

August 7th

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

Name of Applicant(s) (AHD) AIDS Help of MONROE County

Address of Applicant(s) 1434 KENNEDY DRIVE

Phone Number of Applicant(s) 305-296-6196 Fax: _____ Email mark.b@ahdhelp.org

Name of Non-Profit (s) AIDS Help of MONROE County

Address of Non-Profit(s) 1434 KENNEDY DRIVE, Key West, FL 33090

Phone Number of Non-Profit(s) (305) 296-6196 XT: 4364

Amount or Percentage of Revenue Non-Profit(s) anticipates receiving 0

Date/Dates of Event SATURDAY - 29 SEPTEMBER 2012

Hours of Operation 1:30 pm to 5:30 pm (includes setup & Break Down)

Estimated/anticipated number of persons per day 1 DAY: APPROX 300

Location of Event Southernmost Point to South St. to Duval St. to MALBARY SQUARE

Street Closed South St from Duval to Duval & Duval from South St to Malbary via Duval St.

Detailed description of event NATIONAL GAY MENS HIV AWARENESS DAY
GAY TO BAY 1K Run - (Pickup SAFE SEX KITS AT BOWBON STREET PUB)

Noise exemption required: Yes _____ No X

Alcoholic beverages sold/served at event: Yes _____ No X

The applicant does acknowledge and hereby affirms that any and all information is accurate to 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 or employees.

[Signature]
Applicants Signature
(Timothy M. Buckner)

July-9-2012
Date

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

Revised for
Third Reading
11/19/02

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 II 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, AND TO 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 6-57 TO ESTABLISH A MINIMUM NON-PROFIT SHARE FOR SPECIAL EVENTS IN WHICH A STREET IS CLOSED; AMENDING SECTION 6-58 TO PROVIDE THAT MAJOR FESTIVAL SPONSORS MAKE APPLICATION SIX MONTHS IN ADVANCE AND APPROVE CERTAIN SALES OF ALCOHOLIC BEVERAGES; ADDING SECTION 6-61 PERTAINING TO HANDICAP-ACCESSIBLE BATHROOM 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:

Section 1: 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

*(Coding: Added language is underlined; deleted language is ~~struck 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, At 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: ~~Faney~~Fantasy 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.

Section 9. This Ordinance shall go into effect on January 1, 2003.

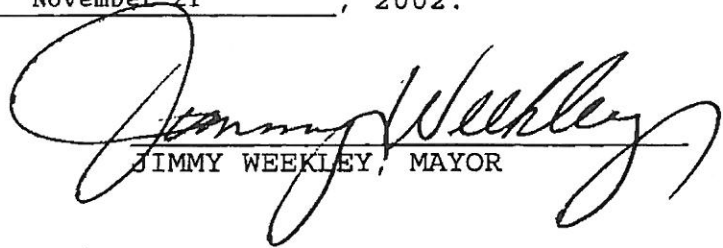
Read and passed on first reading at a regular meeting held this 16th day of October, 2002.

Read and passed on second reading at a regular meeting held this 6th day of November, 2002.


Read and passed on final reading at a regular meeting held this 19th day of November, 2002.

Authenticated by the presiding officer and Clerk of the Commission on 21st day of November, 2002.

Filed with the Clerk November 21, 2002.


JIMMY WEEKLEY, MAYOR

ATTEST:


CHERYL SMITH, CITY CLERK



THE CITY OF KEY WEST

POST OFFICE BOX 1409
KEY WEST, FLORIDA 33041-1409
WWW.KEYWESTCITY.COM

MEMORANDUM

TO: Mayor & Members of the City Commission

FROM: Robert Tischenkel
City Attorney RT

DATE: October 17, 2002

RE: 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.

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.

