

City of Key West
Special Event Permit Application

For assistance in filling out this application, please contact the City at (305) 809-3881 or via email at : event_request@cityofkeywest-fl.com

Event Name: Conch Republic worlds longest Parade
Location: Duval St (South to Green St) & GREEN ST (DUVAL TO ELIZABETH) UNITED
Date(s): Thursday April 27/23 Hours of Operation: 4 PM - 9 PM (SIMONTON TO WHITEHEAD)
Break Down Date: 4-27-23 Number of Expected Attendees: 500-1000
Is the Event open to the Public? Yes No

Description: Provide a narrative description of the full scope of your event with as much detail as possible in the box below. If this event has multiple sub events, specify date and time range of each.

4-8 PM PARADE STAGING Duval (South to United) AND UNITED
(SIMONTON TO WHITEHEAD)
8 PM PARADE - Duval to GREEN TO ELIZABETH
9 PM ALL DONE

EVENT ORGANIZER INFORMATION

Company or Organization Name Conch Republic Independence Celebration
Name JAMES GILLERAN Phone number 305-304-2400
Mailing Address 801 Duval St
City Key West State FL Zip 33040 Email Jamesgilleran@gmail.com
Tax ID / EIN# 27-2080154

SECONDARY CONTACT INFORMATION

Name _____ Phone number _____
Company or Organization Name _____
Email _____

SPECIAL APPROVAL REQUIREMENTS (IF APPLICABLE)


Noise Exemption Required: Yes Complete Supplement A No
Non-Profit Applicant or Benefit: Yes Complete Supplement B No
Alcoholic Beverages Sold/Served at Event: Yes Needs City Commission Approval No

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

Event Name: Conch Republic Parade Event Date: 4-27-23

- 1. **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: JAMES GILLERAN 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: JAMES GILLERAN Signature: 


- 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: JAMES GILLERAN Signature: 


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: JAMES GILLERAN Signature: 


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: JAMES GILLERAN Signature: 

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: JAMES GILLERAN Signature: 

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: JAMES GILLERAN Signature: 

Event Screening Questionnaire

Event Name: Conch Republic Parade Event Date: 4-27-23

The following questions will determine the correct application supplements that will be required for your event. Any permit or license may be revoked if there has been misrepresentation in the permit or license application with respect to the nature and location of the activity. If you answer "Yes" to any question next to a Supplement, that Supplement must be submitted with this application.

VENDOR SALES

- 1. Will ANY alcoholic beverage be sold or served? Yes Needs City Commission Approval No
- 2. Will ANY food be prepared or served? Yes Complete Supplement C No

SAFETY IF YES, COMPLETE REQUIRED FORMS

- 3. Will your event involve ANY of the following? Cooking Onsite, Compressed Gases or Flammable Liquid (used or stored), Fog Machine/Smoke Machine/Bubble Machine, Generators, Open Flame (fire juggling, bonfire, etc.) Pyrotechnics/Special Effects, Lasers, Confetti, Vehicle or Motorcycles Yes Complete Supplement C No
- 4. Will your event involve ANY of the following tents or structures? Tents, Booths, Canopies or Podiums, Viewing Stands and Bracing, Stages, Risers or Air Support Structures Yes Complete Supplement D No

STREETS & SIDEWALKS IF YES, COMPLETE REQUIRED FORMS

- 5. Will your event require a stationary street closure (Block Party, etc.) or block sidewalk? Yes Complete Supplement E No
- 6. Will your event require a moving street closure (e.g. Race, Bike Rally, Parade)? Yes Complete Supplement E No
- 7. Will your event require parking restrictions (i.e. clearing cars for parade)? Yes Complete Supplement E No

CITY PROPERTY IF YES, COMPLETE REQUIRED FORMS

- 8. Will your event take place in a City-owned Park, Recreation Center or Truman Waterfront? Yes Complete Supplement F 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.

[Signature]
Applicant Signature

2/28/23
Date

Required – Recycling Plan




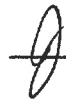
Event Name: CONCH REPUBLIC PARADE Event Date: 4-27-23

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.

RECYCLING POINT OF CONTACT

Name JAMES GILLERAN Phone Number 305-304-2400
Email JAMESGILLERAN@GMAIL.COM Number of people dedicated to recycling 2

INITIALS REQUIRED

-  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 earn all or part of this fee back 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.

