<u>City of Key West</u> <u>Special Event Permit Application</u>

For assistance in filling out this application, please contact the City at (305) 809-3881 or via email at: event_request@cityofkeywest-fl.gov Event Name: Goombay Festival Location: Petronia Street Event Date(s): 10/17/25 - 10/18/25 Event Start Time: 12pm FriSat Set-Up Time: ____800 am Set-Up Date: ____ Break-Down Time: 800 am Break-Down Date: 10/19/25 Number of Expected Attendees: 450 Is the Event Open to the Public: Yes V Event Description: Provide a detailed narrative of the full scope of the event in the box. Use additional sheets if needed. For events with multiple sub-events, please specify the date and time range for each. Goombay is a Street Festival with Food Booths, Arts & Crafts, Junkanoo Parade celebrating Cultural mots from Bahamas. **EVENT ORGANIZER INFORMATION** Company or Organization Name Bahama Village Community Coalition _____ Phone number <u>305-304-9</u>009 Name Alana Thurston Mailing Address 22429 La Fitte Drive City Cudjoe Key State FI Zip 33040 Email kwpeach@gmail.com Tax ID / EIN# 85-4274503 Event Website: SECONDARY CONTACT INFORMATION Phone number 305-304-9009 Name Alana Thurston Company or Organization Name _ Email kwpeach@gmail.com SPECIAL APPROVAL REQUIREMENTS (IF APPLICABLE) Noise Exemption Required: Yes | Complete Supplement A Non-Profit Applicant or Benefit: Yes Complete Supplement B Alcoholic Beverages Sold/Served at Event: Yes | | Veeds City Commission Approval Applicant(s) wishing to sell/consume alcoholic beverages on City property must have approval by the City Commission through Resolution and must hire an extra-duty police officer(s) for crowd control and safety as determined by the Key West Police Department or City Manager's Office. Applicant must have a liquor license and provide liquor liability insurance.

INITIALS REQUIRED AT

Event Name: Goombay Festival Event Date: October 17&18

Application Form: All Applicant(s) must fill out the City of Key West (City) application form
provided to you by the Office of the City Manager. All applications are subject to approval at the
discretion of the City Manager and/or City Commission and must in the Office of the City
Manager 60 days prior to the event.

Applicant Printed Name: Alana Thurston Signature: Alana Thurston Signature:

2. Liability Insurance: Applicant(s) will be required to maintain the following types and amounts of insurance during the Special Event. All insurance coverages must be provided by insurance companies authorized to transact business within the State of Florida and must maintain an A.M. Best rating of A- or better.

Commercial General Liability with minimum limits of \$1,000,000 Business Automobile Liability with minimum limits of \$1,000,000 Statutory Workers' Compensation Coverage Employers Liability with minimum limits:

- \$1,000,000 injury by accident
- \$1,000,000 injury by disease
- \$1,000,000 Policy Limits Each Employee

If alcohol beverages will be sold at the event or if the event's attendees will be required to pay an admittance fee and alcoholic beverages will be served, the permittee will be required to maintain Full Liquor Liability coverage with minimum limits to \$1,000,000. Host Liquor Liability coverage will not be acceptable. If the permittee will use the services of a caterer and the caterer will be providing and servicing the alcoholic beverages, the City will honor evidence from the caterer that this requirement is being met.

The City of Key West shall be named as an "Additional Insured" on the permittees commercial general liability policy.

Applicant Printed Name: Alana Thurston Signature: Alana Thurston Signa

3. Indemnification: The applicant shall indemnify and hold the City to harmless from all losses, claims, damages, liabilities, and expenses which maybe incurred by the City or which may be claimed against the City by any person, firm to the person or property f any person, firm, corporation, or entity which are consequent or arise from the activities of 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.

Applicant Printed Name: Alana Thurston Signature: Alana Thurston Signa

4. ADA: All special events are required to comply with the Federal Americans with Disabilities Act which requires access to all areas in services provided by the special events. Organizers must ensure that all aspects of their event meet the requirements.

Applicant Printed Name: Alana Thurston Signature: Thurston

Alana

Digitally signed by Alana Date: 2025.08.28 10:11:11

5. Notifying: 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.

Applicant Printed Name: Alana Thurston Signature: Thurston

Alana

Digitally signed by Alana Date: 2025.08.28 10:11:33

6. City Services Pricing: The organizer or sponsor of any special event which requires the provision of additional extraordinary support services by police, fire, and administration or other city department shall pay to the city the cost of such services. A nonrefundable down payment of 10% of all cost, as estimated by the city manager, shall be made to the city either by certified check or credit card at least 10 days prior to the special event.

Applicant Printed Name: Alana Thurston Signature: Thurston

Digitally signed by Alana Alana Date: 2025.08.28 10:12:10

7. Payment Terms: 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 established, then within 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 (1.5%) per month.

