



**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 6, 2018

Re: Special Event – St. Nicholas Greek Orthodox Cathedral
Good Friday Procession
April 6, 2018

Recommendation:

That the Mayor and Board of Commissioners approve the St. Nicholas Greek Orthodox Cathedral's special event application for the "Good Friday Procession" on Friday, April 6, 2018, and the temporary closure of the following streets: Orange St., Safford Ave., Ring Ave., Tarpon Ave., Hibiscus St. and Pinellas Ave.

Background:

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

The procession will begin at 8:30 p.m. and will end by 11:00 p.m. The Tarpon Springs Police Department will coordinate all traffic and crowd control needs along the procession route, and will obtain any needed permits for the closure of State roads.

B.O.C. approval is contingent upon the event sponsor complying with the following stipulation:

- 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: January 30, 2018
Name of Event: St Nicholas Good Friday Procession
Date(s) of Event: April 6, 2018
Alternate Date(s): _____
Hours of Event: 8:30pm-11pm
Set up/break down time needed: _____
Location of Event (include map for parade/procession routes with assembly and disband points): Pinellas Ave, Orange . Ring,
Tarpon Ave, Pinellas
Type/Purpose of Event: Religious
Disposition of Proceeds: _____

Applicant Information:

Name of Organization: St.Nicholas Cathedral
Registered Nonprofit Org.: Yes No
Organizations Address: 36 North Pinellas Ave, Tarpon Springs
Individual to Contact: Soultana Kalligas (Telephone #) 727-937-3540 (email) soultana@stnicholastarpon.org
Alternative Contact: Costas Sisois (Telephone #) 727-808-2630 (email) _____

General Information:

Number of Vendors: none (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: Approx. 1000 Entrance Fee: \$ none
Location for Attendee Parking: Behind church and public parking lot
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 X Type of Structure: _____

How will Structure be Secured: _____

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

If parade # of: Participants _____ Animals _____ Floats _____ Bands _____ Other _____

Amusement/Carnival Rides: Yes No X Name of Company Providing Rides: _____

Types of Rides: _____ Is Diagram of Layout Attached: Yes No

Will Food/Beverages be Served: Yes No X Cooked on Site: Catered: Sold: Given Away:

Will Alcoholic Beverages be Served: Yes No X 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: _____

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: _____

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

I agree to provide a Post Special Report within 10 calendar days subsequent to the event: Yes X 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.

Costas SIKSOIS
Signature of Applicant

January 30, 2017
Date