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

City of Key West | 1300 White St. Key West, FL 33040 | (305)809-3881

INITIALS	REQUIRED
Event Nar	ne: Pet Masquerade Event Date: 10-22-25
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: Rick Lopez Signature: Manager Signature:
2.	
	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: Rick Lope Z Signature: My Zuy
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.

4.	<b>ADA:</b> 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: Rick Lope Z Signature: My July
5.	<b>Notifying:</b> 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: Rick Lopez Signature: My Luy
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: Rick Lopez Signature: My Tuy
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: Rick Lopez Signature:
	Applicant i inited Maine: 111 C/C Super Signature: Vill 100

## **Event Screening Questionnaire**

1		
Event Name: Pet Masque Cade	Event Date: . (0・22・	25_
The following questions will determine the correct application permit or license may be revoked if there has been misrepress to the nature and location of the activity. If you answer "Yes" must be submitted with this application.	sentation in the permit or license application wit	h respect
VENDOR SALES		
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	Yes 💢 Complete Supplement C	No 🗌
<ul><li>Effects, Lasers, Confetti, Vehicle or Motorcycles</li><li>4. Will your event involve ANY of the following tents or structures?</li><li>Tents, Booths, Canopies or Podiums, Viewing Stands</li></ul>	Yes Complete Supplement D	No 🗌
and Bracing, Stages, Risers or Air Support Structures		
STREETS & SIDEWALKS IF Y	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 YE	S, COMPLETE REQUIRED FORMS	
8. Will your event take place in a City-owned Park, Recreation Center or Truman Waterfront?	Yes Complete Supplement F	No 🗌
he applicant does acknowledge and hereby affirms that any and all	information of this application and all of its supplem	ents are

The applicant does acknowledge and hereby affirms that any and all information of this application and all of its supplements are accurate to the best of their knowledge. The applicant(s)/permittee agrees to assume full responsibility and liability for and indemnify and hold the City of Key West harmless from and against all liability, claims for damages, and suits for or by reason for an injury to any person or damages to any property of the parties hereto or of the third persons for any and all cause or causes whatsoever or in any way connected with the holding of said event or any act or omission or thing in any manner related to said event and its operation irrespective of negligence, actual or claimed, upon the part of the City their agents or employees.

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

Date 10-22-25 7.30.25

# Required - Recycling Plan - Donated by Waste Managment

Event Name:	Pot Masquerade	Event Date:	- 10-22-21
Lvent Name.	1 61 701003 9 007 00018	Event Date:	- 10-22

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	OFCONTACT
0	

Name \_ Rick Lope Z Phone Number 305-296-7511

Email rick Lapez@FLKoysmadia, com Number of people dedicated to recycling 1

#### **INITIALS REQUIRED**



2. **RECYCLING F E E**: The Fee (see Fee Schedule) must be submitted prior to the event. You can <u>earn all or part of this fee back</u> by participating in the City Recycling Program.

 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)

RL

#### **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 <a href="mailto:recycle@cityofkeywest-fl.gov">recycle@cityofkeywest-fl.gov</a>

#### DAY OF EVENT:

Due Date (Self filling)

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

Due Date (Self filling)

#### TRASH/RECYCLING REPORT:

- 2. 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	: Pet Masquerade	Event Date: _10 - 22 - 25		
planners in tra	ffic reduction as well as management. For more info	West residents. It is the City's goal to involve all event ormation consult the Special Events Guide.		
INITIALS RE	QUIRED	THE RESERVE OF THE PARTY OF THE		
RL	Communications: Every event is required to transportation that will reduce vehicle traffic	These actions include:		
	<ol> <li>Website(s)</li> </ol>	3. Ticketholders		
	2. Email	4. Social Media		
RL	Opportunities: Large Events are required to explore opportunities to help minimize traff congestions and parking issues. Your event will be more successful by encouraging altern transportation or utilize transit friendly alternatives. Check opportunities you will explore			
	Encourage Walking	Partner with Transit System/Buses		
	Encourage Biking	Partner with Transit Friendly Hotels		
	Providing Bike Security with Valet	Partner with Restaurants/Bars		
	Include Ride Service with VIP Passes	Partner with Rideshare/Taxi Companies		
	Provide Pre-Sale parking only	Implement Shuttles		
	Premium parking prices	Other:		

