### CITY OF KEY WEST APPLICATION FOR A SPECIAL EVENT PERMIT

| Name of Applicant(s) Zonta Foundation of Key West, Inc                                                                                                                                     |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Address of Applicant(s) P.O. Box 184, Key West, Ft 33041                                                                                                                                   |     |
| Phone Number of Applicant(s) 305-304-521 Fax: Email MINDY MAL 56 Maol.                                                                                                                     | C   |
| Name of Non-Profit (s) Zonta Foundation of Key West, Inc.                                                                                                                                  |     |
| Address of Non-Profit(s) P.O. Box 184, Key West, FL 33041                                                                                                                                  |     |
| Phone Number of Non-Profit(s) 305-304-5219 Mindy McKenzle                                                                                                                                  | 1   |
| Amount or Percentage of Revenue Non-Profit(s) anticipates receiving Ad Sales, Silent Auction,                                                                                              | 11  |
| Date/Dates of Event April 29, 2016 Food Sales & Ti                                                                                                                                         | 0   |
| Hours of Operation 3:00 pm to 9:00 pm                                                                                                                                                      |     |
| Estimated/anticipated number of persons per day                                                                                                                                            |     |
| Location of Event Bottle cap Lounge & adjoining portion of Catherine                                                                                                                       |     |
| Street Closed <u>Catherine</u> St. between Simenton St. and entrance to Gato Building                                                                                                      | 101 |
| Detailed description of event Annual Event (Zonta Radio Day) Parking lot,                                                                                                                  | ر   |
| featuring live radio broadcast music, reverse chance drawing,                                                                                                                              |     |
| Noise exemption required: Yes No Applicant 15 Not regressing                                                                                                                               |     |
| Alcoholic beverages sold/served at event: Yes X No one day liquor license.  Alcoholic beverages will be sold and served by Bottlerup Laurus                                                |     |
| The applicant does acknowledge and hereby affirms that any and all information/is accurate to                                                                                              | 0   |
| the best of his/her knowledge. The applicant(s)/permittee agrees to assume full responsibility and liability for and indemnify and hold the City of Key West harmless from and against all |     |
| liability, claims for damages, and suits for or by reason of any injury to any person or damages to                                                                                        |     |
| any property of the parties hereto or of the third persons for any and all cause or causes                                                                                                 |     |
| whatsoever or in any way connected with the holding of said event or any act or omission or                                                                                                |     |
| thing in any manner related to said event and its operation irrespective of negligence, actual or claimed, upon the part of the city their agents of employees.                            |     |
| Solution the dity their agents of employees.                                                                                                                                               |     |
| Applicants Signature Date                                                                                                                                                                  |     |

Financial Statement of the event of the previous year must be submitted with application

### CITY OF KEY WEST APPLICATION FOR A SPECIAL EVENT PERMIT NOISE CONTROL EXEMPTION

\$50.00

| Date 11 30 120 12                                                         |
|---------------------------------------------------------------------------|
| Applicant Name Zonta Foundation of Key West, Inc.                         |
| Applicant Address P.O. Box 184, Key West, Ft 33041                        |
| Applicant Phone Number 305-304-5218 Mindy McKenne                         |
| Event Name Zonta Radio Day 2016                                           |
| Event Address/Location Bottle cap Lounge & adjoining portion of Catherine |
| Date of Event April 29, 2016                                              |
| Nature of Event Annual Fundraising event featuring live radio broad cas   |
| Music, reverse chance drawing, silent auction & food sales                |
| Profit Non Profit                                                         |
| Time(s) Request for Exemption 3:00 pm to 9:00 pm                          |
| Number of Exemptions at this location this calendar year                  |
| Date of last exemption Unknown                                            |
| 1 th roat                                                                 |

1/30/2016

#### ORDINANCE NO. 02-29

AN ORDINANCE OF THE CITY OF KEY WEST, FLORIDA, AMENDING CHAPTER 6 OF THE CODE OF ORDINANCES ENTITLED "AMUSEMENTS AND ENTERTAINMENT" BY AMENDING ARTICLE PERTAINING TO SPECIAL EVENTS; AMENDING SECTION 6-26 TO REQUIRE A DOWN PAYMENT ON THE COST OF CITY SERVICES, TO ALLOW FOR INTEREST ON LATE PAYMENTS. INCREASE THE COST WAIVER TO \$1,000.00; ADDING SECTION 6-27 TO RESTRICT PLACEMENT OF FOOD, BEVERAGE AND MERCHANDISE BOOTHS; AMENDING SECTION 6-56 TO REQUIRE THE APPLICATION TO LIST AN EMERGENCY CONTACT PERSON: AMENDING SECTION ESTABLISH A MINIMUM NON-PROFIT SHARE FOR SPECIAL EVENTS IN WHICH A STREET CLOSED; AMENDING SECTION 6-58 TO PROVIDE MAJOR FESTIVAL SPONSORS APPLICATION SIX MONTHS IN ADVANCE AND CERTAIN SALES OF ALCOHOLIC BEVERAGES; ADDING SECTION 6-61 PERTAINING HANDICAP-ACCESSIBLE FACILITIES; PROVIDING FOR SEVERABILITY; PROVIDING FOR REPEAL OF INCONSISTENT PROVISIONS; PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, the City Commission finds that a revision to the regulations governing special events and street closures would promote the health, safety and welfare of the citizens of Key West.

NOW, THEREFORE, BE IT ORDAINED BY THE CITY OF KEY WEST, FLORIDA:



<u>Section 1</u>: That section 6-26 of the Code of Ordinances is hereby amended as follows\*:

#### Sec. 6-26. Payment for city services.

- (a) The organizer or sponsor of any festival, street fair, fair, carnival, athletic event, contest, competition, parade, fundraiser, rally, boat or car race or other special event which requires city authorization, whether by administrative permit or city commission approval, and which requires the provision of additional or extraordinary support services by police, fire, administrative, or other city departments in order to maintain order or safety or to escort participants shall pay to the city the cost of such services. A down payment of ten percent (10%) of the costs, as estimated by the city manager, shall be made to the city either by certified check or credit card at least ten (10) days prior to the event.
- (b) The city manager shall establish a cost schedule for additional or extraordinary support services for the events referred to in subsection (a) of this section, which schedule shall be subject to approval of the city commission. The city manager is authorized to provide reasonable terms for time and manner of payment. If the event sponsor fails to pay the full costs at the time determined by the city manager or, if no such deadline is

<sup>\*(</sup>Coding: Added language is <u>underlined</u>; deleted language is <del>struck</del> through.)



established, then within thirty (30) days after the event the city may impose an interest charge on the amount due at the rate of one and one half percent (1-1/2%) per month.

