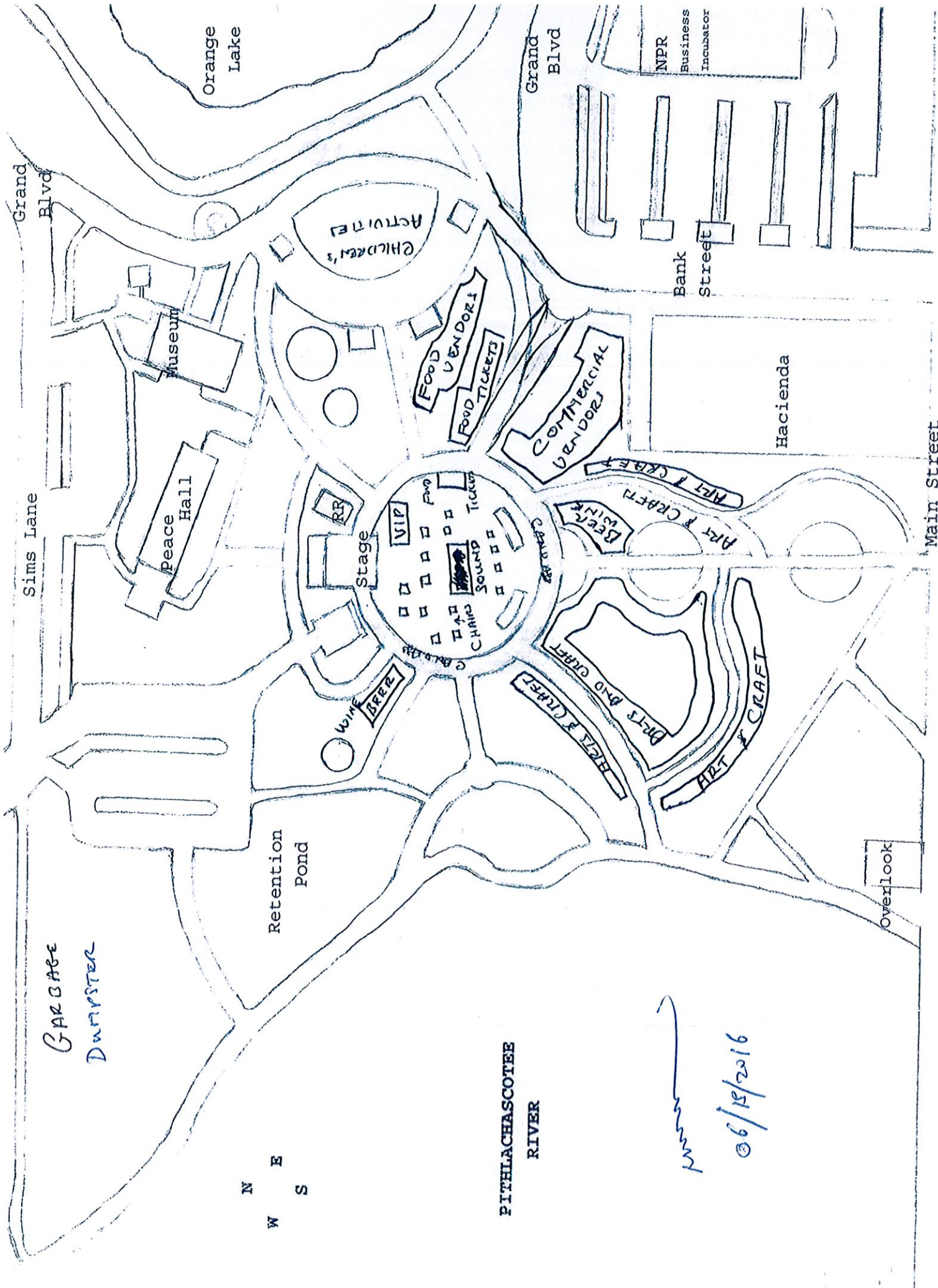
STATE OF FLORIDA, COUNTY OF PASCO

Notary Public [Signature]



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

My Commission Expires: June 05, 2019



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S
W

PITHLACHASCOTEE
RIVER

Handwritten signature
06/15/2016



Progressive

Waste Solutions

GREATER NEW PORT RICHEY,

We at Progressive Waste Solutions Are confirming the 8 yd Frontload container to be delivered Friday August 26th, 2016 and removed Monday August 29th, 2016 for the Arts and Craft Event being held in Sims Park New Port Richey.

Sincerely,

Nick Chieco

NICK CHIECO

**PASCO COUNTY HEALTH DEPARTMENT
TEMPORARY EVENT SANITATION APPLICATION**

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

5640 Main Street
New Port Richey, FL. 34652
(727) 841-4425 ext 5
FAX (727) 816-1956

13941 15th Street
Dade City, FL., 33525
(352) 521-1450 ext. 5
FAX (352) 523-6913

1. Name of Event: INTERNATIONAL CARIBBEAN FOOD & MUSIC FEST
2. Sponsor/Applicant/Agent Name: DULCET RESTAURANT & LOUNGE
3. Mailing Address (for the above): 6220 GRAND BLVD. N.P.R. FL 34652
4. Telephone (for the above): 727 494 7654 727 534 1318
5. Location of Event: SITTS PARK Nelson@thedulcet.com
(copy of site plan required)
6. Expected Number of attendance (per day): REVENUE 1500
7. Duration of Event (days/dates/times): 1 DAY August 27th 11am - 11pm
8. Will Overnight Camping Be Allowed: YES _____ NO X
- * 9. Toilet service provided by: PUBLIC BATHROOMS 14 stalls 6 sinks
(copy of contract required)
10. Dumpsters/Trash pick-up provided by: WSI
(copy of contract required)
- * 11. Handwashing sinks provided by: PUBLIC BATHROOMS 6 SINKS
(copy of contract required)
12. Will Food Service be provided: YES X NO _____ (if Yes provide a list of vendor names)

The above () does () does not comply with the minimum requirements of Chapter 64E-6.010 of the Florida Administrative Code.

When this form is completed, fee paid and Pasco County Health Department has signed off, return to:

Pasco County Government Complex
Development Review Division

OR

City Government Complex
(that the event is being held in)

Signature of Applicant/Agent/Sponsor

Pasco CHD Representative

Date

Date

FEE: \$30 / \$60.00

Date Paid: 6/15/16

Receipt # 3125150

**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

** NOTE: USING FIX REST ROOMS THAT CITY OWNS*



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	CONTACT NAME: Kelly Brown	FAX (A/C, No): (813) 433-5377
Charlie Brown and Associates Inc.	PHONE (A/C, No, Ext): (772) 559-5334	
1827 River Watch Blvd.	E-MAIL: kelly.waller1@yahoo.com	
Tarpon Springs, FL 34689	INSURER(S) AFFORDING COVERAGE	NAIC #
Phone (772) 559-5334 Fax (813) 433-5377	INSURER A: Lloyd's of London	
INSURED	INSURER B:	
Dulcet Restaurant & Lounge	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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	SEAUFLCIB00048	08/26/2016	08/28/2016	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/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 \$ \$ <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL 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

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