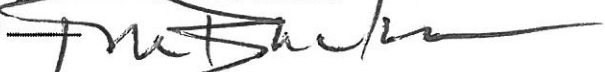
3. Application(s) must provide comprehensive liability insurance insuring itself and the City against all claims of damages or injury to persons or property arising for any reason as a result of the activities associated with the special event permitted by the City. The insurance policy shall be written 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 


5. 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 

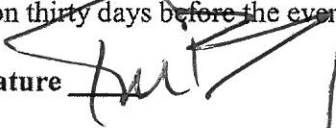
6. *Within 30 days of the events completion the City Commission will receive a letter from the not for profit organization stating the amount of the monetary donation received from the event.*

Sponsor's Signature 

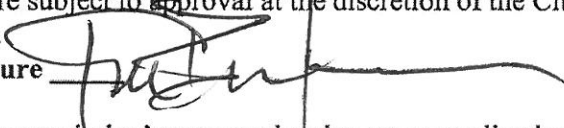
7. Applicant(s) wishing to sell/consume alcoholic beverages on City property must have approval by the City Commission via Resolution and must hire an off-duty police officer(s) for crowd control and safety as determined by the Key West Police Department or City Manager's Office. Applicant must provide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

Sponsor's Signature 

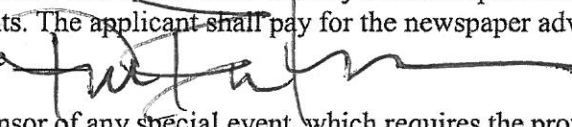
8. Applicant(s) wishing to have an exemption from the noise control ordinance must fill out an application thirty days before the event. Processing fee for the application is \$50.00.

Sponsor's Signature 

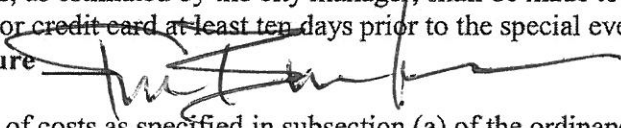
9. All applications are subject to approval at the discretion of the City Manager and/or City Commission.

Sponsor's Signature 

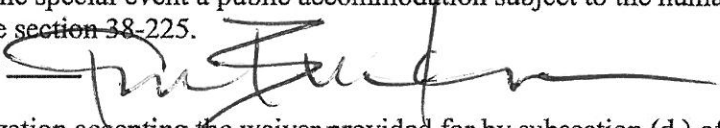
10. Notice of the city commission's proposed action on an application for a special event permit shall be mailed prior to the meeting at which the matter is to be considered to all property owners and occupants of property located within a 100-foot radius of the proposed special event. Notice of such 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 

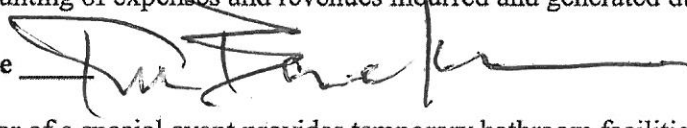
11. The organizer or sponsor of any special event, which requires the provision of additional or extraordinary support services by police, fire, administration, or other city departments shall pay to the city the cost of such services. A down payment of 10 percent of the costs, as estimated by the city 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 

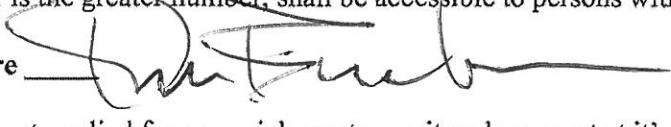
12. The first \$1000.00 of costs as specified in subsection (a) of the ordinance may be waived for any organizer or sponsor, which qualified as a tax-exempt nonprofit organization according to state or federal law. Acceptance of this waiver by such sponsor shall render the special event a public accommodation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

Sponsor's Signature 

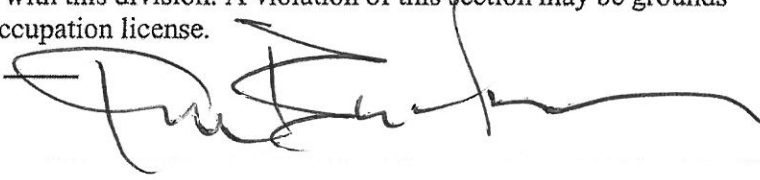
13. Any nonprofit organization accepting the waiver provided for by subsection (d) of the ordinance shall, within 90 days following the special event, submitted to the city commission an accounting of expenses and revenues incurred and generated during the special event.