- (c) The city commission may grant special exceptions to this section for cause shown upon the public record.
- (d) The first \$500.00 \$1,000.00 of costs as specified in subsection (a) of this section may be waived for any organizer or sponsor which has qualified as a tax-exempt nonprofit organization according to state or federal law. Acceptance of this waiver by such sponsor shall render the event a public accommodation subject to the human rights provision of the section 38-225.
- (e) Any nonprofit organization accepting the waiver provided for by subsection (d) of this section shall, within 90 days following the special event, submit to the city commission an accounting of expenses and revenues incurred and generated during the event.

Section 2. That section 6-27 is hereby added to the Code of Ordinances as follows:

#### Sec. 6-27. Food, beverage and merchandise booths.

No booth or stall set up for a special event and serving any amount or type of food and/or beverage, or selling merchandise, shall be placed directly in front of, or within five(5) feet of the property line of, a restaurant or a bar or a retail store (selling



primarily the same or similar merchandise), unless the owner of the restaurant, the bar or the store consents. This section shall not apply to major festivals as defined in section 6-58.

Section 3. That section 6-56 of the Code of Ordinances is hereby amended as follows:

#### Sec. 6-56. Application.

- (a) Except as provided in section 6-58, Aat least 60 days prior to a proposed special event that will result in the closing of a public street, the sponsor shall submit an application to the city manager. An application may be made either by a tax-exempt nonprofit organization (nonprofit) or jointly by a nonprofit and a private person or business entity.
- (b) If the city manager approves the application, he shall then schedule it for consideration by the city commission. However, if the special event proposes to close only one block, is intended to end prior to 9:00 p.m. on any day of the year, and does not seek either a fee cost waiver or a noise exemption, the city manager may give final approval to the application.
- (c) Each application shall include the name of a sponsor's contact person and that person's 24-hour telephone number(s), in case of emergency.
- Section 4. That section 6-57 of the Code of Ordinances is hereby amended as follows:



# Sec. 6-57. Donation of percentage of revenue to nonprofit organization.

A percentage of the revenues of a special event that causes the closing of a city street must be donated to the nonprofit organization and, at the sponsor's option, to additional charities. On the application form issued by the city manager, the nonprofit must state the amount or percentage of revenues it anticipates to receive from the special event. When a sponsor proposes a special event that will cause the closing of a city street or other public right-of-way, the sponsor must donate at least twenty-five percent (25%) of the sponsor's gross revenues or \$1,000.00, whichever is greater, to at least one nonprofit organization. The sponsor must designate the nonprofit organization(s) on the application for the event. Each named nonprofit organization must provide the city manager with a letter of assent.

Section 5. That section 6-58 of the Code of Ordinances is hereby amended as follows:

#### Sec. 6-58. Major festival.

(a) A major festival is a special event of regional impact. Major festivals are: FancyFantasy Fest, Hemingway Days, Goombay Festival, Conch Republic Celebration, the Poker Run, the Valentine's Day event for Wesley House, the Red Ribbon event at Mango's Mangoes, and such other special events as may be added or subtracted by resolution of the city commission. Private persons



or business entities who sponsor major festivals are not required to provide funds to a non-profit organization per section 6-57. An application for a major festival must be received in the city manager's office at least six (6) months in advance of the scheduled event. have a non-profit coapplicant or to provide a percentage of revenues to a charitable cause.

(b) A business that seeks to sell alcoholic beverages at a major festival pursuant to an APS state license, and which is not a bar or restaurant or other concern that sells alcoholic beverages in the ordinary course of its business, must obtain the written approval of the major festival sponsor and provide such approval to the city of Key West.

Section 6. That section 6-61 is hereby added to the Code of Ordinances as follows:

Sec. 6-61. Temporary bathroom facilities.

Whenever the sponsor of a special event provides temporary bathroom facilities on the public right-of-way, at least five percent (5%) of those facilities or one of those facilities, whichever is the greater number, shall be accessible to persons with physical disability.

Section 7. If any section, provision, clause, phrase, or application of this Ordinance is held invalid or unconstitutional for any reason by any court of competent jurisdiction, the remaining provisions of this Ordinance shall be deemed severable



therefrom and shall be construed as reasonable and necessary to achieve the lawful purposes of this Ordinance.

Section 8. All Ordinances or parts of Ordinances of said City in conflict with the provisions of this Ordinance are hereby superseded to the extent of such conflict.

<u>Section 9</u>. This Ordinance shall go into effect on January 1, 2003.

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| this  |       | 6th   | day     | of _ | N      | ovember    | _, 2 | 002 | 2.       |        |         |   |
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Phone: (305) 292-8110 Fax: (305) 292-8227

#### **MEMORANDUM**

TO:

Mayor & Members of the City Commission

FROM:

Robert Tischenkel

City Attorney

DATE:

October 17, 2002

RE:

13

Special Events Ordinance

Second Reading

The following are the changes made to the Special Events Ordinance for second reading:

- Section 6-26. The requirement of certified check or credit card applies only to the down payment.
- Section 6-27. The requirement of payment for parking meters has been removed altogether. In its place is a new section concerning food and beverage booths, and a prohibition against their placement in front of or near restaurants and bars.
- Section 6-56. The contact person's telephone number is now required.
- Section 6-57. Each nonprofit organization named by a sponsor in the application must provide a letter of assent to the City Manager.
- The effective date of the ordinance is January 1, 2003.

1

### RULES AND REGULATIONS FOR USE OF CITY OF KEY WEST PROPERTY FOR SPECIAL EVENTS

- 1. All Applicant(s) must fill out a City of Key West (City) application form provided to you by the Office of the City Manager.
- 2. Application(s) for special event(s) must be in the Office of the City Manager 60 days prior to the event.
- 3. Application(s) must provide comprehensive liability insurance insuring itself and the City against all claims of damages or injury to persons or property arising for any reason as a result of the activities associated with the special event permitted by the City. The insurance policy shall be written by a solvent insurance company in good standing and shall provide a minimum of \$1 million general liability. The policy shall show the City of Key West as an additional named insured.

