

# **Public Works Department Office of the Director**

### Tom Funcheon Public Works Director

To: Mayor and Board of Commissioners

From: Tom Funcheon, Public Works Director

Date: May 11, 2021

Subject: Special Event – Tarpon Springs Merchants Association

Sponge Docks Arts & Craft Show

October 23 - 24, 2021

#### **Recommendation:**

That the Mayor and Board of Commissioners approve the Tarpon Springs Merchants Associations' special event application for the "Sponge Docks Arts & Craft Show" on October 23 – 24, 2021, and the temporary closure of Dodecanese Blvd. (Athens to Roosevelt).

If a change in the event date is necessary due to inclement weather, the City Manager will authorize/designate a rain date.

# **Background:**

This event has been approved by the Special Events Review Committee based on previous years' events.

The hours of the event will be 10:00 a.m. to 6:00 p.m. on Saturday & Sunday, and 10:00 a.m. to 5:00 p.m. on Monday. Set-up will begin at 7:00 a.m. on Saturday and clean-up will be finished by 7:00 p.m. on Monday. There will be craft booths, and food and beverages (non-alcoholic) will be sold. Proceeds will be used for event expenses and advertising of future events.

The event sponsor has notified area businesses that may be affected by this event, and all set-up and clean-up will be their responsibility.

It is understood that in order for the Sponsor to receive a permit to proceed, he/she must comply with the following:

• A Certificate of Insurance in the amount of \$1,000,000 naming the City as an "additional insured".

Approval of this event authorizes the Sponsor/User the use of City property for said special event with the understanding that they must operate and carry out the needs and functions of the event within the confines and requirements established and approved by the Special Events Committee, the B.O.C. and the Sponsor's application on record.

## City of Tarpon Springs Application for Special Events

Application for Special Events		
Event Info	rmation:	
Date of Ap	plication: May 5, 2021	
Name of E	vent: Sponge Docks Arts & Crafts Show	
Date(s) of	Event: October 23-24, 2021	
Alternate I	Date(s): N/A	
Hours of E	vent: Saturday – 10am to 6 pm Sunday – 10am to 5pm	
Set up/brea	ak down time needed: Saturday 7am to Sunday 7pm	
Гуре/Purpe	ose of Event: Fundraiser for the Tarpon Springs Merchants Association. Event will include food	
vendors, ve	endors and music.	
Location of	f Event (include map for parade/procession routes with assembly and disband points): Sponge	
Docks-Doc	lecanese from Athens to Roosevelt	
If Closure	of a City Parking Lot is needed, please check: Mother Meres Tarpon Ave Orange St	
Court/Lem	on	
Other: Ci	ity Parking Lot at Docks (where public restrooms are)	
Disposition	n of Proceeds: Pay for expenses of the event and advertising for other events.	
Applicant	Information:	
Name of O	rganization: Tarpon Springs Merchants Association	
Registered	Nonprofit Org.: Yes ⊠ No □	
Organizatio	ons Address: P O Box 2793, Tarpon Springs FL 34688	
ndividual	to Contact: Carol Rodriguez (Telephone #) 845-661-5518 (email) carolaer@ymail.com	
Alternative	Contact: Reggie Gibson (Telephone #) 727-543-1593 (email)	
arponsprin	ngsflorida@gmail.com	
General In	nformation:	
Number of	Vendors: 80 (Sponsor is required to keep a list of vendors, and must be able to produce upon	
request.)		
Location fo	or Designated Vendor Parking (Please complete Vendor Designated Parking Form and attach to	
application	): City public lot (where public restrooms are) and side streets	
Approxima	ate Number of Attendees: 1000 Entrance Fee:\$ N/A	
Location fo	or Attendee Parking: Private & public parking lots and surrounding street parking.	
Will Privat	e Security be Provided: Yes No_XX Name of Private Company: TSPD	
Will the Fo	ollowing be Provided: Traffic Control: Yes No XX Crowd Control: Yes No XX	

Will Music be Provided: Yes No_XX_ Hours of Play: Band: DJ: Other: Individuals			
Type & Location of Toilet Facilities: Public restrooms in City parking lot, portable City restroom (if available)			
and/or Port-O-Potties			
Tent or Other Structure: Yes No Type of Structure: Pop Up Tent Style			
How will Structure be Secured: As Required			
Solid Waste Collection/Disposal: Yes No Dumpster: Rolloff: Other: Will hire City			
employee from 2:00 pm until finished on Saturday and Sunday. And from 1pm until finished on Monday.			
Need extra garbage cans.			
If parade # of: Participants: Animals Floats Bands Other			
Amusement/Carnival Rides: Yes 🔲 No 🔯 Name of Company Providing Rides:			
Types of Rides: agram of Layout Attached: Yes No			
Will Food/Beverages be Served: Yes ⊠ No ☐ Cooked on Site: ⊠ Catered: ☐ Sold: ⊠			
Given Away:⊠			
Will Alcoholic Beverages be Served: Yes No_XX_ Type of Alcoholic Beverages:			
Event Sponsor is responsible to ensure that all food/alcohol vendors have all necessary licenses as required by the Department of Business and Professional Regulations, Division of Hotels & Restaurants and/or Division of Alcohol and Tobacco, Department of Health, Environmental Health Division or any other applicable State Agency.			
Equipment/Miscellaneous (please check if needed):			
Barricades: As needed per TSPD			
Cones:			
Portable Stage: Location:			
Electricity Needed: Where: City poles			
Public Restrooms:			
Street Banners:			
Additional City Trash Cans: 🖂			
Directional Parking Signs: _XX_ Locations: Where allowed			
Other:			
Is a check made payable to the City of Tarpon Springs for the Application Fee & Deposit Attached: City has			
waived fee.			
If not, when will it be sent:			
Is the Certificate of Insurance Attached: Yes 🗌 No 🔯 If not, when will it be sent: When received from			
insurance company			

I (we) agree that it is my (our) responsibility to clea	unup after the conclusion of the special event: Yes No		
I agree to provide a Post Special Report within 10 c	alendar days subsequent to the event: Yes 🛛 No 🗌		
Failure to do so may result in forfeiture of deposit.			
I (we) have read and completed this application and it is true and correct to the best of my (our) knowledge; I (we) have read the general instructions for this application and the City of Tarpon Springs Ordinance #88-25 and agree to conform with the provisions as set forth therein. I (we) understand that knowingly providing false information on the application shall automatically void the application and cancel the event.			
Legare States	5-5-21		
Signature of Applicant	Date		