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

Due Date
(Self
filling)

DAY OF EVENT:

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: CONCH REPUBLIC PARADE Event Date: 4-27-23

Parking and traffic congestion are consistently a concern of Key West residents. It is the City's goal to involve all event planners in traffic reduction as well as management. For more information consult the Special Events Guide.

INITIALS REQUIRED

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Communications: Every event is required to provide communications about modes of transportation that will reduce vehicle traffic. These actions include:

1. Website(s)
2. Email
3. Ticketholders
4. Social Media

J

Opportunities: Large Events are required to explore opportunities to help minimize traffic congestions and parking issues. Your event will be more successful by encouraging alternate transportation or utilize transit friendly alternatives. Check opportunities you will explore.

- Encourage Walking
- Encourage Biking
- Providing Bike Security with Valet
- Include Ride Service with VIP Passes
- Provide Pre-Sale parking only
- Premium parking prices

- Partner with Transit System/Buses
- Partner with Transit Friendly Hotels
- Partner with Restaurants/Bars
- Partner with Rideshare/Taxi Companies
- Implement Shuttles
- 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	\$32/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 Lot	\$32/day			
Mallory Square Parking Lot	\$40/day			
			Total	

*Modification of rates or parking waivers can only be approved by City Commission.

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: Conch Republic Parade Event Date: 4-27-23