Applicant Printed Name: Alana Thurston Signature: Thurston

Alana

Digitally signed by Alana Date: 2025.08.28 10:12:41

Event Screening Questionnaire

Event Na	me: Goombay Festival	Event Date:	October 17 & 18
permit or lice to the nature	g questions will determine the correct applications may be revoked if there has been misrepreand location of the activity. If you answer "Yes nitted with this application.	esentation in the permit or license	application with respect
VENDOR S	ALES		
1. Will AN	Y alcoholic beverage be sold or served?	Yes Needs City Commis	sion Approval No
2. Will AN	Y food be prepared or served?	Yes Complete Suppler	ment C No 🗌
SAFETY	IFYE	S, COMPLETE REQUIRED FOR	MS
Cooking Or Liquid (use Machine/Br (fire jugglin	or event involve ANY of the following? Insite, Compressed Gases or Flammable Id or stored), Fog Machine/Smoke Insibile Machine, Generators, Open Flame Ig, bonfire, etc.) Pyrotechnics/Special Issers, Confetti, Vehicle or Motorcycles	Yes Complete Suppler	ment C No 🗌
4. Will you or struc Tents, Boot	r event involve ANY of the following tents	Yes Complete Suppler	ment D No 🗌
STREETS 8	SIDEWALKS IF	YES, COMPLETE REQUIRED I	FORMS
5. Will you	r event require a stationary street closure Party, etc.) or block sidewalk?	Yes Complete Suppler	
6. Will you	r event require a moving street closure ce, Bike Rally, Parade)?	Yes Complete Suppler	ment E No 🗌
	r event require parking restrictions (i.e. cars for parade)?	Yes Complete Suppler	ment E No 🗌
8. Willyou	r event take place in a City-owned Park,	Complete Supple	
Recreat	ion Center or Truman Waterfront?	Yes 🖊	No

The applicant does acknowledge and hereby affirms that any and all information of this application and all of its supplements are accurate to the best of their 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 for an 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 or employees.

By checking "I agree", you agree and acknowledge your electronic signature is valid and bonding in the same force as a handwritten signature.

Date 8/28/2025

Required - Recycling Plan

Event Name:	Goombay Festival	Event Date:	October 17&18	er 17&18

The City of Key West is committed to increasing the collection of recycled materials and needs your help to accomplish this. As the Event Organizer, you need to encourage your vendors to participate in the separation of solid waste and recyclable items by providing the adequate number and type of collection receptacles.

RECY	CLING	POINT OF CONTACT
Name ₋		Phone Number 305-304-9009
Email_		Number of people dedicated to recycling
INITIA	ALS RE	QUIRED
	1.	NON- ACCEPTABLE WASTE: No Plastic Bags, plastic cutlery, plastic straws, plastic cups, or polystyrene are allowed at events.
	2.	RECYCLING FEE: The Fee (see Fee Schedule) must be submitted prior to the event. You can <u>earn all or part of this fee back</u> by participating in the City Recycling Program.
	3.	ACCEPTABLE RECYCLABLES: The primary items will be Aluminum Cans, Plastic Bottles, Cardboard, and Glass Bottles. But additional items can include Food and Beverage Cartons, Regular paper, Magazines and Program Handouts.
	4.	CONTAMINATION : I understand that recycle bins with contamination above 15% will result in not being able to earn back all or part of the Recycling Fee.

* see AGreement *

RECYCLING TIMELINE

Two Weeks (Self filling)

BEFORE EVENT:

- 1. Arrange Trash/Recycling through Community Services (305-809-3759).
- 2. Get approval for educational signage needed to inform customers/event goers of recycling and garbage rules/locations during the event. Request standard signage or submit unique designs for approval through recycle@cityofkeywest-fl.gov

DAY OF EVENT:

Due Date (Self filling)

- 1. Place Recycling/Garbage containers in pairs throughout venue, at approximately every 30 feet throughout the event.
- 2. During the event ensure that recycle bins are free from contamination. Pull full bags, replace with a new liner, and stage full bags only at pre-arranged sites.
- 3. At end of event, remove all signage, and return if borrowed from City. Place all trash/recycling containers pre-arranged pick-up location.

Due Date (Self filling)

TRASH/RECYCLING REPORT:

- 1. City Community Services will supply a report detailing the amount of materials collected for recycling by weight, volume, or count and report on contamination levels.
- **2.** After the report is generated, the results will be shared with the event organizer and event vendors, or by contacting recycle@cityofkeywest-fl.gov.

Required – Event Transportation Planning

Event Name:	Goombay Festival	Event Date:	October 17&18
olanners in traffi	fic congestion are consistently a concern of Key W c reduction as well as management. For more info		
INITIALS REQ			
AT	Communications: Every event is required to		
	transportation that will reduce vehicle traffic		•
	 Website(s) Email 	 Ficketholders Social Media 	
AT	Opportunities: Large Events are required to congestions and parking issues. Your event transportation or utilize transit friendly altern	will be more successful l	by encouraging alternate
	AT Encourage Walking		ansit System/Buses
	Encourage Biking	Partner with Tr	ansit Friendly Hotels
	Providing Bike Security with Valet	Partner with Re	estaurants/Bars
	Include Ride Service with VIP Passes	Partner with Ric	deshare/Taxi Companies
	Provide Pre-Sale parking only	Implement Shu	ttles
	Premium parking prices	Other:	

If Event Organizers or Vendors desire to utilize metered parking spaces or lots, payment will need to be made to the City. The following fees apply for events that wish to use or reserve parking areas. All existing parking ordinances apply to special events.