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.

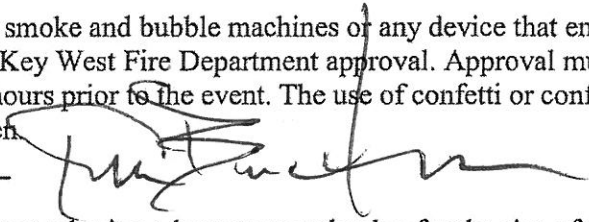
Sponsor's Signature 

15. Where a person has not applied for a special event permit and an event at its 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 

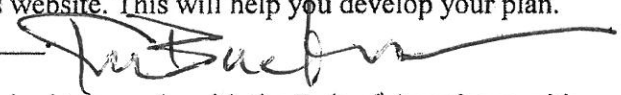
16. Special events may use fog, smoke and bubble machines or any device that emits a mist or spray contingent on Key West Fire Department approval. Approval must be obtained a minimum of 48 hours prior to the event. The use of confetti or confetti machines is strictly forbidden.

Sponsor's Signature _____

A handwritten signature in black ink, appearing to be 'Justin', written over a horizontal line.

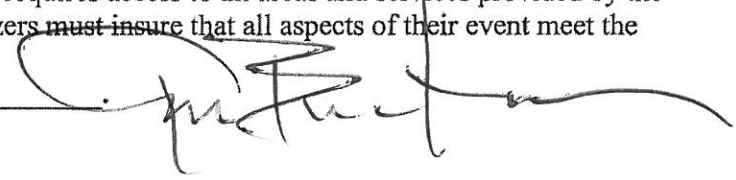
17. Special Events organizers must submit a adequate recycle plan for the size of the event being requested. Helpful hints and recycling requirements for special events can be found on the city's website. This will help you develop your plan.

Sponsor's Signature _____

A handwritten signature in black ink, appearing to be 'Justin', written over a horizontal line.

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 _____

A handwritten signature in black ink, appearing to be 'Justin', written over a horizontal line.

Complete Checklist for Event Recycling City of Key West

- Identify contact person at the festival responsible for working with recycling.
Name of person: MARK BUCKNER Phone number: 305-296-6196 ext: 4364
- 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:
- 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: _____
- 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: W/ WASTE MANAGEMENT
- Capacity of containers on grounds: STANDARD
Contact person for containers: MARK BUCKNER Phone #: 305-296-6196 ext: 4364
- Order signs to inform customers of recycling. Signs are needed for point-of-purchase locations and recycling containers. AIDS HELP OF MONROE COUNTY
- 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.
- Arrange for emptying of recycling containers during the event – from the containers on the grounds to the large container.
Arrangements made: AIDS HELP VOLUNTEERS
- 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: W/ WASTE MANAGEMENT
- 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.
- Oversee the delivery of containers and placement of signs. MARK BUCKNER
- Place recycling containers next to trash cans on the grounds and insert liner bags. All recycling

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

CONTAINERS & COMPLETED BY AIDS HELP VOLUNTEERS

- Monitor recycling containers for correct usage during the event and take actions to solve problems.

Problems: _____

Actions taken: AIDS Help VOLUNTEERS UNTI LEAVE RECYCLABLES
AND MAKE SURE THE ITEMS ARE IN PROPER RECEPTILES *

- View trash barrels and note any recyclables in the trash. Take actions to solve problems.

Problems: _____

Actions taken: SEE ABOVE

- 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: PHOTOS TO BE PROVIDED
BY AIDS HELP OF MONROE COUNTY

- Ensure that recyclables are removed and taken to the large container when bins are full and that liner bags are replaced.

CONTINUITY THROUGHOUT THE EVENT BY VOLUNTEERS

- At the end of the event, remove signs and arrange for their return to owners.

ALL VOLUNTEERS FROM AIDS HELP

- Place recycling containers in the pick-up location, as arranged with the providers of the containers.