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

[Signature] Attach Site Map Layout

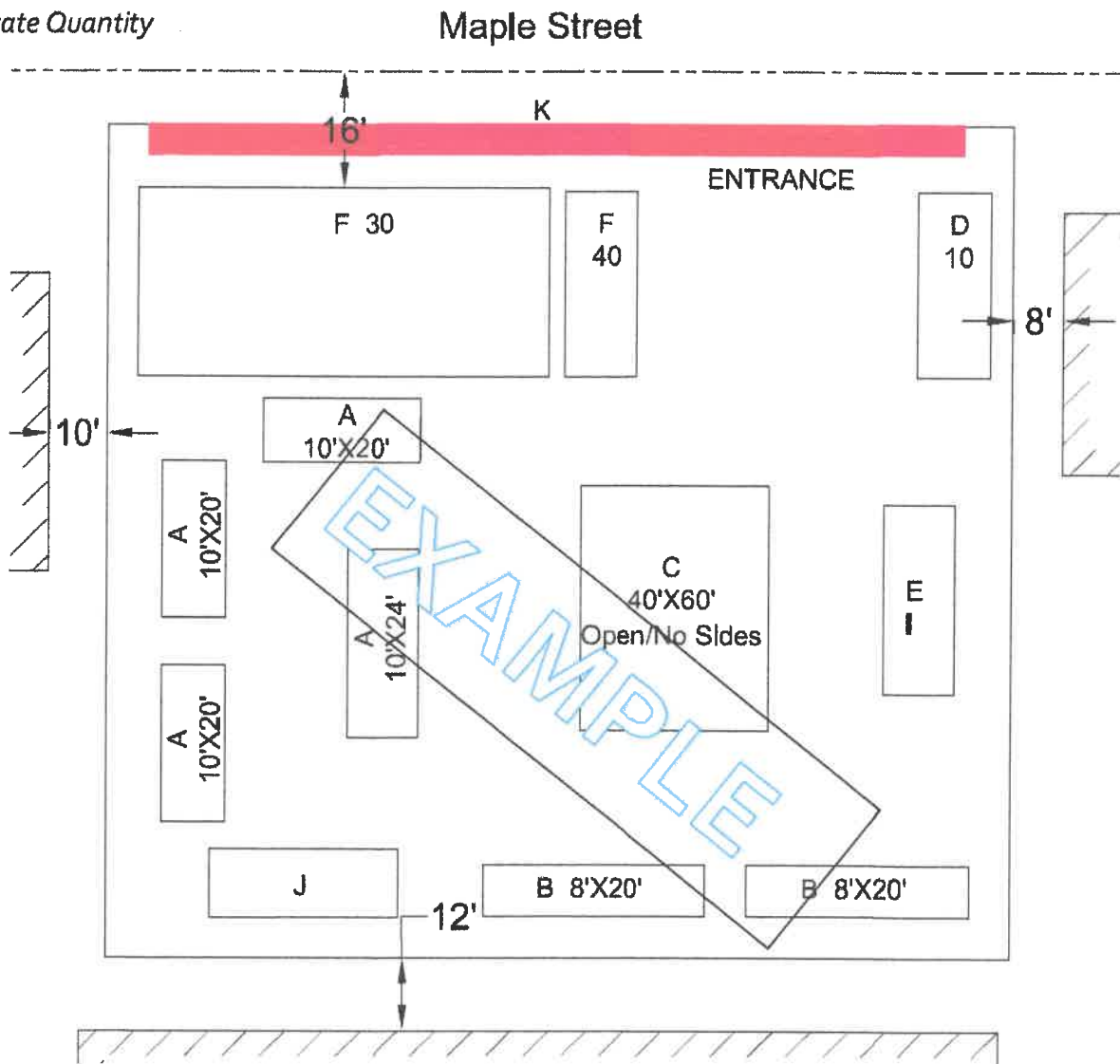
[Signature] Attach Impacted Streets Map

Event Site Map Layout Legend:

- | | | |
|------------------------------|-------------------|-------------------------|
| A. Food/Bev. Vendor Tents* | F. Car Parking** | K. Podiums |
| B. Merchandise Vendor Tents* | G. Bike Parking** | L. Fire Lane (RED LINE) |
| C. Seating Tents* | H. Roads Closed | M. Label Street(s) |
| D. Toilets ** | I. Stage Area | N. Other: _____ |
| E. Amplified Music | J. Bounce House | O. Other: _____ |

* Indicate Tent sizes

** Indicate Quantity



Event Name: CONCH REPUBLIC PARADE Event Date: 4-27-22

Excerpt from City Code Sec. 26-192. - Unreasonably excessive noise prohibited.

Noise limitations - Within a core commercial district as defined in this article, the maximum dBA and dBC sound levels permitted on any property located therein shall be as follows:

The average measurement taken between ten (10) and twenty (20) seconds shall be no greater than the maximum levels set out below. The measurement shall be taken from the sound source property line, or individual lease boundary in the case of property which has been subdivided by the execution of individual leases, of the noise generating property at a location that is closest to the complainant's property line:

- a. Eighty-five (85) dBA or ninety-four (94) dBC between the hours of 11:00 a.m. and 2:59 a.m.
- b. Seventy-five (75) dBA or eighty-four (84) dBC between the hours of 3:00 a.m. and 10:59 a.m.




In any residential or commercial district as defined in this article, a decibel meter shall be used for a complaint of unreasonable noise made at or within 100 feet of the property line of the sound source. The decibel reading shall be made at the location of the complaint. The investigating officer shall issue a citation for unreasonably excessive noise, unless in his judgment a warning is sufficient to cease the violation. There shall be no more than a total of one warning per offending person or establishment.

Events that expect to exceed decibel levels set for their area must get a Noise Exemption from the City Commission. Noise Exemptions cannot be issued for the same location within 60 days of the last noise exemption approval.

Describe the Potential Noise Sources: _____

Do you wish to apply for a Noise Exemption? Yes Need City Commission Approval No

INITIALS REQUIRED

-  1. Applicant(s) has reviewed the City Code regarding Noise limitations and understands that an exemption from the noise control ordinance requires approval from the City Commission. Applications for noise exemptions must be received 30 days before the event
-  2. The processing fee for the application is \$85.16, due upon submission of application. Include this fee in the Special Event Fee Schedule.
-  3. Notice of the City Commission's proposed action on a Noise Exemption shall be published in a newspaper of general circulation at least five days prior to the date of the Commission meeting, as well as mailed to all property owners and occupants located within a 100-foot radius of the proposed event. The applicant is required to pay for the newspaper advertisement.

For more information on Noise and Noise Exemptions, consult the Special Event Guide and read the [City Code Section 26-192](#)

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):

Sister Season fund
422 Fleming St
Key West, FL 33040

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. **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:
 1. in the performance of your ongoing operations; or
 2. in connection with your premises owned by or rented to you.