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

Parking Type	Fees and Rules*	No. of Parking Spots Requested	No. of Days Needed	Total Parking Cost
Residential Permit Spaces	Not allowed		a-ticle in the latest	
Unmetered Street Parking	No Cost			
Park N Ride Garage	\$40/day			
Metered Street Parking	\$20/day			
Truman Waterfront Park	\$20/day			
Smathers Beach	\$20/day			
Angela Firehouse Parking Lot	\$20/day			
Simonton Beach Parking Lot	\$20/day			-
Ferry Terminal Parking Lot	\$20/day			
Historic Bight Parking Lots	\$40/day			
Mallory Square Parking Lot	\$48/day	***************************************		

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

## Required: Event Site Map / Layout

Event Name:	Pet Masquerade	Event Date:	10-22-25
	1		-

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

\_X\_ A

Attach Site Map Layout

Attach Impacted Streets Map

### Event Site Map Layout Legend:

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

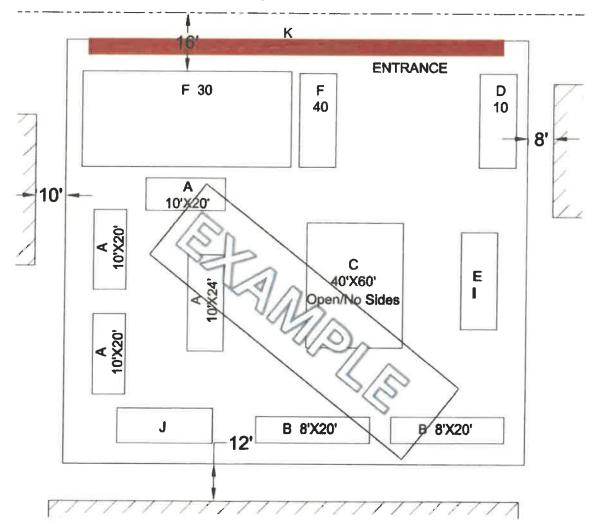
- F. Car Parking\*\*
- G. Bike Parking\*\*
- H. Roads Closed
- I. Stage Area
- J. Bounce House

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

\* Indicate Tent sizes

#### \*\* Indicate Quantity

## Maple Street



Code Section 26-192

## Supplement A - Noise

Event l	Name:	Pet M	asquerade		_ Event Date:	10-22-25
Excerpt	from City	Code Sec. 26-1	92 Unreasona	bly excessive noise pro	hibited	-
				rict as defined in this ar shall be as follows:	rticle, the maxin	num dBA and dBC sound
maximui lease boi	m levels se undary in t	t out below. Th he case of prop	e measuremen erty which has	o) and twenty (20) secont shall be taken from the been subdivided by the sest to the complainan	he sound source e execution of in	property line, or individud dividual leases, of the
				a) dBC between the hou dBC between the hours		
unreasor be made excessive a total of	nable noise at the loca e noise, unl f one warni	made at or wit ation of the con less in his judgn ing per offendir	thin 100 feet of aplaint. The inv nent a warning ag person or est	the property line of the estigating officer shall is sufficient to cease th ablishment.	e sound source. Issue a citation ne violation. The	ere shall be no more than
Commiss	hat expect sion. <u>Noise</u> on approva	e Exemptions	ibel levels set f	for their area must ge ed for the same locati	t a Noise Exem on within 6o da	ption from the City ys of the last noise
Describe	the Poten	tial Noise Sou	rces:	NA		
	<b>ish to app</b> l S REQUIR	ly for a Noise I	Exemption?	Yes Need City Co	ommission Appi	roval No 💢
	exemp	tion from the	noise control o	Code regarding Noise l ordinance requires app must be received 30 da	roval from the	City Commission.
		ocessing fee fo the Special Eve			n submission of	application. Include this
	newspa as well	aper of genera as mailed to a	l circulation at Il property owr	oposed action on a No least five days prior to ners and occupants loc quired to pay for the n	the date of the ated within a 1	Commission meeting, oo-foot radius of the
or more	information	on on Noise an	d Noise Exemp	otions, consult the Spe	ecial Event Guid	e and read the <u>City</u>