PER WASTE MANAGEMENT

- 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: N/A

Contamination: N/A

- 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: _____

For more information about event recycling and waste reduction, contact Waste Management at 305 296-2825

AHI Private Account

Check Date: 7/20/2012
Check Number: 88488

To: CITY OF KEY WEST
PO BOX 1359
KEY WEST, FL 33040-1359

Invoice Number	Date	Description	Net Amount
dep072012	7/20/2012	recycling deposit	\$1,000.00
Totals:			\$1,000.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

AHI Private Account
1434 Kennedy Drive
Key West, FL 33040

IBERIABANK
Key West, FL 33040

CHECK DATE	CHECK NO.
7/20/2012	88488
CHECK AMOUNT	

PAY ****One thousand and 00/100 Dollars****

**** 1,000.00**

TO
THE
ORDER
OF
CITY OF KEY WEST
PO BOX 1359
KEY WEST, FL 33040-1359

This check is void after 120 days

[Handwritten Signature]
AUTHORIZED SIGNATURE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

⑈088488⑈ ⑆067010169⑆ 8000001938⑈



THE CITY OF KEY WEST

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.

A large, stylized handwritten signature in black ink, appearing to read "Franklin", is written over a horizontal line.

EDUCATION Dept
AIDS Help of Monroe County
Key West, Florida 33040
305-296-6196 ext 4364

GAY 2 BAY 1 K (SASHAY)

NATIONAL GAY MEN'S HIV AWARENESS DAY

29 SEPTEMBER 2012

TIMELINE OF EVENTS

1:30PM: LINEUP AND GENERAL ORGANIZATION AT SOUTHERNMOST POINT

2:30PM: ALL PARTICIPANTS BEGIN MOVEMENT FROM WHITEHEAD VIA SOUTH
TO DUVAL

3PM: ARRIVAL AT BOURBON STREET PUB FOR DISSEMINATION OF SAFE SEX KITS
EACH SAFE SEX KIT IS NUMBERED FOR PRIZE DRAWING AT MALLORY SQ.

4PM: ARRIVAL AT CAROLINES CAFÉ ON DUVAL FOR DISSEMINATION OF PRINTED
EDUCATIONAL MATERIALS RELATED TO STOPPING THE SPREAD OF HIV

4:30PM: ARRIVAL AT MALLORY SQUARE AND PRIZE DRAWING/AWARDS

5:30PM: END OF EVENT AND CLEAN UP WITH AIDS HELP VOLUNTEERS

GAY 2 BAY 1K RUN

AIDS HELP of MONROE COUNTY

NATIONAL GAY MEN'S HIV AWARENESS DAY

September 29, 2012

WASTE RECYCLE PLAN

To Whom it May Concern:

On September 29, 2012 from 1:30pm to 5:30pm, AIDS HELP of MONROE COUNTY will host the first annual GAY 2 BAY 1 K RUN (Sashay) starting from the Southernmost Point and proceeding to Mallory Square with one STOP at BOUBON STREET PUB.

All recyclable waste will be collected in receptacles made available to AIDS HELP for this event from WASTE MANAGEMENT INC.

The receptacles will be placed at every major intersection next to established permanent waste receptacles now located on Duval Street. The total of permanent receptacles on Duval Street numbers around 101. There will be a total of forty (40) recycle receptacles covering every major intersection along Duval Street and also the busiest blocks for pedestrian travel.

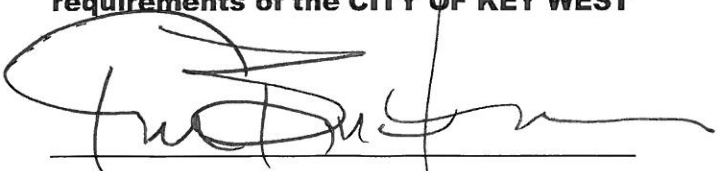
Volunteers from AIDS HELP will be monitoring the recycle receptacles during this rolling parade event.

A deposit of \$1,000 has been provided to the CITY OF KEY WEST for the purpose of this waste recycle plan.