Parking Type	Fees and Rules*	No. of Parking Spots Requested	No. of Days Needed	Total Parking Cost
Residential Permit Spaces	Not allowed			
Unmetered Street Parking	No Cost			
Park N Ride Garage	\$48/day			
Metered Street Parking	\$20/day			
Truman Waterfront Park	\$20/day			
Smathers Beach	\$20/day			
Angela Firehouse Parking Lot	\$20/day			
Simonton Beach Parking Lot	\$20/day			
Ferry Terminal Parking Lot	\$20/day			
Historic Bight Parking Lots	\$48/day			
Mallory Square Parking Lot	\$48/day			

Total Parking Cost shall be calculated using this table and accounted for in the Event Fee Schedule. For more information, contact John Wilkins, Parking Director at (305) 809-3855.

Required: Event Site Map / Layout

Event Name:	Goombay Festival	Event Date:	October 17th and 18th

Using the legend below, please illustrate your event to the best of your ability.

If it is a single site event only one site layout is needed. If the event includes multiple streets, a second map showing the Impacted Streets for the entire area is needed.

INITIALS REQUIRED

AT Attach Site Map Layout

Attach Impacted Streets Map

Event Site Map Layout Legend:

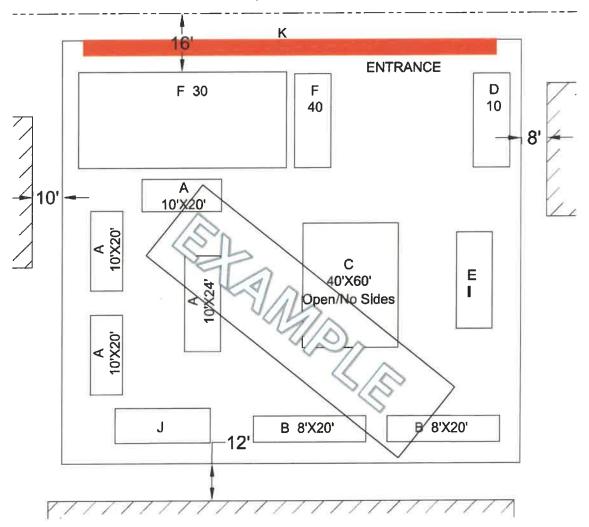
- A. Food/Bev. Vendor Tents*
- B. Merchandise Vendor Tents*
- C. Seating Tents*
- D. Toilets **
- E. Amplified Music

- F. Car Parking**
- G. Bike Parking**
- H. Roads Closed
- I. Stage Area
- J. Bounce House

- K. Podiums
- L. Fire Lane (RED LINE)
- M. Label Street(s)
- N. Other: _____
- O. Other:

- * Indicate Tent sizes
- ** Indicate Quantity

Maple Street



Supplement A - Noise

Special Event Permit Application

Event N	Name: Goombay Festival	Event Date:	October 17th & 18th
Excerpt	from City Code Sec. 26-192 Unreasonably e	xcessive noise prohibited.	
<u>Noise lin</u> levels pe	nitations - Within a core commercial district a rmitted on any property located therein shall	s defined in this article, the maxin be as follows:	num dBA and dBC sound
maximui lease boi	rage measurement taken between ten (10) an m levels set out below. The measurement sha undary in the case of property which has beer ng property at a location that is closest to the	all be taken from the sound source In subdivided by the execution of in	property line, or individua
a S	a. Eighty-five (85) dBA or ninety-four (94) dB Seventy-five (75) dBA or eighty-four (84) dBC	C between the hours of 11:00 a.m between the hours of 3:00 a.m. ar	. and 2:59 a.m. b. nd 10:59 a.m.
inreasoi pe made excessiv	sidential or commercial district as defined in t nable noise made at or within 100 feet of the p at the location of the complaint. The investig e noise, unless in his judgment a warning is su f one warning per offending person or establis	property line of the sound source. gating officer shall issue a citation officient to cease the violation. The	The decibel reading shall for unreasonably
Commis exempti	hat expect to exceed decibel levels set for t sion. Noise Exemptions cannot be issued f on approval.	or the same location within 6o d	nption from the City lays of the last noise
Describe	the Potential Noise Sources: Live Band and	DJ	
		s 🔳 Need City Commission App	proval No 🗌
INITIAL	LS REQUIRED		
AT	 Applicant(s) has reviewed the City Code exemption from the noise control ordin Applications for noise exemptions must 	nance requires approval from the	City Commission.
<u>AT</u>	The processing fee for the application i fee in the Special Event Fee Schedule.	s \$93.88, due upon submission o	fapplication. Include this
<u>AT</u>	 Notice of the City Commission's proposed event. The applicant is required. 	st five days prior to the date of the and occupants located within a :	ne Commission meeting, 100-foot radius of the

For more information on Noise and Noise Exemptions, consult the Special Event Guide and read the <u>City</u> <u>Code Section 26-192</u>