City of Key West | 1300 White St. Key West, FL 33040 | (305)809-3881

## Supplement B – Non-Profit Verification

Even	t Nar	ne: Pet Masquerade Event Date: 10 - 22:75
Non-P	rofit	Organization Name Monrae County Sheriff' Office Animal Farm
		# 596000753 Representative Jeanne Selander
Purpos	se of	Organization Animal Sanctuary
Phone		305-797-0074 Email Jselandere Keysso. net
How w	vill the	s nonprofit proceeds/donations, after payments of direct necessary expenses be used?  See Attach ted Letter
INITIA	ALS F	REQUIRED
RL	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.
RL	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.
RL	3.	<b>Monies Received:</b> 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.
RL	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.

By o

By checking "I agree", you agree and acknowledge your electronic signature is valid and bonding in the same force as a handwritten signature. Date 10-22-25  $\perp$  1-30-25



# MONROE COUNTY SHERIFF'S OFFICE RICHARD A. RAMSAY, SHERIFF

From: Jeanne Selander

Monroe County Sheriff's Office

Date: July 28, 2025

Re: Fantasy Fest Pet Masquerade

To whom it may concern,

The Monroe County Sheriff's Office Animal Farm will be the recipient of all funds raised during the Pet Masquerade on October 22, 2025

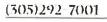
Sincerely,

Jeanne Selander
Animal Farm Supervisor















Event Name:	Pet Masquerade	Event Date:	10-22-25
	· ·		

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.

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

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.

More information on Safety requireme	into carr be rooma in the opecial Event o				
EVENT ACTIVITIES – Check all that ap	oply to the Special Event				
Cooking:	Electrical Power	<u>Other</u>			
Deep Frying / Open Flame	Generator	Road Closure			
Charcoal Grill Gas Grill Food Warming Only Catered Food	110AC / Extension CordsDC Power Structures:	Fog/Smoke MachineBubble MachinePyrotechnicsSpecial Effects			
Alcohol To be Served By	Stages / Risers / Canopies Viewing Stands / Bracing	Open Flame Lasers			
Existing Licensed Establishment Commercial Licensed Vendors Non-profit Licensed Vendors	Seating Air Supported Bounce House Tents Greater than 200 SF	Confetti Vehicle/Motorcycle Den			
INITIALS REQUIRED					
approval by the City Commiscrowd control and safety as of Applicant must have a liquor	ning to sell/consume alcoholic beverage ssion by Resolution and must hire an ext determined by the Key West Police Dep license and provide liquor liability insur	tra-duty police officer(s) for artment or City Manager. ance.			
	g, a KWFD Fire Watch must be provide C shall be provided near cooking equip				
	st not interfere with pedestrian movem show a minimum setback of six (6) feet				
be located. The layout must	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.				
improperly will result in forfe	nust be disposed of properly. Vendors fiture of a portion of the Event deposit.  64 Catered Affairs AM				

City of Key West | 1300 White St. Key West, FL 33040 | (305)809-3881

# Supplement D – Tents & Structures

Event Name: Pet Masquerade Event Date: 10-22-25			
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 🗌			
TENTS			
Total Number of Food/Beverage Vendor Tents:			
Fotal Number of Merchandise Vendor Tents:			
Total:			
Fent Supplier Name Contact Number			
Size & Type of Tents:			
Manroe County Shoriff's Office Animal Farm 10x10 tent for			
Merchandige and registration			
Provide Certificate of Flame Resistance/Retardant for Tent Fabric. Yes No			
Vill there be any combustibles or flammable liquids under the tent? Yes \(\sums\) No			
Will the sides of the tent be used?  Yes* No No Exit plans must be indicated on Site Map Layout.			
STRUCTURES			
Vhat structures will be erected?			
Vill structures be erected on any part of a street or sidewalk? Yes \( \) No \(\times\)			
For each structure, note number of footings, weight and dimensions (L/W/H) below:			