Photographs will be provided after the event to establish that the recycle receptacles were provided and used during the event.

A color coded schematic of where all receptacles will be located during this event is included with this waste recycle plan.

AIDS HELP of MONROE COUNTY and specifically the Education Department therein, take full responsibility to see that this plan is implemented with full measure according to the requirements of the CITY OF KEY WEST


Timothy Mark Buckner

Date: July 20-2012

AIDS HELP of MONROE COUNTY



THE CITY OF KEY WEST

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

RELEASE AND INDEMNIFICATION
AIDS Help of Monroe County
Gay to Bay 1K Run
September 29, 2012

I **Timothy Buckner** being authorized to act on behalf of and legally bind **AIDS Help of Monroe County** doing 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.

Maria Raxworth
Signature of Witness

16 Emerald Dr.
Print Name

Key West, Fl. 33040
Date

[Signature]
Signature of Applicant

TIMOTHY MARK BUCKNER
Print Name

7/20/12
Date

Google images

[Website for this image](#)

Map to the Mr. Z at the A&B Marina, Key West Bight

keywestfishtales.com

[Full-size image](#)

729 x 601 (1.2x larger), 108KB

[More sizes](#)

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Type: JPG

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Proposed
Route
(street closures)
for
Gay 2 Bay 1/K
EVENT
29 Sept. 2012

CONTACT: MARK BUCKNER
EDUCATION DEPT
AIDS HELP of MONROE Co.
Key West, FL 33040

No Cooking
No Food



Key West Fire Department

**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

Tents (More Than 200 SqFt.)

- Flame Resistance Certificate
- Size, Type, Location of Tent(s)

Food Booths

- Food Booths – Total # _____
- Vendor Booths – Total # _____
- Total Number of Booths - _____

Parade

- Floats – Total # _____

COMMON POLICY DECLARATIONS

OPS0056511

Renewal of Number



SCOTTSDALE INSURANCE COMPANY®

Policy Number

Or **30058824**

Home Office:
One Nationwide Plaza • Columbus, Ohio 43215
Administrative Office:
8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675
A STOCK COMPANY

ITEM 1. Named Insured and Mailing Address

A.H. of Monroe County, Inc.
1434 Kennedy Drive
Key West, FL 33040

Surplus Lines Agent's Name: Janet Monko
Surplus Lines Agent's Address: 7700 W. Camino Real #201
Boca Raton, FL 33433

Surplus Lines Agent's License: A182304
Producing Agent's Name: Edward M. Pherson

Producing Agent's Address: 513 Southward Street
Key West FL 33040

[Signature]
Agent's Countersignature

Agent Name and Address

Negley Associates
103 Eisenhower Parkway
Suite 101
Roseland, NJ 07068

Agent No.: 29518 Program No.: _____

ITEM 2. Policy Period From: 07/01/2011 To: 07/01/2012 Term: _____

12:01 A.M., Standard Time at your mailing address.

Business Description: Case Management and Housing for People with AIDS/HIV

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Premium
Commercial General Liability Coverage Part This policy has one or more coverage parts that are issued on a Claims Made basis. Please read it carefully.	\$ Included
Commercial Property Coverage Part	\$ Included
Commercial Crime Coverage Part	\$ Not Covered
Commercial Inland Marine Coverage Part	\$ Not Covered
Commercial Auto (Business Auto or Truckers) Coverage Part	\$ Not Covered
Commercial Garage Coverage Part	\$ Not Covered
Professional Liability Coverage Part	\$ Included
Directors and Officers Liability	\$ Included
	\$ Not Covered

FSLSO Confirmation Number:

A043814001158

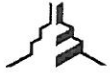
Total Policy Premium \$ 26,355.00

Policy Fee	35.00	Surplus Lines Tax	1,319.50
Citizen's Assessment Fee	263.90	EMPA Surcharge	4.00
Hurricane Catastrophe Fee	343.07	Service Fee	26.39

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO. 2

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS0058824	07/01/2011	A.H. of Monroe County, Inc.	Negley Associates 29518