However:

- 1. the insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. if coverage provided to the Additional Insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these Additional Insureds, the following is added to **SECTION III - LIMITS OF INSURANCE**:

If coverage provided to the Additional Insured is required by a contract or agreement, the most we will pay on behalf of the Additional Insured is the amount of insurance:

- 1. required by the contract or agreement; or
- 2. available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Event Name: CONCH REPUBLIC PARADE Event Date: 4-27-23

Non-Profit Organization Name SISTER SEASON FUN

Tax ID/EIN # 20-317-9971 Representative Julie Hansen

Purpose of Organization LOCALS HELPING LOCALS

Phone 305-304-9828 Email JULIE@SISTERSEASONFUN.COM

How will the nonprofit proceeds/donations, after payments of direct necessary expenses be used?

EVENT IS FREE - PROMOTING ORGANIZATION

INITIALS REQUIRED

JA

1. **Services Waived:** The first \$1,000.00 of costs as specified in Section 6-26 (d) of the Code of Ordinances may be waived for any Event Organizer or Sponsor organization which qualifies as a tax-exempt Non-profit organization according to State or Federal law. Acceptance of this waiver by such Event Organizer or Sponsor organization shall render the Special Event a public accommodation subject to Human Rights provision of Section 38-225.

JA

2. **Approval:** Supplement B must be reviewed and approved for Non-profit waivers to be granted. Neither Completion nor Submission of this form guarantees a waiver will be granted.

JA

3. **Monies Received:** Within 30 days of the event completion the Event Organizer agrees to submit to the City Commission a letter from the Non-profit Organization receiving the waiver stating the amount of monetary donation received from the event.

JA

4. **Accounting:** Within 90 days following the Special Event, the Event Organizer or Sponsor organization will ensure that the Non-profit organization receiving the waiver submits to the City Commission an accounting of expenses and revenues incurred and generated during the event.

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.

Officer Signature Julie Hansen Title: Executive Date 3-8-23

Event Name: CONCH REPUBLIC PARADE Event Date: 4-27-23

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 apply to the Special Event

<u>Cooking:</u>	<u>Electrical Power</u>	<u>Other</u>
<input type="checkbox"/> Deep Frying/ Open Flame	<input type="checkbox"/> Generator	<input type="checkbox"/> Road Closure
<input type="checkbox"/> Charcoal Grill	<input type="checkbox"/> 110AC / Extension Cords	<input type="checkbox"/> Fog/Smoke Machine
<input type="checkbox"/> Gas Grill	<input type="checkbox"/> DC Power	<input type="checkbox"/> Bubble Machine
<input type="checkbox"/> Food Warming Only	Structures:	<input type="checkbox"/> Pyrotechnics
<input type="checkbox"/> Catered Food	<input type="checkbox"/> Stages / Risers / Canopies	<input type="checkbox"/> Special Effects
<u>Alcohol To be Served By</u>	<input type="checkbox"/> Viewing Stands / Bracing	<input type="checkbox"/> Open Flame
<input type="checkbox"/> Existing Licensed Establishment	<input type="checkbox"/> Seating	<input type="checkbox"/> Lasers
<input type="checkbox"/> Commercial Licensed Vendors	<input type="checkbox"/> Air Supported Bounce House	<input type="checkbox"/> Confetti
<input type="checkbox"/> Non-profit Licensed Vendors	<input type="checkbox"/> Tents Greater than 200 SF	<input type="checkbox"/> Vehicle/Motorcycle Demo

INITIALS REQUIRED

- 1. Alcohol:** Applicant(s) wishing to sell/consume alcoholic beverages on City property must have approval by the City Commission by 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. Applicant must have a [liquor license](#) and provide liquor liability insurance.
- 2. Cooking Safety:** If cooking, a KWF D Fire Watch must be provided and fire extinguisher(s) with a minimum rating of 3A40BC shall be provided near cooking equipment.
- 3. Sidewalks:** Structures must not interfere with pedestrian movement on the sidewalk. The Special Event Site Plan must show a minimum setback of six (6) feet from the property lines.
- 4. Special Event Site Map:** Indicate where structures, tents, stages, cooking equipment, etc. will be located. The layout must also identify distances to the nearest buildings and property line. If seating will be provided, show seating/chair arrangement.
- 5. Cooking Oil:** Cooking oil must be disposed of properly. Vendors found dumping cooking oil improperly will result in forfeiture of a portion of the Event deposit.

