



**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: February 14, 2023

Re: Special Event – Garden Club of Tarpon Springs
Annual Plant Sale
March 25, 2023

Recommendation:

That the Mayor and Board of Commissioners approve the Garden Club’s special event application for the “Annual Plant Sale” on Saturday, March 25, 2023, 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 9:00 a.m. to 1:00 p.m., with setup beginning at 7:00 a.m. and cleanup ending by 3:00 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**

Event Information:

Date of Application: 1/23/23
Name of Event: Plant Sale for Garden Club of Tarpon Springs
Date(s) of Event: 3-25-23
Alternate Date(s): _____
Hours of Event: 9a-1p
Set up/break down time needed: 1a-3p
Type/Purpose of Event: annual plant sale to support club events

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

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

Disposition of Proceeds: absorbed into club funds for future events

Applicant Information:

Name of Organization: The Garden Club of Tarpon Springs, Inc
Registered Nonprofit Org.: Yes No
Organizations Address: PO Box 1962 Tarpon Springs FL 34688-1962
Individual to Contact: Roxie Grenbet (Telephone #) 850-893-1950 (email) _____
Alternative Contact: Linda Eisner (Telephone #) 516-524-1358 (email) _____

*Roxie's garden 31 @ ~~get~~ gmail.
Linda Eisner 1515 @ ~~get~~ gmail.com*

General Information:

Number of Vendors: 15 (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: NA

Tent or Other Structure: Yes No Type of Structure: open tents

How will Structure be Secured: weights

Solid Waste Collection/Disposal: Yes No Dumpster: Rolloff: Other: _____

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: 4

Cones: How many: _____

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: ASA P

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 of Applicant

_____ Date