



**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: August 7, 2018

Subject: Special Event – Tarpon Springs Recreation Department
Zombie Run
October 6, 2018

Recommendation:

That the Mayor and Board of Commissioners approve the Tarpon Springs Recreation Departments' Zombie Run on Saturday, October 6, 2018 at the North Anclote River Nature Park.

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 5K race with Zombies will be from 9:00 a.m. until noon.

There is a \$20/\$25 registration fee, and any revenue generated from the run will be used for the maintenance and upkeep of the North Anclote River Nature Park.

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: 07/25/2018

Name of Event: Zombie Run

Date(s) of Event: October 6, 2018

Alternate Date(s): _____

Hours of Event: 9am-12pm

Set up/break down time needed: 7am-1pm

Type/Purpose of Event: 5K Walk/Run with Obstacles

Location of Event (include map for parade/procession routes with assembly and disband points): North Anclote Nature Park

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

Other: N/A

Disposition of Proceeds: Proceeds benefit the North Anclote Nature Park

Applicant Information:

Name of Organization: Tarpon Springs Recreation Division

Registered Nonprofit Org.: Yes No

Organizations Address: 400 S Walton Ave. Tarpon Springs, FL 34689

Individual to Contact: Ashley Harter (Telephone #) 727-942-5628 (email) aharter@ctsfl.us

Alternative Contact: Craig Dolan (Telephone #) 727-942-5628 (email) cdolan@ctsfl.us

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): Parking

lot/street parking Approximate Number of Attendees: 150 Entrance Fee: \$ 20/25

Location for Attendee Parking: Parking lot/ street 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: 8:30am-12pm Band: DJ: Other: Radio

Type & Location of Toilet Facilities: Park Restrooms

Tent or Other Structure: Yes No Type of Structure: 10X10 Tents

How will Structure be Secured: Tent 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: _____

Cones: How many: _____

Portable Stage: Location: _____

Electricity Needed: Where: by shed

Public Restrooms: Hours of Opening/Closing: 7am open time

Street Banners: Locations: _____

Additional City Trash Cans: 2 please

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.

Ashley Harter
Signature of Applicant

7/25/18
Date