Event Name: CONCH REPUBLIC PARADE Event Date: 4-27-23

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

Provide copy of Event Site Map/Layout Yes [] No [X]

TENTS

Total Number of Food/Beverage Vendor Tents: _____

Total Number of Merchandise Vendor Tents: _____

Total: _____

Tent Supplier Name _____ Contact Number _____

Size & Type of Tents: _____
NA

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 street or sidewalk? Yes [] No []

For each structure, note number of footings, weight and dimensions (L/W/H) below:

NA

Event Name: CONCH REPUBLIC PARADE Event Date: 4-27-22

STREET CLOSURE INFORMATION

Street(s) to be closed United, Duval, GREEN Block/Address Number(s) _____

Cross-Streets: between SEE ATTACHED and "A"

Closure Date(s) 4-27-23 Time (4pm-9pm) AM/PM to 9pm AM/PM

INITIALS REQUIRED

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1. **Non-Profit Inclusion:** Applicant(s) who are businesses or private persons who wish to close a City street must make an application jointly with a Non-profit organization. When an Event Organizer proposes a Special Event that will cause the closing of a city street or other public right-of-way, the Event Organizer must donate at least 25% of the Event Organizer’s gross revenues or \$1000.00, whichever is greater, to at least one Non-profit organization. The Event Organizer must designate the Non-profit organization(s) on the application for the event. Each named Non-profit organization must provide the City Manager with a letter of agreement with the Event Organizer.

J

2. **Consent:** The Event Organizer must have neighboring businesses sign a petition of no objection to the street closure. A template consent form can be found in the Special Events Guide.

J

3. **ADA Restrooms:** Whenever the Event Organizer of a Special Event provides temporary bathroom facilities within 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.

J

4. **Insurance:** Typical insurance policies may not provide coverage for accidents that may occur off private property and in the City Right-of-way. Events taking place within City Right-of-Way require insurance in the amount of \$1M – liability and \$2M – aggregate.

J

5. **Public access:** Pedestrians must be allowed access to the closed area free of charge.

J

6. **Emergency Access:** The closed street/roadway will immediately available for emergency vehicles and vehicles within the close block.

SIGNATURE REQUIRED

We the undersigned, agree to save and hold harmless, the City of Key West from all cost and damage to any person and/or property which is caused by any activity, condition, or event arising out of temporary use of the above street for the purpose of this Special Event.

J
Event Organizer Signature

2/28/23
Date

Cunich Republic Parade - April 27, 2023

Supplement E - Street
Closure

Attachment A

STAGING

4-8 PM ① Duval Street
South to United

② United Street
Simontex to Whitehead

Parade
8-9 PM

① Duval Street
United to Greene

② Greene St
Duval to Elizabeth

Exhibit A

Event Name: CONCH REPUBLIC PARADE Event Date: 4-27-23

A list of City Properties that are available for event use, their amenities and Use Fees are listed in the Special Event Guide.

Which City Property do you wish to use? STREETS

Which Area(s) of the City Property do you wish to use? _____

Will Utilities be required (Water and/or Electricity)? Yes No

INITIALS REQUIRED

J

1. The City makes no guarantees that the requested City Property and Area will be available on the dates requested. Submitting this application acts as a request, not a guarantee.

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2. Events taking place on City Property require insurance in the amount of \$1M – liability and \$2M – aggregate.

J

3. Applicants wishing to sell/consume alcoholic beverages on City property must have approval by the City Commission via 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. Event Organizer must first have obtained a [liquor license](#) and liquor liability insurance.

J

4. Prior to use of the requested facility, the applicant must provide a refundable deposit and a nonrefundable payment for use of the City Property, as determined by the Fee Schedule. This payment shall be delivered to the City Manager’s Office at 1300 White St., Key West, FL 33040 at time of application. All checks shall be made payable to City of Key West.

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5. All utility use must be coordinated through City of Key West. Any modification to utilities to support the activity will be at the sole cost of the Event Organizer and must meet City Codes. Utilities used by the Event Organizer will be charged at current rates or agreed upon method.

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6. Ingress/egress by the Event Organizer shall be coordinated with the City of Key West.

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7. The City property used must be maintained in an orderly and neat condition. City of Key West may request Event Organizer to improve conditions of site within reason if conditions become unacceptable.

J

8. No trash may be left on site. Use of City of Key West dumpsters is not authorized unless prior approval is obtained from the City Manager.

J

9. No alcoholic beverages/non-prescription drugs or food may be brought onto or sold on Truman Waterfront without prior approval from the City Commission.

