



ALCOHOLIC BEVERAGE SPECIAL EVENT PERMIT APPLICATION

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

CASE # _____
SET Date: _____
Council Date: _____
Date Received: _____

* Please print legibly or use fillable form *

- Submit original signed and notarized application
- 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: Cotee River Soles

Date(s) of Event: April 20, 21, 22, 2018 (Limited to three days for alcohol sales)

Location of Event: Swins Park

Applicant: Greater New Port Richey Main Street Inc

Mailing Address: 5837 Main Street New Port Richey FL 34652
(Street, City, State, Zip Code)

Daytime Phone Number: 727-842-8866 Fax Number: _____

Email or Alternate Contact Information: david@davidadorsey.com

Authorized Person in Charge: David A Dorsey, CPA, Treasurer

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

Who is the PRIMARY contact for this application? David A Dorsey CPA PA

ABSEP SUBMITTAL REQUIREMENTS:

List Alcohol to be Sold: Beer & Wine
(Limited to beer and wine)

List Alcohol to be Given Away: Beer

Time of Alcohol Sales: Fri 5pm-11pm, Sat. noon-11pm, Sunday 1pm-6pm
(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: 11/18
(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 or Orange Lake Park.
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.

ATTENDANCE AT MEETINGS:

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

AUTHORIZATION FOR OWNER'S REPRESENTATIVE(S):

I _____, the applicant, hereby authorize _____ 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): _____

Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____ who is personally known to me and/or produced _____ as identification.

STATE OF FLORIDA, COUNTY OF PASCO

Notary Public _____

My Commission Expires: _____

APPLICANT'S AFFIDAVIT:

David Arroy, 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: _____

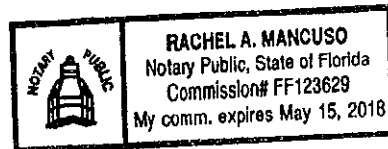
Date: 2-12-17

Subscribed and sworn to before me this 12th day of February, 2018 who is personally known to me and/or produced _____ as identification.

STATE OF FLORIDA, COUNTY OF PASCO

Notary Public Rachel Mancuso

My Commission Expires: May 15, 2018



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

SET meeting date _____

City Council approval date _____

Cotee River Seafest

Event Name

4/20/18

Date



Comments:

- # Beer & Wine
- % Kids Carnival
- \$ Boat Show
- @ Arts & Craft Vendors



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/04/2018

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).

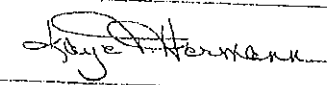
PRODUCER Freeway Insurance Florida #29 7377 Spring Hill Drive Spring Hill, FL 34806 Phone (352) 688-0109 Fax (352) 688-6050		CONTACT NAME: KAYE T. HERMANN PHONE (A/C, No, Ext): (352) 688-0109 FAX (A/C, No): (352) 688-6050 E-MAIL ADDRESS: khermann@freewayinsurancefl.com	
INSURED GREATER NEW PORT RICHEY MAIN STREET, INC. 5837 MAIN ST. NEW PORT RICHEY FL 34652		INSURER(S) AFFORDING COVERAGE INSURER A: CAPITAL SPECIALTY INS. CORP. NAIC # 10328 INSURER B: CAPITAL SPECIALTY INS. CORP. NAIC # 10328 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	ADDL SUBR INSR	WVD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		Y	CS02397223-04	06/28/2017	06/28/2018	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COM/PROP AGG \$ 2,000,000.00 \$
B	AUTOMOBILE LIABILITY <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 <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS \$		Y	CS02397223-04	06/28/2017	06/28/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)
 LIQUOR LIABILITY 1,000,000/1,000,000
 CERTIFICATE HOLDER IS LISTED AS ADDITIONAL INSURED WITH REGARDS TO GENERAL LIABILITY,
 19TH ANNUAL COTEE RIVER SEAFEST: APRIL 20, 21, 22, 2018

CERTIFICATE HOLDER CITY OF NEW PORT RICHEY 5919 MAIN ST. 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 
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