Supplement B - Non-Profit Verification

Event I	Nam	e: Goombay Festival	Event Date:	October 17th & 18th
Non-Pro	ofit C	Organization Name Bahama Village Community Coalition		
Tax ID/E	IN#	85-4274503 Representative Alana		
Purpose	of C	Organization Churches and Civic Organization united to give back to the Community	through specials needs	s, kids functions, School Scholarships
Phone 3	305-	304-9009 Email kwpeach@gmail	.com	
How will	l the	nonprofit proceeds/donations, after payments of direct ne	ecessary expen	ses be used?
Annual E	3ack	School Supplies, Toys for Tots, Thanksgiving meals for Bah	ama Village Re	sidents, Cultural events
INITIAL	_S R	EQUIRED		
<u>AT</u>	1.	Services Waived: The first \$1,000.00 of costs as specified Ordinances may be waived for any Event Organizer or Spetax-exempt Non-profit organization according to State or waiver by such Event Organizer or Sponsor organization saccommodation subject to Human Rights provision of Sec	onsor organiza Federal law. <i>F</i> shall render the	tion which qualifies as a Acceptance of this
<u>AT</u>	2.	Approval : Supplement B must be reviewed and approved Neither Completion nor Submission of this form guarante		
<u>AT</u>	3.	Monies Received: Within 30 days of the event completion to the City Commission a letter from the Non-profit Organ the amount of monetary donation received from the even	nization receiv	
AT	4.	Accounting: Within 90 days following the Special Event, to organization will ensure that the Non-profit organization Commission an accounting of expenses and revenues incu	receiving the w	vaiver submits to the City

SIGNATURE AND ATTACHMENT REQUIRED

I hereby certify that the above-named Non-profit organization is a bona fide, in good standing, domestic civic, educational, charitable, fraternal, or religious organization under the laws of the State of Florida or with proper tax exemption status with the Internal Revenue Service; that the organization is the actual sponsor of the event described and that all the proceeds from the event, after necessary direct expenses, will be used for civic, educational, charitable or religious purpose.

I further certify that the answers to the above questions are correct and complete to the best of my knowledge and belief. I also understand that any organizations who fraudulently seek exemption shall be subjected to civil and criminal penalties provided for in Florida Statutes.

Provide a copy of your organization letter issued by the I.R.S. or Secretary of State verifying tax exempt status.

By checking "I agree", you agree and acknow	wledge your electronic signature is valid and bonding in the Date 9/2/25
same force as a handwritten signature.	Date 9/2/25

Supplement C – Food & Safety

Event Name:	Goombay Festival	Event Date:	October 17&18

This section will be reviewed by the Key West Fire and Police Departments to determine what safety checks and security needs may be required at the Special Event. The Fee Schedule may be revised based on requirements that may be deemed necessary.

 $Please\ contact\ the\ following\ City\ representatives\ before\ completing\ your\ application:$

Fire Department and EMS – Chief Alan Averette (305) 809-3938 Police Department – LT Joseph Tripp (305) 809-1027

More information on Safety requirements can be found in the Special Event Guide.

EVENT ACTIVITIES – Check all that ap	ply to the Special Event	10/10 2/2 12/2
Cooking:	Electrical Power	<u>Other</u>
AT Deep Frying / Open Flame	AT Generator	AT Road Closure
AT Charcoal Grill Gas Grill Food Warming Only Catered Food	AT110AC / Extension Cords ATDC Power Structures:	Fog/Smoke Machine Bubble Machine Pyrotechnics Special Effects
Alcohol To be Served By	AT Stages / Risers / Canopies Viewing Stands / Bracing	Open Flame Lasers
Existing Licensed Establishment Commercial Licensed Vendors AT Non-profit Licensed Vendors	Seating Air Supported Bounce House Tents Greater than 200 SF	Confetti Vehicle/Motorcycle Dem
INITIALS REQUIRED		
approval by the City Commiss crowd control and safety as d	ng to sell/consume alcoholic beverages sion by Resolution and must hire an ext etermined by the Key West Police Depa icense and provide liquor liability insura	ra-duty police officer(s) for artment or City Manager.
	, a KWFD Fire Watch must be provided I shall be provided near cooking equipr	
3. Sidewalks: Structures must special Event Site Plan must s	t not interfere with pedestrian moveme show a minimum setback of six (6) feet	ent on the sidewalk. The from the property lines.
	dicate where structures, tents, stages, lso identify distances to the nearest bu seating/chair arrangement.	
	ust be disposed of properly. Vendors fo ture of a portion of the Event deposit.	ound dumping cooking oil

Supplement D – Tents & Structures

Event Name: Goombay Festival Event Name:	ent Date:	October 17&18
This section will be reviewed by the Key West Fire and Police Department and security needs may be required at the Special Event. The Fee Schedurequirements that may be deemed necessary.		
Please contact the following City representatives before completing your application:		
Fire Department and EMS – Chief Alan Averette (305) 809-3938 Police Department – LT Joseph Tripp (305) 809-1027		
Provide copy of Event Site Map/Layout Yes No		
TENTS		
Total Number of Food/Beverage Vendor Tents:		
Total Number of Merchandise Vendor Tents:		
Total:		
Tent Supplier Name Four Star Rental Contact Nu	mber	
Size & Type of Tents: Tent and Stage provide by Sammy the So		
Size & Type of Ferics.		
Provide Certificate of Flame Resistance/Retardant for Tent Fabric.	Yes 🗌	No 🗌
Will there be any combustibles or flammable liquids under the tent?	Yes 🗌	No 🔳
Will the sides of the tent be used? Yes* No *Exit plans must be indicated on Site Map Layout.		
STRUCTURES		
What structures will be erected?		
Will structures be erected on any part of a street or sidewalk? Yes	No 🔳	
For each structure, note number of footings, weight and dimensions (L/W,	H) below:	