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10. No hazardous material or waste shall be used or stored on the premises without submitting a Hazardous Waste Handling and Spill Plan to the City of Key West.

[Handwritten initials]

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 environmental contamination to the City Property that may be caused by the Event activity.

[Handwritten initials]

12. 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 REQUIRED for Truman Waterfront Property

For Use of Truman 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 allowed access to the site at all times.

17. Event Organizer shall provide sufficient personnel to ensure proper and safe operation of the activity.



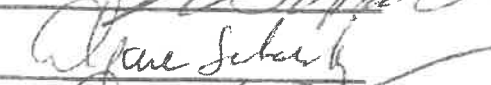








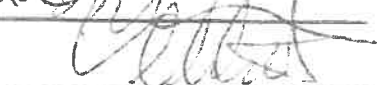
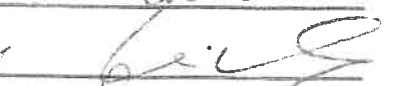


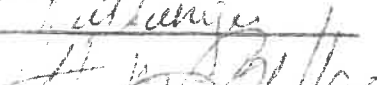

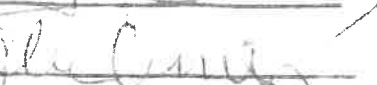



18. Event Organizer may not stay overnight on Truman Waterfront without prior approval from the City of Key West.

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.

Signatures of no objection for street closure

Business	Address	Signature
KWBG	808 Duval	
MARGOES	700 DUVAL	
807 BORTON BAR	801 Duval	
OLD TOWN MEXICO	609 DUVAL ST.	
CRAFTS	721 Duval St.	
KWEST LIQUORS	705 DUVAL ST	
Bambino Jr Pub	714 Duval St	
2000 Island	720 Duval	
PIZZA TOES	724 DUVAL	
Floot Boutique	718 Duval St	
Flamingo Boutique	716 Duval St	
ART ON DUVAL	714 Duval	
ROCKE HUBBARD	9th Street / 711 Duval	
Mary Martin	711 Duval St / ABUAGA	
Casino Malvino PINGERS	712 DUVAL ST	
ART COM TEE	706 Duval	
Effusion Gallery	701 Duval St	
Key West Fish and Chips	633 Duval St	
Florine Gallery	634 Duval St.	
ABSTRACTA	624 DUVAL ST.	
Zorro Gallery	602 Duval St	
Uyaland	623 Duval	
Complete Body Defense	621 Duval St	
Complete Body Defense	121 Duval St	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/10/2023

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 Arthur J. Gallagher Risk Management Services, LLC 100 Matsonford Road 3 Corporate Center, Suite 100 Radnor PA 19087 License#: BR-724491 NEWSOUT-06	CONTACT NAME: PHONE (A/C, No, Ext): 800-526-5199 FAX (A/C, No): E-MAIL ADDRESS:													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Vigilant Insurance Company</td> <td>20397</td> </tr> <tr> <td>INSURER B: Federal Insurance Company</td> <td>20281</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Vigilant Insurance Company	20397	INSURER B: Federal Insurance Company	20281	INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														

COVERAGES

CERTIFICATE NUMBER: 946712703

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			36060900	2/1/2023	2/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			99507780	2/1/2023	2/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Florida Keys Media's sponsorship of the Conch Republic Independence Parade on 04/27/23

** Evidence of Insurance **

CERTIFICATE HOLDER**CANCELLATION**
 City of Key West
 P.O. Box 1409
 Key West FL 33040

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/08/2023

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.

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PRODUCER East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley CA 95945	CONTACT NAME: Will Maddux PHONE (A/C No., Ext): (530) 477-6521 E-MAIL ADDRESS: info@theeventhelper.com FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A: Lloyds Syndicate 2623 INSURER B: Lloyds Syndicate 623 INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Sister Season Fnd Julie Hanson 422 Fleming St Key West FL 33040	NAIC # AA-1128623 AA-1126623


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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Liquor Liability <input type="checkbox"/> Retail Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	EH-771323-L3523078	04/29/2023 12:01 AM	04/30/2023 12:01 AM	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (other than fire) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 Deductible \$ 1,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