  Sponsor's Signature
- 4. The applicant shall indemnify and hold the City harmless from all losses, claims, damages, liabilities, and expenses which may be incurred by the City or which may be claimed against the City by any person, firm to the person or property of any person, firm, corporation, or entity which are consequent or arise from the activities of the permit holder or its equipment, employees, agents, guests, licensees, or invitees for the permit holder activities or which damages/injuries are consequent or arise from permit holders failure to comply with all applicable laws, statutes, ordinances and regulations.

  Sponsor's Signature
- Applicant(s) who are businesses or private persons who wish to close a City street must make an application jointly with a non-profit entity. When a sponsor proposes a special event that will cause the closing of a city street or other public right-of-way, the sponsor must donate at least 25% of the sponsor's gross revenues or \$1000.00, whichever is greater, to at least one nonprofit organization. The sponsor must designate the nonprofit organization(s) on the application for the event. Each named nonprofit organization must provide the city manger with a letter of assent. Applicant(s) must also hire an off-duty police officer(s) for crowd control and safety as determined by the Key West Police Department or the City Manager's Office. Applicant(s) must have neighboring businesses sign a petition of no objection to the street closure.

  Sponsor's Signature
- 6. Within 30 days of the events completion the City Commission will receive a letter from the not for profit organization stating the amount of the monetary donation received from the event.

  Sponsor's Signature \_\_\_\_\_
- 7. Applicant(s) wishing to sell/consume alcoholic beverages on City property must have approval by the City Commission via Resolution and must hire an off-duty police officer(s) for crowd control and safety as determined by the Key West Police Department or City Manager's Office. Applicant must provide liquor liability insurance.

Sponsor's Signature

- 8. Applicant(s) wishing to have an exemption from the noise control ordinance must fill out an application thirty days before the event. Processing fee for the application is \$50.00.
  Sponsor's Signature
  9. All applications are subject to approval at the discretion of the City Manager and/or City Commission.
  Sponsor's Signature
- 10. Notice of the city commission's proposed action on an application for a special event permit shall be mailed prior to the meeting at which the matter is to be considered to all property owners and occupants of property located within a 100-foot radius of the proposed special event. Notice of such proposed action also shall be published in a newspaper of general circulation in the city at least five days prior to the date of the city commission decision. The notice shall identify a contact person and phone number for complaints. The applicant shall pay for the newspaper advertisement.

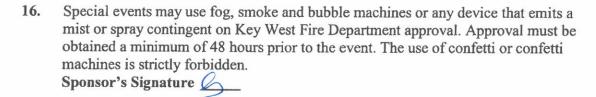
  Sponsor's Signature
- 11. The organizer or sponsor of any special event, which requires the provision of additional or extraordinary support services by police, fire, administration, or other city departments shall pay to the city the cost of such services. A down payment of 10 percent of the costs, as estimated by the city manager, shall be made to the city either by certified check or credit card at least ten days prior to the special event.

  Sponsor's Signature
- 12. The first \$1000.00 of costs as specified in subsection (a) of the ordinance may be waived for any organizer or sponsor, which qualified as a tax-exempt nonprofit organization according to state or federal law. Acceptance of this waiver by such sponsor shall render the special event a public accommodation subject to the human rights provision of the section 38-225.

  Sponsor's Signature
- 13. Any nonprofit organization accepting the waiver provided for by subsection (d) of the ordinance shall, within 90 days following the special event, submitted to the city commission an accounting of expenses and revenues incurred and generated during the special event.

  Sponsor's Signature
- 14. Whenever the sponsor of a special event provides temporary bathroom facilities on the public right-of-way, at least five percent of those facilities or one of those facilities, whichever is the greater number, shall be accessible to persons with physical disability.
  Sponsor's Signature
- 15. Where a person has not applied for a special event permit and an event at it's location spills into a street, causing the police department to close all or a portion of the street, the person sponsoring the event shall pay all such extraordinary service costs incurred by the city. On each anniversary of this occurrence, if the person can reasonably anticipate an overflow of people into the street, a special event permit must be applied for consistent with this division. A violation of this section may be grounds for revocation of an occupation license.

  Sponsor's Signature



- 17. Special Events organizers must submit a adequate recycle plan for the size of the event being requested. Helpful hints and recycling requirements for special events can be found on the city's website. This will help you develop your plan.

  Sponsor's Signature.
- 18. All special events are required to comply with the Federal Americans with Disability's Act which requires access to all areas and services provided by the special events. Organizers must insure that all aspects of their event meet the requirements.

  Sponsor's Signature

  .

# Complete Checklist for Event Recycling City of Key West

| 0 | Identify contact person at the festival responsible for working with recycling.  Name of person: MMY Meterzie Phone number: 305-304-5218                                                                                                                                                                                    |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0 | Identify the recyclable commodities that will be used by the public and behind-the-scenes.  Aluminum Glass #1 Plastic #2 Plastic Steel  Corrugated Cardboard Other:                                                                                                                                                         |
| 0 | Define the amount of recycling containers needed for the festival grounds (based on commodities used at the event and where they will be used and discarded. When recyclables are used throughout event, 1 recycling container for every 1 trash barrels will be used).  Amount of recycling and garbage containers needed: |
| 0 | Arrange for recycling containers for the grounds and a large container (roll-off or festival box) and coordinate delivery and removal arrangements. Recycling containers may be ordered from Waste Management. 305 296-2825.  Arrangements made:                                                                            |
| 0 | Capacity of containers on grounds:                                                                                                                                                                                                                                                                                          |
|   | Capacity of containers on grounds:  Contact person for containers:  Phone #:                                                                                                                                                                                                                                                |
| 0 | Order signs to inform customers of recycling. Signs are needed for point-of-purchase locations and recycling containers.                                                                                                                                                                                                    |
| 0 | Acquire liner bags for the recycling containers to be placed on the grounds. Ensure that the capacity of the bags is equal to or greater than that of the recycling containers on the grounds.                                                                                                                              |
| 0 | Arrange for emptying of recycling containers during the event – from the containers on the grounds to the large container.  Arrangements made:                                                                                                                                                                              |
| 0 | Arrange for pick-up of the recyclables. The agency providing containers will often take the materials for recycling. In other cases, arrange for the materials to be taken to a recycling facility. Arrangements made:                                                                                                      |
| 0 | Meet with vendors and tell them to ask customers to recycle the appropriate materials. Make sure vendors know what will be recycled. Inform them that signs will be posted in their areas.                                                                                                                                  |
| 0 | Oversee the delivery of containers and placement of signs.                                                                                                                                                                                                                                                                  |
| 0 | Place recycling containers next to trash cans on the grounds and insert liner bags. All recycling                                                                                                                                                                                                                           |