PROFESSIONAL LIABILITY COVERAGE PART

NAMED INSURED TO READ:

A.H. Monroe County, Inc. dba AIDS Help
1213 William Street Corporation
AHI Housing, Inc.
AHI Real Estate Properties, Inc.
AH Housing Services, LLC
Poinciana Royale, LLC



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO. 3

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS0058824	07/01/2011	A.H. of Monroe County, Inc.	Negley Associates 29518

COMMERCIAL GENERAL LIABILITY COVERAGE PART

NAMED INSURED TO READ:

A.H. Monroe County, Inc. dba AIDS Help
1213 William Street Corporation
AHI Housing, Inc.
AHI Real Estate Properties, Inc.
AH Housing Services, LLC
Poinciana Royale, LLC



SCOTTSDALE INSURANCE COMPANY®

**COMMERCIAL GENERAL LIABILITY COVERAGE PART
SUPPLEMENTAL DECLARATIONS**

These Supplemental Declarations form a part of policy number OPS0058824

LIMITS OF INSURANCE

General Aggregate Limit (other than Products/Completed Operations)	\$	<u>1,000,000</u>	
Products/Completed Operations Aggregate Limit	\$	<u>1,000,000</u>	
Personal and Advertising Injury Limit	\$	<u>1,000,000</u>	any one person or organization
Each Occurrence Limit	\$	<u>1,000,000</u>	
Damage to Premises Rented to You Limit	\$	<u>300,000</u>	any one premises
Medical Expense Limit	\$	<u>5,000</u>	any one person

DESCRIPTION OF BUSINESS

Form of business:

- Individual
 Partnership
 Joint Venture
 Limited Liability Company
 Trust
 Organization including a corporation (other than Partnership, Joint Venture or Limited Liability Company)

Business description:

Case Management and Housing for People with AIDS/HIV

Location of all premises you own, rent or occupy:

SEE EXTENSION SCHEDULE FORM CLS-SP-6 (3/06)

CLASSIFICATION AND PREMIUM

Classification	Code No.	*Premium Basis	Rate		Advance Premium	
			Pr/Ops	Prod/Comp Ops	Pr/Ops	Prod/Comp Ops
Case Management and Housing for People with AIDS/HIV						Included

FORMS AND ENDORSEMENTS (other than applicable forms and endorsements shown elsewhere in the policy)

Forms and endorsements applying to this Coverage Part and made part of this policy at time of issue:

*(a) Area, (c) Total Cost, (m) Admission, (p) Payroll, (s) Gross Sales, (u) Units, (o) Other

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMERCIAL LIABILITY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS COMPLETE THE ABOVE NUMBERED POLICY.



SCOTTSDALE INSURANCE COMPANY®

**PROFESSIONAL LIABILITY COVERAGE PART
SUPPLEMENTAL DECLARATIONS**

These Supplemental Declarations form a part of policy number

OPS0058824

LIMITS OF INSURANCE	
Aggregate Limit	\$ 1,000,000
Each Claim Limit	\$ 1,000,000

BUSINESS DESCRIPTION
Form of business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Organization including a corporation (other than Joint Venture, Partnership, or Limited Liability Company)
Business description: Case Management and Housing for People with AIDS/HIV

PREMIUM				
Classification	Code No.	*Premium Basis	Rate	Advance Premium
Case Management and Housing for People with AIDS/HIV				Included

FORMS AND ENDORSEMENTS (other than applicable forms and endorsements shown elsewhere in the policy)
Forms and endorsements applying to this Coverage Part and made part of this policy at time of issue:

*(a) Area, (c) Total Cost, (m) Admission, (p) Payroll, (s) Gross Sales, (u) Units, (o) Other

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMERCIAL LIABILITY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS COMPLETE THE ABOVE NUMBERED POLICY.