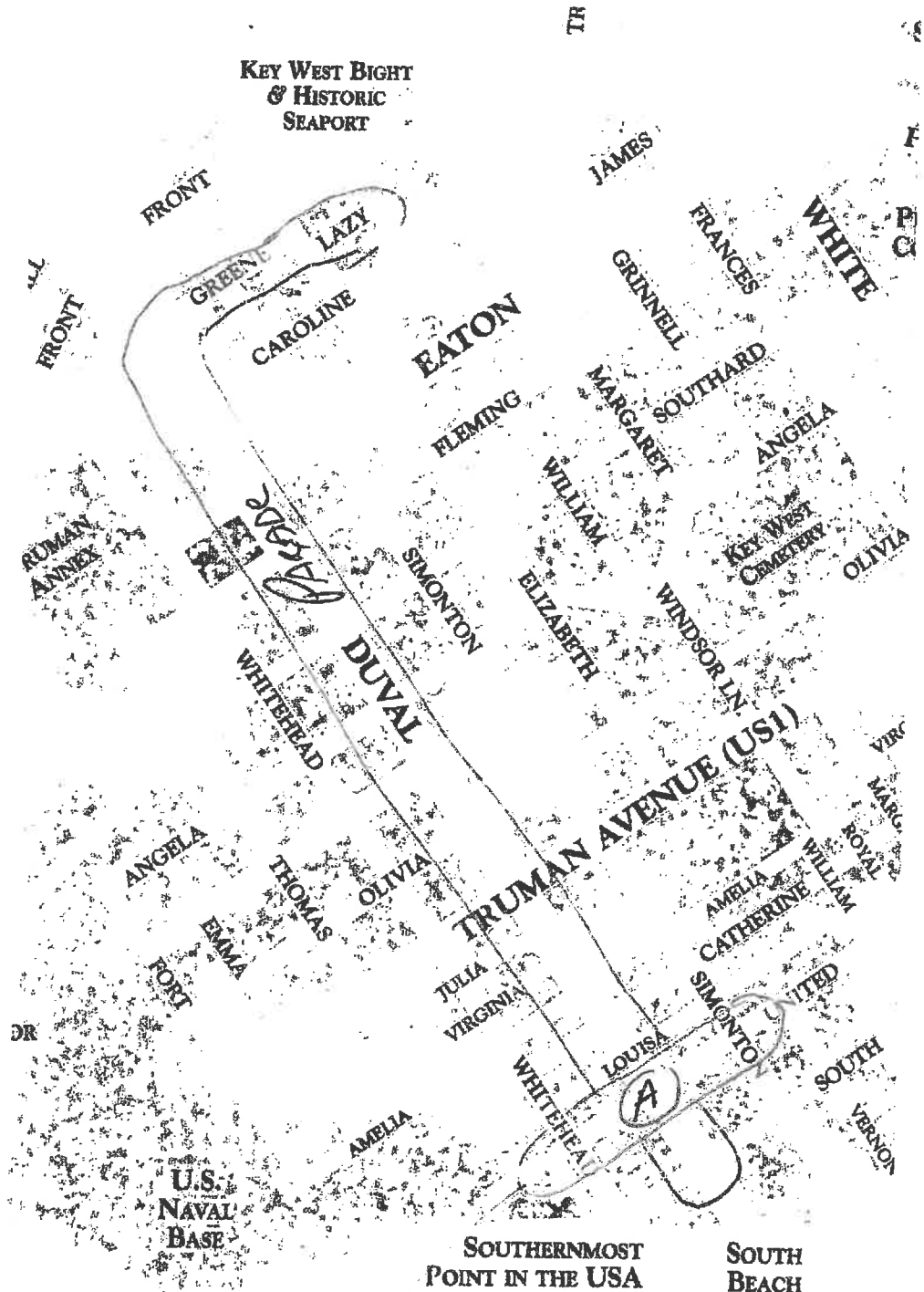
Certificate holder listed below is named as additional insured per attached CG 20 26 04 13.
Attendance: 100, Event Type: Block Parties/Street .

CERTIFICATE HOLDER Sister Season fund 422 Fleming St Key West FL 33040	CANCELLATION 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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Conch Republic Parade

Thurs, April 27, 2023



PARADE Closure
 7PM - Duval St
 (United to Greene)
 GREEN (Duval to Elizabeth)

(A) PARADE STAGING - 4PM Closure
 Duval (South to United)
 United (Simonton to Whitehead)