Supplement E – Street Closure

Event Name: Goombay Festival Event Date: October 17&18							
STREET CLOS	SURE INFORMATION						
Street(s) to be closed Petronia StreetBlock/Address Number(s) From Duval to Emma Street							
	Cross-Streets: between Whitehead and Thomas, Emma						
	October 17&18 Time 7am	AM/PM to	2am AM/PM				
INITIALS REC							
AT 2. 0 d d d d d d d d d d d d d d d d d d	Non-Profit Inclusion: Applicant(s) who are beauty street must make an application jointly worganizer proposes a Special Event that will be ight-of-way, the Event Organizer must donate evenues or \$1000.00, whichever is greater, to Organizer must designate the Non-profit organizer must designate the Non-profit organizer must provide the Event Organizer. Consent: The Event Organizer must have nead to the street closure. A template consent for the Street closure. A template consent for those facilities within the public right-of those facilities, whichever is the greater number of the Event Organizer must have nead the street closure. Typical insurance policies may not off private property and in the City Right-of-vequire insurance in the amount of \$1M - liab Public access: Pedestrians must be allowed a	with a Non-profit organizations of a city of the at least 25% of the Event at least one Non-profit of anization(s) on the application of the City Manager with a least of a Special Event profit of a Sp	ation. When an Event street or other public ent Organizer's gross organization. The Event ation for the event. Each letter of agreement with a petition of no objection ecial Events Guide. Ovides temporary of those facilities or one to persons with physical cidents that may occur within City Right-of-Way exerce of charge.				
	Emergency Access: The closed street/roadw emergency vehicles and vehicles within the c		ailable for				
SIGNATURE	REQUIREDAlana Thurston	Doront report of state Course.					
		City of Key West from all o	rost and damage to any				
person and/or p	igned, agree to save and hold harmless, the operate which is caused by any activity, con or the purpose of this Special Event.	dition, or event arising ou	t of temporary use of the				
	By checking "I agree", you agree and acknowledge your electronic signature is valid and bonding in the same force as a handwritten signature. Date 9/2/2025						

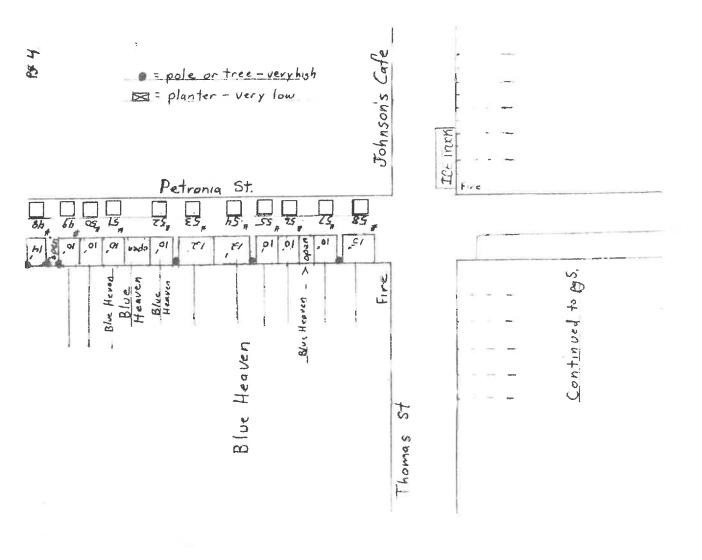
Supplement F – City Property

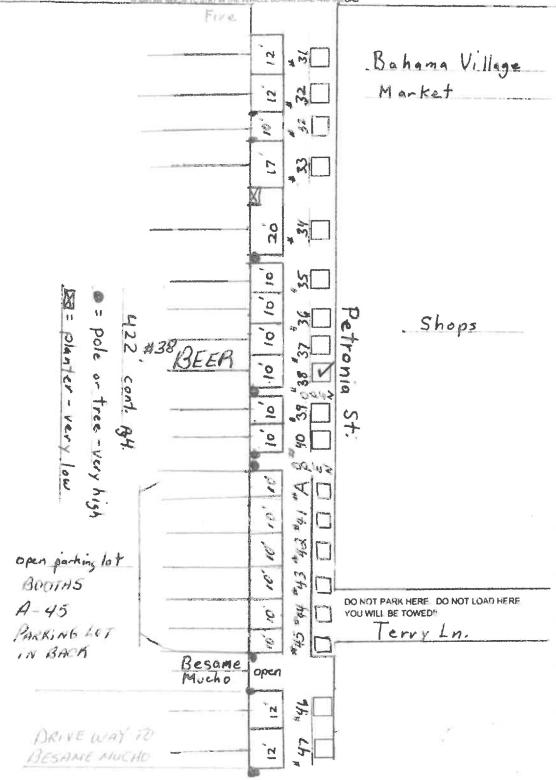
Event Name:	G	Goombay Festival	Event Date:	October 17&18
Event Guide.	•	perties that are available for event use, their amen	ities and Use Fees	are listed in the Special
Which City Pro	pe	erty do you wish to use?		
Which Area(s)	of t	the City Property do you wish to use? N/A		
		equired (Water and/or Electricity)? Yes	No 🔳	
INITIALS REC	QUI	IRED		
AT	1.	The City makes no guarantees that the requeste the dates requested. Submitting this application		
AT	2.	Events taking place on City Property require ins \$2M – aggregate.	urance in the amo	ount of \$1M – liability and
AT	3.	Applicants wishing to sell/consume alcoholic be by the City Commission via Resolution and must control and safety as determined by the Key We Organizer must first have obtained a <u>liquor licent</u>	t hire an extra-dut est Police Departm	y police officer(s) for crowd ent or City Manager. Event
AT	4.	Prior to use of the requested facility, the application nonrefundable payment for use of the City Pro This payment shall be delivered to the City Mana 33040 at time of application. All checks shall be	operty, as determ ager's Office at 130	iined by the Fee Schedule. o White St., Key West, FL
AT	5.	All utility use must be coordinated through City support the activity will be at the sole cost of the Utilities used by the Event Organizer will be charge	e Event Organizer	and must meet City Codes.
AT	6.	Ingress/egress by the Event Organizer shall be co	oordinated with th	e City of Key West.
AT	7.	The City property used must be maintained in West may request Event Organizer to improve become unacceptable.		
	8.			ers is not authorized unless
	9.	No alcoholic beverages/non-prescription drugs Truman Waterfront without prior approval from		
AT	10.	. No hazardous material or waste shall be used o a Hazardous Waste Handling and Spill Plan to the		

