



Railroad Square Usage Request

City of New Port Richey
Parks and Recreation Department
6630 Van Buren Street
New Port Richey, FL 34652
Phone: (727) 841-4560 Fax: (727) 841-4562

Please submit all requests at least 30 days prior to the event.

Name of Event: Fitzgeralds St. Patrick's Celebration

Date(s) and Time(s) of Event: 3-15 5:30-10:30 / 3-16 5-12 / 3-17 11am-12am

Location of Event: Fitzgeralds Irish Tavern

Applicant: Daniel Kuntz - Sherry Kuntz

Address (Street, City, State, Zip Code): 5911 Nebraska Ave

New Port Richey FL 34652

Daytime Phone Number: 727-946-0205 or 727-946-1122

Email: Fitzgeraldstavern@yahoo.com

Authorized Person in Charge: Daniel & Sherry Kuntz

Estimated number of spectators: 200/day

- | | | |
|---|---|--|
| Will there be food? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Will there be tents over 10' x 10'? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Will alcohol beverages be sold/served/consumed? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Will there be port-o-lets? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Will public electric outlets be used? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Will there be amplified music? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

Additional Description of Event: _____

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 \$1,000,000.00 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.

Print Name of Applicant or Authorized Representative: SHERRY KUNTZ

Signature of Applicant or Authorized Representative: [Signature]

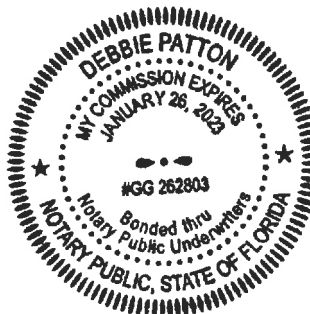
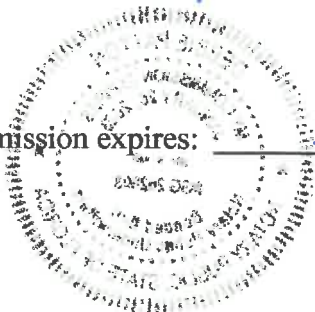
Date: 11-6-19

Subscribed and sworn to before me this 5th day of November, 20 19
Who is personally known to me and/or produced _____ as
identification.

STATE OF FLORIDA, COUNTY OF PASCO

Notary Public: [Signature]

My Commission expires: 1-26-23



Authorization for Applicant's Representative(s)

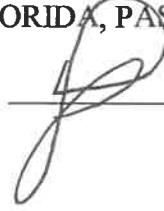
I Sherry Kuntz, applicant, hereby authorize _____ to act as my representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all representatives and agreements made by the designated representative.

Signature of Applicant(s): 

Date: _____

Subscribed and sworn to before me this 6th day of November, 20 19
Who is personally known to me and/or produced _____ as identification.

STATE OF FLORIDA, PASCO COUNTY

Notary Public: 

My Commission expires: 1-26-23



Hold Harmless Agreement

I SHERY KUNTZ, agree to protect the City of New Port Richey, Florida against all losses arising out of claims, in connection with the FITZGERALD'S ST PATRICK'S DAY CELEBRATION.


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 _____
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 SHERY KUNTZ do certify that I am THE OWNER

of FITZGERALD'S IRISH TAVERN, 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: _____ 

Date: 11-6-19

STATE OF FLORIDA, COUNTY OF PASCO

Notary Public _____ 

My Commission Expires: 1-26-23