| Monitor recycling containers for correct usage during the event and take actions to solve problems.                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Problems:                                                                                                                                                                   |
| Actions taken:                                                                                                                                                              |
| View trash barrels and note any recyclables in the trash. Take actions to solve problems.  Problems:                                                                        |
| Actions taken:                                                                                                                                                              |
| Take photos of event recycling, record data on volumes of recyclables and trash, and ask vendors and event organizers for comments about the program  Comments:             |
| Ensure that recyclables are removed and taken to the large container when bins are full and that liner bags are replaced.                                                   |
| At the end of the event, remove signs and arrange for their return to owners.                                                                                               |
| Place recycling containers in the pick-up location, as arranged with the providers of the containers.                                                                       |
| Ask the recycling facility to appraise the amount of material collected for recycling by weight, volume, or counts and report on contamination levels.  Amount of material: |
| Contamination:                                                                                                                                                              |
| Prepare a report on the program including strategies used, amount of material diverted, comments and suggestions from participants and future recommendations.              |
| Share the results with event organizers.                                                                                                                                    |
| Security deposit of \$1000.00 must be submitted prior to the event.                                                                                                         |
| Security deposit returned:                                                                                                                                                  |
| or more information about event recycling and waste reduction, contact Waste Management at 305 296-2825                                                                     |

containers must be adjacent to trash barrels in order to reduce contamination problems.



# Zonta Foundation of Key West, Inc. RADIO ZONTA DAY Bottlecap Lounge and adjoining portion of Catherine Street Friday, April 29, 2015 3:00pm to 9:00pm

Recycle Coordinator: Mindy McKenzie Phone: 305-304-5218

#### Recycle Coordination will:

- Educate Recycling and clean-up volunteers, vendors and attendees of event policies;
- Provide recycling bins and deliver recyclables to recycling facility;
- Ensure recycle bins are adjacent to trash cans;
- Station volunteers to ensure there is no comingling of recyclables and trash; and
- Locate public recycling areas with trash receptacles near food station and at event entrance/exit.

#### Minimum City Requirements:

- Recycle bins for cans and bottles within 50 feet of all drink/drink sales locations. Drink sales will
  not take place on City property. The Bottlecap Lounge will be selling drinks inside the
  establishment. Food sales will occur outside on Catherine Street and a recycling bin will be
  placed next to the food sales area.
- 2. Recycle bins for cans and bottles will be placed behind each drink or sales location. *Please see No. 1 above.*
- 3. Delivery of recyclables to the recycle center shall be by the event or by Waste Management or other licensed vendor. Waste Management or the Recycling Coordinator shall deliver the recyclables to the recycle center.
- 4. Place recycle bins throughout event area whether or not drinks are sold at the event. We will place recycle bins adjacent to each trash can. A recycle bin will be placed next to food sales booth and at the entrance/exit to the event.
- 5. Cardboard from event vendors/organizers must be recycled. We will instruct all volunteers that are selling food that all cardboard must be recycled.
- 6. Recycle bins must be properly marked and monitored to ensure the recyclables are not contaminated by waste. We will station volunteers by the recycling/trash areas to continuously monitor, instruct and assist with proper elimination. We will post proper signage on recycling bins.



Post Office Box 1409 Key West, FL 33041-1409 (305) 809-3888

Pursuant to my request to conduct a special event requiring authorization by the City Commission, I agree that throughout the event I will keep the premises clear of accumulated recyclables, trash and debris. This includes emptying trash and recycle cans on a regular basis for the duration of the event.

ABC Sufred

PAY TO THE ORDER OF MEMO\_ ZONTA FOUNDATION OF KEY WEST INC. 000.00 9680 DOLLARS



### Parking Requests for Special Events

| Please describe any Special Event Parking requests below:                             |
|---------------------------------------------------------------------------------------|
|                                                                                       |
|                                                                                       |
| N/A                                                                                   |
|                                                                                       |
|                                                                                       |
|                                                                                       |
|                                                                                       |
|                                                                                       |
|                                                                                       |
|                                                                                       |
|                                                                                       |
| Mallory Square Rates: \$4.00 per hour or \$32.00 per day per space                    |
| Key West Bight Rates: \$2.00 per hour or \$16.25 per day per space                    |
| On-Street Meter Rates: \$1.50 per hour or \$20.00 per day per space.                  |
| Vendors and Event Organizers must pay for metered parking used outside of Event Zone. |
| Modification of rates or parking waivers can only be approved by City Commission.     |
| If you have any questions, please contact John Wilkins, Parking Manager at (305) 809- |



#### THE CITY OF KEY WEST

P.O. BOX 1409 KEY WEST, FL 33041-1409

RELEASE AND INDEMNIFICATION

Zonta Foundation of Key West, Inc.

Radio Zonta Day

Friday, April 29, 2016

I Lisa Benfield being authorized to act on behalf of and legally bind Zonta Foundation of Key West, Inc. business as the legal entity or association on whose behalf this application is made, do hereby release the City of Key West, its officers, agents and employees from any and all liability for damages arising out of, or related to the activities for which application for leave to use City property has been submitted; and do hereby further agree, on behalf of said entity or association to indemnify, and hold harmless the City of Key West, its officers, agents, and employees from and against any and all damages to personnel or property of the City, and against all claims for damages or injuries to other persons or property of any nature whatsoever, and for defense costs, including attorneys' fees at both trial and appellate levels, arising from the actions or omissions of the person(s) or legal entity(ies) on whose behalf the application is submitted, including, but not limited to, the sale and dispensing of alcoholic beverages, or otherwise arising from the actions of their members, licensees, customers, guests, invitees, or participants in the related activities permitted. The foregoing Release and Indemnification agreement does not apply to those claims for damages or injuries which result from the negligent actions or omissions of the City of Key West, its officers, agents, and employees.