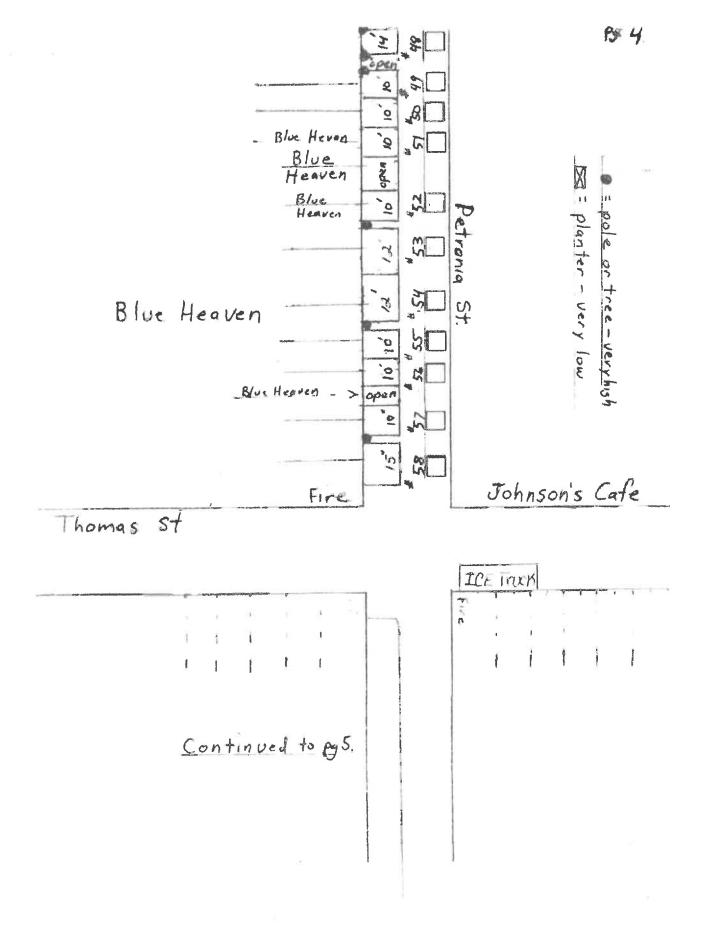
AT	11.	Event Organizer is responsible for any and all environmental cleanup, restoration, fees, fines, etc. associated with the activity and shall put in place any and all measures to eliminate
<u>AT</u>	12.	environmental contamination to the City Property that may be caused by the Event activity. All trash (including waste oil) and equipment including portable toilets and trailers shall be removed no later than close of business of the last day of the event. Event Organizer should plan accordingly. City of Key West may impose additional fees for use of City Property beyond usage dates.
INITIALS RE	QUI	RED for Truman Waterfront Property
or Use of Tr	υma	an Waterfront, the Event Organizer is subject to the following additional provisions:
	13.	Event Organizer is responsible for obtaining necessary permits required by any other agencies pertaining to this Special Event such as Federal, State, Local, Coast Guard, Navy, Marine Sanctuary, etc. and is responsible for providing proof of permit prior to entering into an agreement with the City of Key West.
	14.	. Event Organizer must take part in pre- and post-activity walk-through inspections with the City of Key West point of contact, or designee.
	15.	Event Organizer must provide the City of Key West with a detailed schedule for activities.
	16.	. City of Key West personnel shall be always allowed access to the site.
	17.	Event Organizer shall provide sufficient personnel to ensure proper and safe operation of the activity.
	18.	. Event Organizer may not stay overnight on Truman Waterfront without prior approval from the City of Key West.
	19.	. Any use of NOAA property or seawall must be coordinated with directly with NOAA.

