



**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: September 5, 2017

Re: Special Event – Florida Hospital North Pinellas Foundation  
Beach to Bayou 5K Run  
October 15, 2017

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**Recommendation:**

That the Mayor and Board of Commissioners approve the Florida Hospital North Pinellas Foundations' special event application for the "Beach to Bayou 5K Run" on Sunday, October 15, 2017, and the temporary closure of Cross St., Athens Blvd., Hope St., Grand Blvd., Spring Blvd., Martin Luther King Jr. Dr., Banana St., Canal St., Roosevelt Blvd., Island Dr. & Dodecanese Blvd. (please see attached map which is the same as last year).

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 past years' events.

The hours of the event are from 6:30 a.m. to 9:30 a.m. Proceeds will benefit the Hospital Foundation. Road closures have been coordinated through the Tarpon Springs Police Department.

All set up and clean up of the area is the responsibility of the event sponsor.

Area businesses that may be affected by this event have been notified.

This event may be approved contingent upon the event sponsor complying with the following stipulations:

- Providing a Certificate of Insurance 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**

**Event Information:**

Date of Application: 9/15/17  
Name of Event: Beach To Bayou 5K Run  
Date(s) of Event: OCTOBER 15 2017 10/15/17  
Alternate Date(s): \_\_\_\_\_  
Hours of Event: 6:30 AM To 9:30 AM  
Set up/break down time needed: 30 TO 45 MIN  
Type/Purpose of Event: 5K RUN HOSPITAL FOUNDATION BENEFIT

Location of Event (include map for parade/procession routes with assembly and disband points): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Closure of a City Parking is needed, please check: Mother Meres  Tarpon Ave.  Orange St.  Court/Lemon   
Other: No

Disposition of Proceeds: \_\_\_\_\_

**Applicant Information:**

Name of Organization: FLORIDA HOSPITAL NORTH PINELLAS FOUNDATION  
Registered Nonprofit Org.: Yes  No   
Organizations Address: FLORIDA HOSPITAL NORTH PINELLAS (727)  
Individual to Contact: DEAN COSGROVE (Telephone #) 409-3435 (email)  
Alternative Contact: TEARY SMITHEN (Telephone #) 943-3651 (email)

**General Information:**

Number of Vendors: \_\_\_\_\_ (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: 600 Entrance Fee: \$ 20  
Location for Attendee Parking: SPRINGFIELD LAKE  
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: \_\_\_\_\_

Tent or Other Structure: Yes  No  Type of Structure: \_\_\_\_\_

How will Structure be Secured: \_\_\_\_\_

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: See Law Q&A

Cones:  How many: See Law

Portable Stage:  Location: \_\_\_\_\_

Electricity Needed:  Where: \_\_\_\_\_

Public Restrooms:  Hours of Opening/Closing: Spring Docks, Spouse Exchange

Street Banners:  Locations: \_\_\_\_\_

Additional City Trash Cans:

Directional Parking Signs:  Locations: \_\_\_\_\_

Other: \_\_\_\_\_

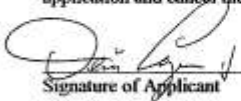
Is a check made payable to the City of Tarpon Springs for the Application Fee & Deposit Attached: Yes  No

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 of Applicant

8/22/17  
Date

# Course Map

Untitled layer  
 Sponge Exchange

- Course
-  Line 1
  -  Line 2
  -  Line 3
  -  Line 4
  -  Line 5
  -  Finish
  -  Finish Line
  -  Starting Line
  -  Mile 1
  -  Mile 2
  -  Crossover
  -  Mile 3

Untitled layer