Signature of Witness

MINDY MKENNE

Print Name

2/19/2016

Date

Date

Print Name

Date



#### Zonta Radio Day 2015 Income and Expense Report

#### Income:

| Radio Ads              | \$<br>4,625.00  |
|------------------------|-----------------|
| Reverse Chance Drawing | \$<br>12,500.00 |
| Bar Tips               | \$<br>543.00    |
| Silent Auction         | \$<br>5,705.00  |
| Donation               | \$<br>450.00    |
| Door Prize Drawing     | \$<br>724.00    |
| Photo Booth            | \$<br>169.00    |
| Food Sales             | \$<br>307.00    |
|                        |                 |

**Total Income:** 25,023.00

#### **Expenses:**

| Reverse Chance Drawing prize | s \$ | 5,100.00 |
|------------------------------|------|----------|
| Noise Exemption Fee          | \$   | 50.00    |
| Event Insurance              | \$   | 243.79   |
| KW Citizen Ad for Street     |      |          |
| Closure                      | \$   | 37.12    |
| Credit card Expenses         | \$   | 85.00    |
| Photo Booth                  | \$   | 200.00   |
| Supplies                     | \$   | 169.12   |
| Total Expenses:              | \$   | 5,885.03 |

Income:

\$25,023.00

Expenses:

(\$5,885.03)

**NET REVENUE: \$19,137.97** 

Respectfully submitted by:

Lisa Benfield

Zonta Radio Day 2015 Co-Chair

# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



#### **Detail by Entity Name**

#### Florida Not For Profit Corporation

ZONTA FOUNDATION OF KEY WEST, INC.

#### Filing Information

**Document Number** N0000002809 FEI/EIN Number 65-1007404 **Date Filed** 04/26/2000

State FL **Status** ACTIVE

#### **Principal Address**

800 GEORGIA STREET KEY WEST, FL 33040

Changed: 09/29/2014

#### Mailing Address

PO BOX 0184

KEY WEST, FL 33041

Changed: 04/27/2014

#### Registered Agent Name & Address

CHATMAN, CYNDI 800 GEORGIA STREET KEY WEST, FL 33040

Name Changed: 09/29/2014

Address Changed: 09/29/2014

#### Officer/Director Detail

#### Name & Address

Title P

DePiero, Roberta 2828 Staples Avenue KEY WEST, FL 33040

Title VP

Benfield, Lisa

907 Elizabeth Street KEY WEST, FL 33040

Title T

Chatman, Cynthia 2828 STAPLES AVENUE 800 George Street KEY WEST, FL 33040

#### Annual Reports

| Report Year | Filed Date |  |  |
|-------------|------------|--|--|
| 2013        | 04/21/2013 |  |  |
| 2014        | 04/27/2014 |  |  |
| 2015        | 01/08/2015 |  |  |

#### **Document Images**

| 01/08/2015 ANNUAL REPORT       | View image in PDF format |
|--------------------------------|--------------------------|
| 09/29/2014 Reg. Agent Change   | View image in PDF format |
| 04/27/2014 ANNUAL REPORT       | View image in PDF format |
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| 03/29/2012 ANNUAL REPORT       | View image in PDF format |
| 03/13/2011 ANNUAL REPORT       | View image in PDF format |
| 04/18/2010 ANNUAL REPORT       | View image in PDF format |
| 04/12/2009 ANNUAL REPORT       | View image in PDF format |
| 07/14/2008 ANNUAL REPORT       | View image in PDF format |
| 06/19/2007 ANNUAL REPORT       | View image in PDF format |
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| 02/13/2005 ANNUAL REPORT       | View image in PDF format |
| 04/23/2004 ANNUAL REPORT       | View image in PDF format |
| 02/21/2003 ANNUAL REPORT       | View image in PDF format |
| 08/14/2002 ANNUAL REPORT       | View image in PDF format |
| 03/07/2001 ANNUAL REPORT       | View image in PDF format |
| 04/26/2000 Domestic Non-Profit | View image in PDF format |
|                                |                          |

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## Consumer's Certificate of Exemption

DR-14 R. 04/11

## Issued Pursuant to Chapter 212, Florida Statutes

|                                                         |                              | ioriua Statut | es                                        |
|---------------------------------------------------------|------------------------------|---------------|-------------------------------------------|
| 85-8012694365C-3 Certificate Number This certifies that | 01/23/2012<br>Effective Date | 01/21/0047    | 501(C)(3) ORGANIZATION Exemption Category |

ZONTA FOUNDATION OF KEY WEST INC 24 AMARYLLIS DR KEY WEST FL 33040-6204

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



# Important Information for Exempt Organizations

DR-14 R. 04/11

- You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases.
   See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
- Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities.
- Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
- 4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
- It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
- 6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Tallahassee, FL 32314-6480.



Zonta Foundation of Key West, Inc.

ZONTA RADIO DAY 2016

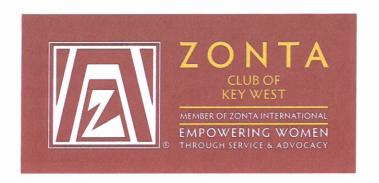
Bottlecap Lounge and adjoining portion of Catherine Street

Friday, April 29, 2016

3:00PM to 9:00PM

I/We do not object to the closure of a portion of Catherine Street (from Simonton Street to the entrance/exit of the Gato Building parking lot) on Friday, April 29, 2016 from 3:00pm to 9:00pm.

| Name or Name of<br>Business | Address                                | Signature       | Date    |
|-----------------------------|----------------------------------------|-----------------|---------|
| First State<br>Bank         | 1201 simonton St<br>Key West, FL 33040 | Turkatt         | 2/10/16 |
| Camille & Restant           | 1202 SIMONTON St.                      | Denisia Chelch. | 2/1/    |
| 1 Cey West                  | Kywest, Fla. 33040                     | Venisa Credis   | 110/16  |
| CATEUR                      | ELEXTUEST                              | 7               | 2/16/16 |
|                             |                                        |                 |         |
|                             |                                        |                 |         |
|                             |                                        |                 |         |
|                             |                                        |                 |         |
|                             |                                        |                 |         |



January 25, 2015

Ms. Maria Ratcliff City of Key West 3132 Flagler Avenue Key West, FL 33040

Dear Maria:

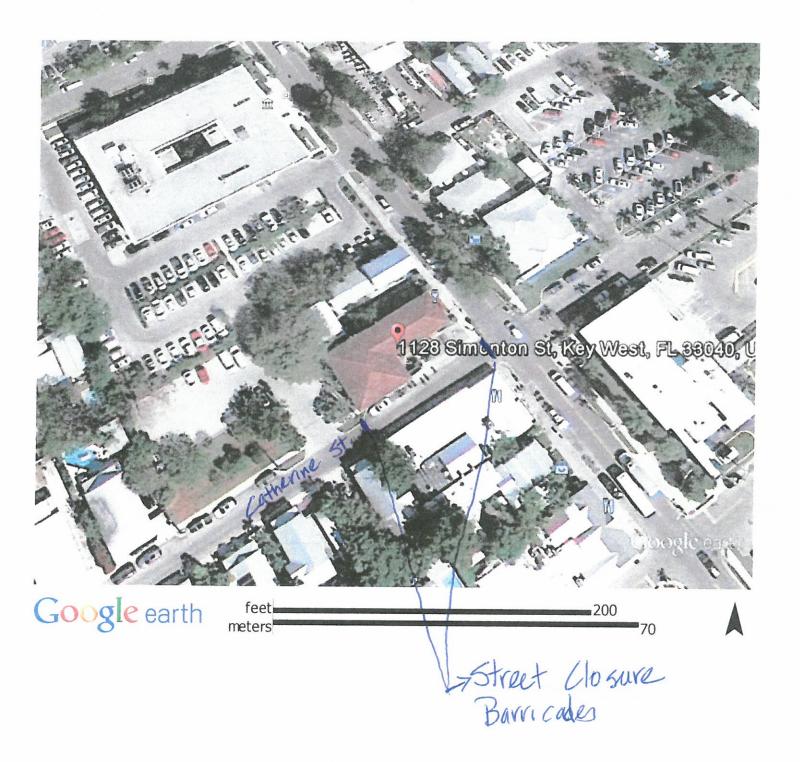
Please be advised that the Zonta Foundation of Key West, Inc. is a 501 (c) (3) organization and will receive 100% of the profits from food sales, reverse chance drawing ticket sales, radio advertising sales, silent auction and tips at the 2016 Zonta Radio Day fundraiser to be held on April 29, 2016 at the Bottlecap Lounge and on the adjoining portion of Catherine Street.

Sincerely,

Lisa Benfield

President

Zonta Foundation of Key West, Inc.



