



**Public Works Department  
Office of the Director**

Tom Funcheon  
Public Works Director

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To: Mayor and Board of Commissioners

From: Tom Funcheon, Public Works Director

Date: February 8, 2022

Re: Special Event – Garden Club of Tarpon Springs  
Annual Plant Sale  
March 5, 2022

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**Recommendation:**

That the Mayor and Board of Commissioners approve the Garden Club’s special event application for the “Annual Plant Sale” on Saturday, March 5, 2022, and the temporary closure of Mother Meres Parking Lot.

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 from 8:00 a.m. to 1:00 p.m., with setup beginning at 7:00 a.m. and cleanup ending by 2:00 p.m. Proceeds will be used to support the Garden Club.

All set-up and clean-up will be the event sponsor’s, (Garden Club) responsibility.

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

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**Event Information:**

Date of Application: 1/15/22  
Name of Event: Garden Club of Tarpon Springs Plant Sale  
Date(s) of Event: 3/5/22  
Alternate Date(s): \_\_\_\_\_  
Hours of Event: 8<sup>AM</sup> - 1PM  
Set up/break down time needed: 7am - 2p.m.  
Type/Purpose of Event: Annual Plant Sale to support club activities

Location of Event (include map for parade/procession routes with assembly and disband points):  
Mother Meres Park + Parking Lot.

If Closure of a City Parking is needed, please check: Mother Meres  Tarpon Ave.  Orange St.  Court/Lemon   
Other: \_\_\_\_\_

Disposition of Proceeds: to support club

**Applicant Information:**

Name of Organization: Garden Club of Tarpon Springs  
Registered Nonprofit Org.: Yes  No   
Organizations Address: PO Box 1962 Tarpon Springs FL 34688 - 1962  
Individual to Contact: Susan Paley (Telephone #) 203-3640309 (email) spaley1@gmail.com  
Alternative Contact: Pat McLeod (Telephone #) 305-212-7058 (email) patmcleod@brnsouth.net

**General Information:**

Number of Vendors: 1 (Sponsor is required to keep a list of vendors, and must be able to produce upon request.)  
Location for Designated Vendor Parking (Please complete Vendor Designated Parking Form and attach to application): \_\_\_\_\_  
Approximate Number of Attendees: 75 Entrance Fee: \$ 0  
Location for Attendee Parking: \_\_\_\_\_  
Will Private Security be Provided: Yes  No  Name of Private Company: \_\_\_\_\_  
Will the Following be Provided: Traffic Control: Yes  No  Crowd Control: Yes  No

Will Music be Provided: Yes  No  Hours of Play: \_\_\_\_\_ Band:  DJ:  Other: \_\_\_\_\_  
Type & Location of Toilet Facilities: none  
Tent or Other Structure: Yes  No  Type of Structure: canopies  
How will Structure be Secured: weighted down  
Solid Waste Collection/Disposal: Yes  No  Dumpster:  Rolloff:  Other: garbage pail.  
If parade # of: Participants \_\_\_\_\_ Animals \_\_\_\_\_ Floats \_\_\_\_\_ Bands \_\_\_\_\_ Other \_\_\_\_\_  
Amusement/Carnival Rides: Yes  No  Name of Company Providing Rides: \_\_\_\_\_  
Types of Rides: \_\_\_\_\_ Is Diagram 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  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:  How many: close the entrance to lot  
Cones:  How many: 6  
Portable Stage:  Location: \_\_\_\_\_  
Electricity Needed:  Where: \_\_\_\_\_  
Public Restrooms:  Hours of Opening/Closing: \_\_\_\_\_  
Street Banners:  Locations: \_\_\_\_\_  
Additional City Trash Cans:   
Directional Parking Signs:  Locations: \_\_\_\_\_  
Other: \_\_\_\_\_

Is a check made payable to the City of Tarpon Springs for the Application Fee & Deposit Attached: Yes  No   
If not, when will it be sent: \_\_\_\_\_

Is the Certificate of Insurance Attached: Yes  No  If not, when will it be sent: \_\_\_\_\_

I (we) agree that it is my (our) responsibility to cleanup after the conclusion of the special event: Yes  No

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.

[Signature]  
Signature of Applicant

1/15/22  
Date