20. Unfettered access to Navy, NOAA and State Park property must be maintained at all time

21. Use of the inner basin for any activities is not authorized.



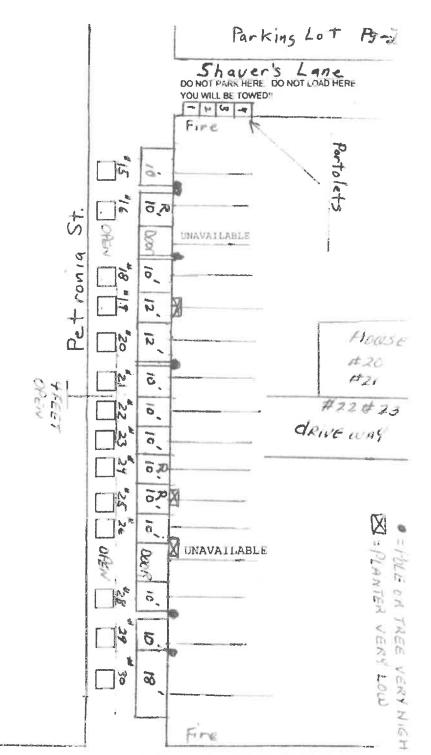




DONE UNLOADING OR LOADING YOU NEED TO MOVE YOUR VEHICLE OR IT WILL BE TOWED THIS IS A LOADING ZONE ON A DO NOT LOAD OR UNLOAD ON PETRONIA ST SOMEONE NEEDS TO STAY IN THE VEHICLE DURING LOAD AND UNLOAD Thomas Fire Johnson's #65 . Grocery #70 \$71 N #75 3 #76 3 ā N'M #77 5 open #78 `o ,0 #79 #80 Caribbean 0 #31 House 0 #82 0 ð #83 Fire Chapman DO NOT PARK HERE DO NOT LOAD HERE YOU WILL BE TOWED! Fire

Continued

STILDANS STAGE LUPS DN: HE NED O 10% IC AMINA 550)0 66 p 764 96 H NEGO 111 1 88 pt



Whitehead St.

YOU MAY LOAD AND UNLOAD YOUR BOOTH HERE. CHECK IN WITH REGISTRATION BOOTH ON THE FIELD TO RECEIVE VENDOR LOADING PARKING PASS. ONCE YOU ARE DONE UNLOADING OR LOADING, YOU NEED TO MOVE YOUR VEHICLE OR IT WILL BE TOWED. THIS IS A LOADING ZONE ONLY. DO NOT LOAD OR UNLOAD ON PETRONIA ST SOMEONE NEEDS TO STAY IN THE VEHICLE DURING LOAD AND UNLOAD.

Duval St.

OCT-17-18,2025

garbon St. Rub	X	Fire	Business		
	19 St.				• 🛭
	Petronia	000 R		195	2) PLANTERS - VERY LOW POLE OF TREES - VERY HIGH
Parking Lot		7 % 6 F. 2 F.			NERY HIGH
BORBON St Pub		F R R R R R R R R R	PARKING LOT		n
		Sha was well as to			Microsophilador, value as Africa



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/15/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRODUCER					CONTACT Mandy Thorsen					
Diamond Insurance Partners				PHONE (205) 202-6060 FAX						
			(A/C, NO, EXI).							
8501 N Scottsdale Rd, Ste 200				ADDRESS:						
Sco	ttsdale			AZ 85253	INSURE	Links d Of		nsurance Company		NAIC # 25895
INSU	RED				INSURE					
	Bahama Village Community Coa	lition	Inc		INSURE					
	22429 La Fitte Dr									
					INSURER D :					
	Cudjoe			FL 33042	INSURER E : INSURER F :					
CO	/ERAGES CERT	ΓΙFIC	ATE I	NUMBER: CL259151356	8			REVISION NUMBER:		
IN CI	IIS IS TO CERTIFY THAT THE POLICIES OF II DICATED. NOTWITHSTANDING ANY REQUIF ERTIFICATE MAY BE ISSUED OR MAY PERTA KCLUSIONS AND CONDITIONS OF SUCH PO	REME IIN, TH LICIE!	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE IITS SHOWN MAY HAVE BEEN	CONTR/ E POLICI	ACT OR OTHER IES DESCRIBED ED BY PAID CL	DOCUMENT V HEREIN IS SI AIMS.	VITH RESPECT TO WHICH TI	OD HIS	
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	0,000
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$ 100,	000
	CEANING WADE							MED EXP (Any one person)	s 1,00	0
Α		Υ		SE1167728		10/16/2025	10/19/2025		s 1,00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000	
	PRO-								\$ 2,000,000	
	POLICY JECT LOC								\$ 1,00	
	OTHER: AUTOMOBILE LIABILITY	-						COMBINED SINGLE LIMIT	\$	
								(Ea accident)	\$	
	ANY AUTO OWNED SCHEDULED								\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
_	UMBRELLA LIAB OCCUP				-			EAGU OCCUPRENCE	\$	
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	EXCESS LIAB CLAIMS-MADE	2							\$	
	DED RETENTION \$ WORKERS COMPENSATION	_						PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY Y/N									
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							\$	
(Mandatory in NH) If yes, describe under									\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	ace is required)			
Cerl	ificate holder is listed as additional insured p	er wr	itten c	ontract with respects to gener	ral & Liq	uro liability per	form L-820 12	/18.		
0										
Goo	mbay 2025									
CE	RTIFICATE HOLDER				CANC	ELLATION				
OLI	The City of Key West				SHO THE	ULD ANY OF TI	ATE THEREOF	SCRIBED POLICIES BE CANO , NOTICE WILL BE DELIVERE PROVISIONS.		BEFORE
	1300 White St.				AUTUO	DITEN DEBDECEN	TATIVE			
					AUTHORIZED REPRESENTATIVE					
Key West				FL 33040			Mondy	the		



Department of State / Division of Corporations / Search Records / Search by FEI/EIN Number /

Detail by FEI/EIN Number

Florida Not For Profit Corporation
BAHAMA VILLAGE COMMUNITY COALITION INC.