| PRODUCE                                                                     |                                                                                                                                     | TIFICATE OF                                           |                                            |                                                                                                                                                                                                                                                                                                                   | SSUED AS A MATTER                                            | 01/30/2016<br>OF INFORMATIO |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------|
| East Ma<br>Will Ma<br>PO Box                                                | ain Street Insurance Services, Inc.<br>ddux<br>1298                                                                                 |                                                       | ONLY AN HOLDER.                            | D CONFERS<br>THIS CERTIFIC                                                                                                                                                                                                                                                                                        | NO RIGHTS UPON TO<br>CATE DOES NOT AME<br>AFFORDED BY THE PO | HE CERTIFICATION (          |
| Grass Valley, CA 95945 Phone: (530) 477-6521 Email: info@theeventhelper.com |                                                                                                                                     | INSURERS A                                            | AFFORDING CO                               | VERAGE                                                                                                                                                                                                                                                                                                            | NAIC #                                                       |                             |
| INSURED                                                                     |                                                                                                                                     |                                                       | INSURER A: ES                              | sex Insurance C                                                                                                                                                                                                                                                                                                   | ompany                                                       | 39020                       |
|                                                                             | Zonta Foundation of Key W<br>Lisa Benfield                                                                                          | est, Inc.                                             | INSURER B:                                 |                                                                                                                                                                                                                                                                                                                   |                                                              |                             |
|                                                                             | P.O. Box 184                                                                                                                        |                                                       | INSURER C:                                 | INSURER D:                                                                                                                                                                                                                                                                                                        |                                                              |                             |
|                                                                             | Key West, FL 33040                                                                                                                  |                                                       |                                            |                                                                                                                                                                                                                                                                                                                   |                                                              |                             |
| COVER                                                                       | AGES                                                                                                                                |                                                       | INSURER E:                                 |                                                                                                                                                                                                                                                                                                                   |                                                              |                             |
| MAY P                                                                       | OLICIES OF INSURANCE LISTED BEI<br>EQUIREMENT, TERM OR CONDITION<br>ERTAIN, THE INSURANCE AFFORDE<br>IES. AGGREGATE LIMITS SHOWN M. | OF ANY CONTRACT OR OTHI<br>D BY THE POLICIES DESCRIBI | ER DOCUMENT WITH R<br>ED HEREIN IS SUBJECT | ESPECT TO WHICE                                                                                                                                                                                                                                                                                                   | CH THIS CERTIFICATE MAY                                      | BE ISSUED OR                |
| NSR ADDI                                                                    |                                                                                                                                     | POLICY NUMBER                                         | POLICY EFFECTIVE<br>DATE (MM/DD/YY)        | POLICY EXPIRATIO<br>DATE (MM/DD/YY)                                                                                                                                                                                                                                                                               | N LIMIT                                                      | rs                          |
|                                                                             | GENERAL LIABILITY                                                                                                                   |                                                       | Ditta (MARDOLLI)                           | SAIL (MILLOUITI)                                                                                                                                                                                                                                                                                                  | EACH OCCURRENCE INCLUDES<br>BODILY INJURY & PROPERTY DAMAGE  | \$ 1,000.                   |
| A Y                                                                         | X COMMERCIAL GENERAL LIABILITY                                                                                                      | 3DS5451-M909969                                       | 04/29/2016                                 | 04/30/2016                                                                                                                                                                                                                                                                                                        | MED EXP (Any one person)                                     | \$ 5.                       |
|                                                                             | CLAIMS MADE X OCCUR                                                                                                                 |                                                       |                                            |                                                                                                                                                                                                                                                                                                                   | PERSONAL & ADV INJURY                                        | \$ 1,000,                   |
|                                                                             | X Host Liquor Liability                                                                                                             | 3DS5451-M909969                                       | 04/29/2016                                 | 04/30/2016                                                                                                                                                                                                                                                                                                        | GENERAL AGGREGATE                                            | \$ 2,000,                   |
|                                                                             | GENL AGGREGATE LIMIT APPLIES PER:  PRO- PRO- JECT LOC                                                                               |                                                       |                                            |                                                                                                                                                                                                                                                                                                                   | PRODUCTS - COMP/OP AGG                                       | \$ 1,000,                   |
|                                                                             | Retail Liquor Liability                                                                                                             |                                                       |                                            |                                                                                                                                                                                                                                                                                                                   | DEDUCTIBLE                                                   | \$ 1,                       |
| +                                                                           | AUTOMOBILE LIABILITY                                                                                                                |                                                       |                                            |                                                                                                                                                                                                                                                                                                                   | -                                                            | \$                          |
|                                                                             | ANY AUTO                                                                                                                            |                                                       |                                            |                                                                                                                                                                                                                                                                                                                   | COMBINED SINGLE LIMIT (Ea accident)                          | s                           |
|                                                                             | ALL OWNED AUTOS SCHEDULED AUTOS                                                                                                     |                                                       |                                            |                                                                                                                                                                                                                                                                                                                   | BODILY INJURY<br>(Per person)                                | \$                          |
|                                                                             | HIRED AUTOS                                                                                                                         |                                                       |                                            |                                                                                                                                                                                                                                                                                                                   | BODILY INJURY                                                | \$                          |
|                                                                             | NON-OWNED AUTOS                                                                                                                     |                                                       |                                            |                                                                                                                                                                                                                                                                                                                   | (Per accident)  PROPERTY DAMAGE                              |                             |
| +                                                                           | GARAGE LIABILITY                                                                                                                    |                                                       |                                            |                                                                                                                                                                                                                                                                                                                   | (Per accident)                                               | \$                          |
|                                                                             | ANY AUTO                                                                                                                            |                                                       |                                            |                                                                                                                                                                                                                                                                                                                   | AUTO ONLY - EA ACCIDENT  CTHER THAN EA ACC                   | \$<br>\$                    |
|                                                                             |                                                                                                                                     |                                                       |                                            |                                                                                                                                                                                                                                                                                                                   | OTHER THAN AUTO ONLY: AGG                                    | \$                          |
|                                                                             | EXCESS/UMBRELLA LIABILITY                                                                                                           |                                                       |                                            |                                                                                                                                                                                                                                                                                                                   | EACH OCCURRENCE                                              | \$                          |
|                                                                             | OCCUR CLAIMS MADE                                                                                                                   |                                                       |                                            |                                                                                                                                                                                                                                                                                                                   |                                                              | \$                          |
|                                                                             | DEDUCTIBLE                                                                                                                          |                                                       |                                            |                                                                                                                                                                                                                                                                                                                   |                                                              | \$                          |
|                                                                             | RETENTION \$                                                                                                                        |                                                       |                                            |                                                                                                                                                                                                                                                                                                                   |                                                              | \$                          |
|                                                                             | KERS COMPENSATION AND<br>LOYERS' LIABILITY                                                                                          |                                                       |                                            |                                                                                                                                                                                                                                                                                                                   | WC STATU-<br>TORY LIMITS ER                                  |                             |
| ANY                                                                         | PROPRIETOR/PARTNER/EXECUTIVE                                                                                                        |                                                       |                                            |                                                                                                                                                                                                                                                                                                                   |                                                              | \$                          |
| If yes                                                                      | CER/MEMBER EXCLUDED?<br>, describe under                                                                                            |                                                       |                                            |                                                                                                                                                                                                                                                                                                                   | E.L. DISEASE - EA EMPLOYEE                                   |                             |
| OTHE                                                                        | CIAL PROVISIONS below                                                                                                               |                                                       |                                            |                                                                                                                                                                                                                                                                                                                   | E.L. DISEASE - POLICY LIMIT                                  | \$                          |
|                                                                             |                                                                                                                                     |                                                       |                                            |                                                                                                                                                                                                                                                                                                                   |                                                              |                             |
| ESCRIPTION                                                                  | ON OF OPERATIONS / LOCATIONS / VEHICLE                                                                                              | S / EXCLUSIONS ADDED BY ENDOR                         | SEMENT / SPECIAL PROVIS                    | IONS                                                                                                                                                                                                                                                                                                              |                                                              |                             |
| ertificate                                                                  | holder listed below is named as addition<br>e: 150, Event Type: Street Closure.                                                     | al insured per attached CG 20 26                      | 07 04.                                     |                                                                                                                                                                                                                                                                                                                   |                                                              |                             |
| ERTIFIC                                                                     | CATE HOLDER                                                                                                                         |                                                       | CANCELLATIO                                | ON                                                                                                                                                                                                                                                                                                                |                                                              |                             |
| City of Key West<br>3132 Flagler Avenu<br>Key West, FL 33040                |                                                                                                                                     |                                                       |                                            | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENGEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, SUFFAILURE TO DO SO SMALL WIFOGE NO ODLIGATION OR LABBLITY OF ANY KIND UPON THE INSURER, FOR ACCENTO OR |                                                              |                             |
|                                                                             |                                                                                                                                     |                                                       | DATE THEREOF, T<br>NOTICE TO THE C         |                                                                                                                                                                                                                                                                                                                   |                                                              |                             |
|                                                                             |                                                                                                                                     |                                                       | REPRESENTATIVE AUTHORIZED REPR             | <del>s,</del>                                                                                                                                                                                                                                                                                                     | U. A.                                                        | IN, ITO MOERITO OIL         |
|                                                                             |                                                                                                                                     |                                                       | AUTHORIZED REPR                            | JIN.                                                                                                                                                                                                                                                                                                              | Maddays                                                      |                             |
| CORD 2                                                                      | 25 (2001/08)                                                                                                                        |                                                       |                                            |                                                                                                                                                                                                                                                                                                                   | @ ACOPD CO                                                   | RPORATION 198               |

Policy Number: 3DS5451-M909969

COMMERCIAL GENERAL LIABILITY CG 20 26 07 04

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

| Name Of Additional Insured Person(s) Or Organization(s)                                  |               |
|------------------------------------------------------------------------------------------|---------------|
| City of Key West<br>3132 Flagler Avenu<br>Key West, FL 33040                             |               |
|                                                                                          |               |
|                                                                                          |               |
|                                                                                          |               |
| Information required to complete this Schedule, if not shown above, will be shown in the | Declarations. |