Event Name: GAY TO BAY 1K

Special Event Checklist

Everything must be checked off before submitting the special event application

X	TITLE	COMMENTS
✓	Special Event Application	
✓	Noise Exemption (If applicable)	
N/A	\$50.00 for Noise	
✓	Ordinance initialed	
✓	Recycling checklist completed	
	Recycling deposit \$1,000.00	
	Recycling Plan	
✓	Authorization Letter for continuous cleaning of recycled area	
N/A	Signatures of No Objection of Street closure (If applicable)	
	Insurance naming the City as additional insured	<i>forthcoming from AIDS HELP</i>
N/A	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	<i>they are the non-profit</i>

AIDS Help Gay to Bay
Sept 29, 2012

CITY OF KEY WEST SPECIAL EVENTS
DEPARTMENT APPROVALS (in order of routing):

EVENTS (INITIAL SIGNOFF):

Marie Ratchoff 7/13/12
SIGNATURE DATE

CONDITIONS/RESTRICTIONS:

PUBLIC WORKS

CONDITIONS/RESTRICTIONS:

SIGNATURE DATE

POLICE DEPARTMENT

CONDITIONS/RESTRICTIONS:

SIGNATURE DATE

FIRE DEPARTMENT

CONDITIONS/RESTRICTIONS:

SIGNATURE DATE

KWDOT/PORT

CONDITIONS/RESTRICTIONS:

SIGNATURE DATE

CODE COMPLIANCE

CONDITIONS/RESTRICTIONS:

Jim Long 16 Jul 12
SIGNATURE DATE

EVENTS:

REQUEST HAS BEEN APPROVED _____

DENIED _____

(if denied attach explanation)



Maria Ratcliff <mratclif@keywestcity.com>

AIDS Help Gay to Bay 1K Run from South Street down Duval to Mallory Square

2 messages

Maria Ratcliff <mratclif@keywestcity.com>

Mon, Jul 16, 2012 at 10:58 AM

To: Richard Sarver <rsarver@keywestcity.com>, Steve Torrence <storrenc@keywestcity.com>, Danny Blanco <dblanco@keywestcity.com>, Myra Wittenberg <mwittenb@keywestcity.com>, Jim Young <jjyoung@keywestcity.com>

--

*Maria Ratcliff
Executive Administrator to City Manager
and Special Events Coordinator
3132 Flagler Avenue
PH (305) 809-3881
Fax (305) 809-3886*



SKMBT_C36012071610450.pdf
2516K

Myra Wittenberg <mwittenb@keywestcity.com>

Mon, Jul 16, 2012 at 1:25 PM

To: Maria Ratcliff <mratclif@keywestcity.com>

Fine. Myra

[Quoted text hidden]

AIDS Help Gay to Bay
Sept 29, 2012

CITY OF KEY WEST SPECIAL EVENTS
DEPARTMENT APPROVALS (in order of routing):

EVENTS (INITIAL SIGNOFF):

Marie Ratchko 7/13/12
SIGNATURE DATE

CONDITIONS/RESTRICTIONS:

PUBLIC WORKS

[Signature] 7-17
SIGNATURE DATE

CONDITIONS/RESTRICTIONS:

POLICE DEPARTMENT

CONDITIONS/RESTRICTIONS:

SIGNATURE DATE

FIRE DEPARTMENT

CONDITIONS/RESTRICTIONS:

SIGNATURE DATE

KWDOT/PORT

CONDITIONS/RESTRICTIONS:

SIGNATURE DATE

CODE COMPLIANCE

CONDITIONS/RESTRICTIONS:

SIGNATURE DATE

EVENTS:

REQUEST HAS BEEN APPROVED _____
DENIED _____

(if denied attach explanation)



THE CITY OF KEY WEST

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

To: Mark Buckner

From: Division Chief/Fire Marshal Danny Blanco

Date: July 17, 2012

Reference: Gay to Bay 1K Run

This office reviewed the special event application for the Gay to Bay 1K Run to be held on the Southernmost point to Mallory Square on Sept. 29th, 2012.