Filing Information

Document Number N18000005203

 FEI/EIN Number
 85-4274503

 Date Filed
 05/08/2018

 Effective Date
 05/03/2018

State FL

Status ACTIVE

Last Event REINSTATEMENT

Event Date Filed 09/26/2023

Principal Address

22429 La Fitte Drive Cudjoe Key, FL 33042

Changed: 09/26/2023

Mailing Address

22429 La Fitte Drive Cudjoe Key, FL 33042

Changed: 09/26/2023

Registered Agent Name & Address

Thurston, Alana 22429 La Fitte Drive Cudjoe Key, FL 33042

Name Changed: 09/26/2023

Address Changed: 09/26/2023

Officer/Director Detail
Name & Address

Title President

Thurston, Alana 22429 La Fitte Drive Cudjoe Key, FL 33042

Title VP/Secretary

Lopez, Latania 828 Whitehead Street KEY WEST, FL 33040

Title Cooresponding Secretary

Poitier, Tedra 3182 Timber Hawk Circle Ocoee, FL 34761

Title Representative

Thomas, Naomi 713 Chapman Lane KEY WEST, FL 33040

Annual Reports

Report Year	Filed Date
2024	04/01/2024
2024	08/20/2024
2025	02/07/2025

Document Images

02/07/2025 ANNUAL REPORT	View Image in PDF format
08/20/2024 AMENDED ANNUAL REPORT	View image in PDF format
04/01/2024 ANNUAL REPORT	View image in PDF format
09/26/2023 REINSTATEMENT	View image in PDF format
03/23/2022 ANNUAL REPORT	View image in PDF format
04/05/2021 ANNUAL REPORT	View image in PDF format
05/25/2020 ANNUAL REPORT	View image in PDF format
04/30/2019 ANNUAL REPORT	View image in PDF format
05/08/2018 Domestic Non-Profit	View image in PDF format

Event Name: Goombay Festival Event Date: 10/17/25 – 10/18/25

Department	Signature / Restrictions / Conditions
Special Events Manager	Kellí Funkhouser
Code Compliance	Chris Counsellor
Engineering	Doug Bradshaw
Fire Department	Dereck Berger emailed Conditional Memo
KW DOT	
Parking	
Police Department	JT
Port & Marine Services	
Property Management	Rayler-
Community Services	Marcus Davila
Utilities	Keely Kessler
Risk Management	Laura Bringle emailed approval
Other	







THE CITY OF KEY WEST

Post Office Box 1409 Key West, FL 33041-1409 (305) 809-3933

To: Goombay Festival Street Fair

From: Lieutenant Dereck Berger

Date: 9/11/25

Reference: Goombay Festival

This office reviewed the special event application for Goombay Festival to be held on October 17 & 18, 2025.

The following conditions apply:

- Any cooking that takes place on city property needs to have a Life Safety Inspection.
- Attached are the vendor regulations for special events, it is the responsibility of the event coordinator to provide a copy to each vendor.
- The Fire Marshal's office will require a total of 16 Fire Inspectors/EMS Personnel to conduct a Fire Safety Watch during the event hours. (7) Fire Inspectors/EMS Personnel Friday the 17th 5PM-12AM, and (7) Fire Inspectors/EMS Personnel Saturday the 18th 5PM-12AM. With (2) Fire Inspectors/EMS Personnel Saturday the 18th during the daytime 10AM-5PM.
- Booths will be designated to one side of the street, there will be no blocked cross streets or hydrants, and there shall be 10' clearance from the corners on each intersection.
- Event coordinator is responsible for scheduling the inspection with this office.

If I can be of any further assistance, please contact me.

Dereck Berger

Lieutenant/ Inspector

Key West Fire Department 1600 N. Roosevelt Blvd Key West, Fl. 33040 Office 305-809-3917

Dereck.berger@cityofkeywest-fl.gov

3266 LS3M 13.

Kelli Funkhouser

From: Laura Estevez

Sent: Tuesday, September 16, 2025 1:36 PM

To: Kelli Funkhouser
Cc: Andrea S. Gomez

Subject: RE: [EXTERNAL] COIs for Bahama Village Community Coalition Inc

Hey Kelli,

They are good to go as long as WC and automobile does not apply to event.

Laura Estevez Bringle Risk Manager/Safety Officer City of Key West, Risk Management Department of Finance Phone# 305-809-3812 Fax# 305-809-3988

Email: lestevez@cityofkeywest-fl.gov



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From: Kelli Funkhouser < kelli.funkhouser@cityofkeywest-fl.gov>

Sent: Tuesday, September 16, 2025 7:58 AM

To: Laura Estevez <lestevez@cityofkeywest-fl.gov>
Cc: Andrea S. Gomez <agomez@cityofkeywest-fl.gov>

Subject: FW: [EXTERNAL] COIs for Bahama Village Community Coalition Inc

COI for Goombay.

I noticed it lists Goombay2024, I will ask her to get that updated.

Kelli Funkhouser