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

CG 20 26 07 04

© ISO Properties, Inc., 2004

Page 1 of 1



## KEY WEST FIRE DEPARTMENT FIRE MARSHAL'S OFFICE

### Please Check All That Apply To This Event

| Cooking  ☐ Deep Frying/Open Flame  ☑ Charcoal Grill  ☑ Gas Grill  ☐ Food Warming Only  ☐ Catered Food  ☐ Plan for Cooking Oil Disposal  ☐ No Cooking on Site                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Electrical Power  ☐ Generator  ☑ 110 AC with Extension Cords  ☐ DC Power                                                                                                                                                         |
| Road Closure  Map of Closed Road with Fire Lane & Vendor Booth(s) Locations  No Vendor booths; barricades can be moved for five lane  Tents (More Than 200 SqFt.)  Flame Resistance Certificate  Size, Type, Location of Tent(s) |
| Food Booths  Food Booths - Total # Only - GAS or Charcoal grill  Vendor Booths - Total #  Total Number of Booths                                                                                                                 |
| Parade  Floats – Total # NA                                                                                                                                                                                                      |

Event Name: Zonta Radio Day 2016

### **Special Event Checklist**

Everything must be checked off before submitting the special event application

|                                                                     | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE                                                               | COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Special Event Application                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Noise Exemption<br>(If applicable)                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| \$50.00 for Noise                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Ordinance initialed                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Recycling checklist completed                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Recycling deposit \$1,000.00                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Recycling Plan                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Authorization Letter for continuous cleaning of recycled area       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Signatures of No Objection of Street closure (If applicable)        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Insurance naming the City as additional insured                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Financial of previous event (If applicable)                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Release & Idemnification Form                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Site Map ( where barricades, stages, etc are to go)                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Letter from non profit that states they will be receiving the funds |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                     | Noise Exemption (If applicable)  \$50.00 for Noise  Ordinance initialed  Recycling checklist completed  Recycling deposit \$1,000.00  Recycling Plan  Authorization Letter for continuous cleaning of recycled area  Signatures of No Objection of Street closure (If applicable)  Insurance naming the City as additional insured  Financial of previous event (If applicable)  Release & Idemnification Form  Site Map ( where barricades, stages, etc are to go)  Letter from non profit that states they will |

# Zonta toundation Radio Zonta Day # 4/29/16

| EVENTS (INITIAL SIGNOFF):                   |                                |
|---------------------------------------------|--------------------------------|
| MANUE RATCULTY 2/3 SIGNATURE DATE           | CONDITIONS/RESTRICTIONS        |
| PUBLIC WORKS                                | COMPLETIONIS TO FORM           |
| SIGNATURE DATE                              | CONDITIONS/RESTRICTIONS:       |
| POLICE DEPARTMENT                           | CONDITIONS/RESTRICTIONS:       |
| SIGNATURE DATE                              |                                |
| FIRE DEPARTMENT                             | CONDITIONS/RESTRICTIONS:       |
| SIGNATURE DATE                              |                                |
| KWDOT/PORT                                  |                                |
| Rosalio Hernand 188 25-16<br>SIGNATURE DATE | CONDITIONS/RESTRICTIONS:       |
| CODE COMPLIANCE                             |                                |
| SIGNATURE DATE                              | CONDITIONS/RESTRICTIONS:       |
| SIGNATURE DATE                              |                                |
| EVENTS: REQUEST HAS BEEN APPROVED DENIED    | (if denied attach explanation) |

# Zonta Foundation Radio Zonta Day 4/29/16

| EVENTS (INITIAL SIGNOFF):                | 1                              |
|------------------------------------------|--------------------------------|
| Mana Rateuff 2/<br>SIGNATURE DATE        | CONDITIONS/RESTRICTIONS:       |
| PUBLIC WORKS                             |                                |
|                                          | CONDITIONS/RESTRICTIONS:       |
| SIGNATURE DATE                           |                                |
| POLICE DEPARTMENT                        | CONDITIONS/RESTRICTIONS:       |
| SIGNATURE DATE                           |                                |
| FIRE DEPARTMENT                          | CONDITIONS/RESTRICTIONS:       |
| SIGNATURE DATE                           |                                |
| KWDOT/PORT                               |                                |
| SIGNATURE DATE                           | CONDITIONS/RESTRICTIONS:       |
| CODE COMPLIANCE                          |                                |
| SIGNATURE DATE                           | CONDITIONS/RESTRICTIONS:       |
| EVENTS: REQUEST HAS BEEN APPROVED DENIED |                                |
|                                          | (if denied attach explanation) |

# Zonta Foundation Radio Zonta Day # 4/29/16

| EVENTS (INITIAL SIGNOFF):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| MANUE RATEURI J<br>SIGNATURE DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5/16 CONDITIONS/RESTRICTIONS   |
| PUBLIC WORKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CONDITIONS/RESTRICTIONS:       |
| SIGNATURE DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |
| POLICE DEPARTMENT III signed by Steven Torrence Disc. cn=Steven Torrence, o=KWPD, ou=KWPD, email-storrence@cityofkeywest-fi.gov,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CONDITIONS/RESTRICTIONS:       |
| SIGNATURE  SIGNATURE | No Police Services required    |
| FIRE DEPARTMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CONDITIONS/RESTRICTIONS:       |
| SIGNATURE DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |
| KWDOT/PORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CONDITIONS/RESTRICTIONS:       |
| SIGNATURE DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |
| CODE COMPLIANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |
| * 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CONDITIONS/RESTRICTIONS:       |
| SIGNATURE DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |
| EVENTS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |
| REQUEST HAS BEEN APPROVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (if denied attach explanation) |

# Zonta Foundation Radio Zonta Day 4/29/16

| EVENIS (INITIAL       | SIGNOFF):       |                                |
|-----------------------|-----------------|--------------------------------|
| Mana Ray<br>SIGNATURE | Leuf 2/5/1      | CONDITIONS/RESTRICTIONS        |
| PUBLIC WORKS          | 2               |                                |
|                       |                 | CONDITIONS/RESTRICTIONS:       |
| SIGNATURE             | DATE            |                                |
| POLICE DEPARTMEN      | T               | CONDITIONS/RESTRICTIONS:       |
| SIGNATURE             | DATE            |                                |
| FIRE DEPARTMENT       |                 | CONDITIONS/RESTRICTIONS:       |
| SIGNATURE             | DATE            |                                |
| KWDOT/PORT            |                 |                                |
|                       |                 | CONDITIONS/RESTRICTIONS:       |
| SIGNATURE             | DATE            |                                |
| CODE COMPLIANCE       |                 | <u> </u>                       |
|                       | ,               | CONDITIONS/RESTRICTIONS:       |
| SIGNATURE             | DATE            |                                |
| EVENTS:               | -               |                                |
| REQUEST HAS BEEN      | APPROVED DENIED | (if denied attach explanation) |