The following conditions apply:

- **All road closures need to allow an open lane minimum of 12 ft. wide open for emergency vehicle access . Every cross road that is blocked must also be accessible.**

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

Danny Blanco, Fire Marshal

Key West Fire Department
1600 N. Roosevelt Boulevard
Key West, Florida 33040
305-809-3933 Office
305-292-8284 Fax
dblanc@keywestcity.com

Serving the Southernmost City=

KEY WEST FIRE

Gay to Bay 1K Run

CITY OF KEY WEST SPECIAL EVENTS DEPARTMENT APPROVALS

EVENT (INITIAL SIGNOFF):

CONDITIONS/RESTRICTIONS

SIGNATURE DATE

PUBLIC WORKS

SIGNATURE DATE

POLICE

SIGNATURE DATE

FIRE DEPARTMENT

SEE ATTACHED MEMO

Danny Blanco 7/17/2012
SIGNATURE DATE

PORT/KEY WEST DOT

SIGNATURE DATE

CODE COMPLIANCE

SIGNATURE DATE

KEY WEST PROPERTY
MANAGEMENT

SIGNATURE DATE

PARKING DEPARTMENT

SIGNATURE DATE

AIDS Help Gay to Bay Sept 29, 2012

CITY OF KEY WEST SPECIAL EVENTS DEPARTMENT APPROVALS (in order of routing):

EVENTS (INITIAL SIGNOFF):

Marla Ratusis 7/13/12
SIGNATURE DATE

CONDITIONS/RESTRICTIONS:

PUBLIC WORKS

SIGNATURE DATE

CONDITIONS/RESTRICTIONS:

POLICE DEPARTMENT

[Signature] 7/17/12
SIGNATURE DATE

CONDITIONS/RESTRICTIONS:

① Rolling Parade
② Will need Motor Officers for Rolling Parade

FIRE DEPARTMENT

SIGNATURE DATE

CONDITIONS/RESTRICTIONS:

KWDOT/PORT

SIGNATURE DATE

CONDITIONS/RESTRICTIONS:

CODE COMPLIANCE

SIGNATURE DATE

CONDITIONS/RESTRICTIONS:

EVENTS:

REQUEST HAS BEEN APPROVED _____

DENIED _____

(if denied attach explanation)

AIDS Help Gay to Bay
Sept 29, 2012

CITY OF KEY WEST SPECIAL EVENTS
DEPARTMENT APPROVALS (in order of routing):

EVENTS (INITIAL SIGNOFF):

Maria Ratchess 7/13/12
SIGNATURE DATE

CONDITIONS/RESTRICTIONS:

✓ PUBLIC WORKS

SIGNATURE DATE

CONDITIONS/RESTRICTIONS:

✓ POLICE DEPARTMENT

SIGNATURE DATE

CONDITIONS/RESTRICTIONS:

✓ FIRE DEPARTMENT

SIGNATURE DATE

CONDITIONS/RESTRICTIONS:

✓ KWDOT/PORT

SIGNATURE DATE

CONDITIONS/RESTRICTIONS:

✓ CODE COMPLIANCE

SIGNATURE DATE

CONDITIONS/RESTRICTIONS:

EVENTS:

REQUEST HAS BEEN APPROVED _____

DENIED _____

(if denied attach explanation)



CERTIFICATE OF LIABILITY INSURANCE

AHOFM-1

OP ID: PR

DATE (MM/DD/YYYY)

07/20/12

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 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 Gulfstream Insurance Group Inc P.O. Box 8908 Fort Lauderdale, FL 33310-8908 David Arch	954-561-2220	CONTACT NAME:	
	954-566-0673	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Arch Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED
A.H. of Monroe County, Inc.
1434 Kennedy Drive
Key West, FL 33040

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X	BINDER	07/01/12	07/01/13	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ 20,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
						Emp Ben.	\$ 1mm/2mm
A	AUTOMOBILE LIABILITY		BINDER	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y / <input type="checkbox"/> N	N/A			WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$
A	Property		BINDER	07/01/12	07/01/13	E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
City of Key West is additional insured with respect to general liability per written contract.

CERTIFICATE HOLDER**CANCELLATION**

KEYWES1

City of Key West
Building & Zoning Dept.
Carolyn
P.O. Box 1409
Key West, FL 33041

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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