



**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: October 3, 2017

Subject: Special Event –Sister Cities of Tarpon Springs
Sister Cities 3rd Annual Grape Leaves Competition Fundraiser
November 4, 2017

Recommendation:

That the Mayor and Board of Commissioners approve the Sister Cities of Tarpon Springs’ special event application for the “Sister Cities 3rd Annual Grape Leaves Competition Fundraiser” on November 4, 2017 at Craig Park.

Background:

This co-sponsored event has been approved by the Special Events Review Committee based on previous years’ events.

The hours of the event are from 11:00 a.m. to 4:00 p.m. Set-up will begin on Friday and cleanup will be completed by 7:00 p.m. on Saturday. The event will be a cultural exchange of information, and will include music, dancing and a cooking competition. Food and beverages will be sold with proceeds going toward educational needs for Sister Cities.

All set-up and clean-up will be the event sponsors 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: August 18, 2017
Name of Event: Sister Cities 3rd Annual Grape Leaves Competition Fundraiser
Date(s) of Event: November 4, 2017
Alternate Date(s): _____
Hours of Event: 11:00 am to 4:00 pm
Set up/break down time needed: 11/03/ Friday Equipment Delivery 1:00pm 11/04 Sat. breakdown 4pm to 7pm
Type/Purpose of Event: Grape Leaves Competitions
Proceeds will be used for scholarships and education activities

Location of Event (include map for parade/procession routes with assembly and disband points): _____
Inside , outside and Band shell of Craig Park

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

Disposition of Proceeds: Proceeds will be used for scholarships and education activities

Applicant Information:

Name of Organization: Sister Cities of Tarpon Springs Inc.
Registered Nonprofit Org.: Yes No
Organizations Address: _____
Individual to Contact: Joyce Pappas (Telephone #) 727-514-1033 (email) jpappas122@aol.com
Alternative Contact: Coleen Kindinis (Telephone #) 727-485-3532 (email)

General Information:

Number of Vendors: 5 to 10 (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): Craig Park
Approximate Number of Attendees: 300 Entrance Fee: \$.00
Location for Attendee Parking: Craig Park
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: 11am to 4 pm Band: DJ: Other: _____

Type & Location of Toilet Facilities: Public

Tent or Other Structure: Yes No Type of Structure: _____

How will Structure be Secured: Key

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: No 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: No 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: Band shell & dance floor, inside building.

Public Restrooms: Hours of Opening/Closing: 7am to 7pm

Street Banners: Locations: _____

Additional City Trash Cans: yes

Directional Parking Signs: Locations: _____

Other: 20 rectangle tables 50 folding chairs delivered Fri. 1:0011/03/2017 @ Craig Park

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: City sponsored event no Fee

Is the Certificate of Insurance Attached: Yes No If not, when will it be sent: City sponsored event City Insurance

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.

Loyle Pappas
Signature of Applicant

8/18/2017
Date