# Supplement E – Street Closure

Event	Name: Pet Mas	ique rade	Event Date:	10-22-25		
STREE	T CLOSURE INFORMATIC	N				
Street(s)	Street(s) to be closed					
Cross-St	Cross-Streets: between and and					
Closure	Date(s)	Time	AM/PM to	AM/PM		
INITIAL	_S REQUIRED					
	City street must mak Organizer proposes a right-of-way, the Eve revenues or \$1000.00 Organizer must desig	e an application jointly was special Event that will controlled the controlled with the controlled with the controlled which ever is greater, to make the Non-profit organized with the controlled with the co	usinesses or private persons which a Non-profit organization. tause the closing of a city stree te at least 25% of the Event Organization(s) on the application the City Manager with a letter	When an Event et or other public rganizer's gross nization. The Event of for the event. Each		
	2. <b>Consent:</b> 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.					
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.						
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.						
5. <b>Public access:</b> Pedestrians must be allowed access to the closed area free of charge.						
6. Emergency Access: The closed street/roadway will immediately be available for emergency vehicles and vehicles within the close block.						
SIGNAT	URE REQUIRED					
person ar	ndersigned, agree to save nd/or property which is cau reet for the purpose of this	ised by any activity, cond	ity of Key West from all cost a dition, or event arising out of to	and damage to any emporary use of the		
By o	checking "I agree", you agi ce as a handwritten signat	ree and acknowledge yo ure. Date <u>1</u>	ur electronic signature is valid -30·25	and bonding in the		

Supplement F – City Property

Event N	ame:	Pet Masquerade	Event Date:	_10 -2 <u>2-25</u> ,	
A list of C Event Gu	ity Pro ide.	perties that are available for event use, their	amenities and Use Fees	are listed in the Special	
Which Cit	ty Prop	erty do you wish to use? <c td="" wcst<="" y=""><td>Amphitheater</td><td></td></c>	Amphitheater		
		f the City Property do you wish to use?	2 1		
Will Utilities be required (Water and/or Electricity)? Yes X No					
INITIALS	SREQU	JIRED		12 C - C - C	
AL	1.	The City makes no guarantees that the rec the dates requested. Submitting this appli	quested City Property and cation acts as a request,	d Area will be available or not a guarantee.	
RL	2.	Events taking place on City Property requi \$2M – aggregate.	re insurance in the amou	unt of \$1M — liability and	
<u>RL</u>	3.	Applicants wishing to sell/consume alcohology the City Commission via Resolution and control and safety as determined by the Event Organizer must first have obtained a	must hire an extra-duty Key West Police Depai	police officer(s) for crowd rtment or City Manager.	
RL	4.	Prior to use of the requested facility, the a nonrefundable payment for use of the Cit This payment shall be delivered to the City 33040 at time of application. All checks sha	ty Property, as determin Manager's Office at 1300	ned by the Fee Schedule.  White St., Key West, FL	
RL	5.	All utility use must be coordinated through support the activity will be at the sole cost of Utilities used by the Event Organizer will be	of the Event Organizer ar	nd must meet City Codes.	
RL	6.	Ingress/egress by the Event Organizer shall	be coordinated with the	City of Key West.	
RL	7.	The City property used must be maintained West may request Event Organizer to improbecome unacceptable.	ed in an orderly and near ove conditions of site w	at condition. City of Key ithin reason if conditions	
RL	8.	No trash may be left on site. Use of City prior approval is obtained from the City Mar		is not authorized unless	
AL AL	9.	No alcoholic beverages/non-prescription d Truman Waterfront without prior approval f	lrugs or food may be bi from the City Commissio	rought onto or sold on	
ML	10.	No hazardous material or waste shall be use a Hazardous Waste Handling and Spill Plan	ed or stored on the pren to the City of Key West.	nises without submitting	



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.



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 always allowed access to the site.



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



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



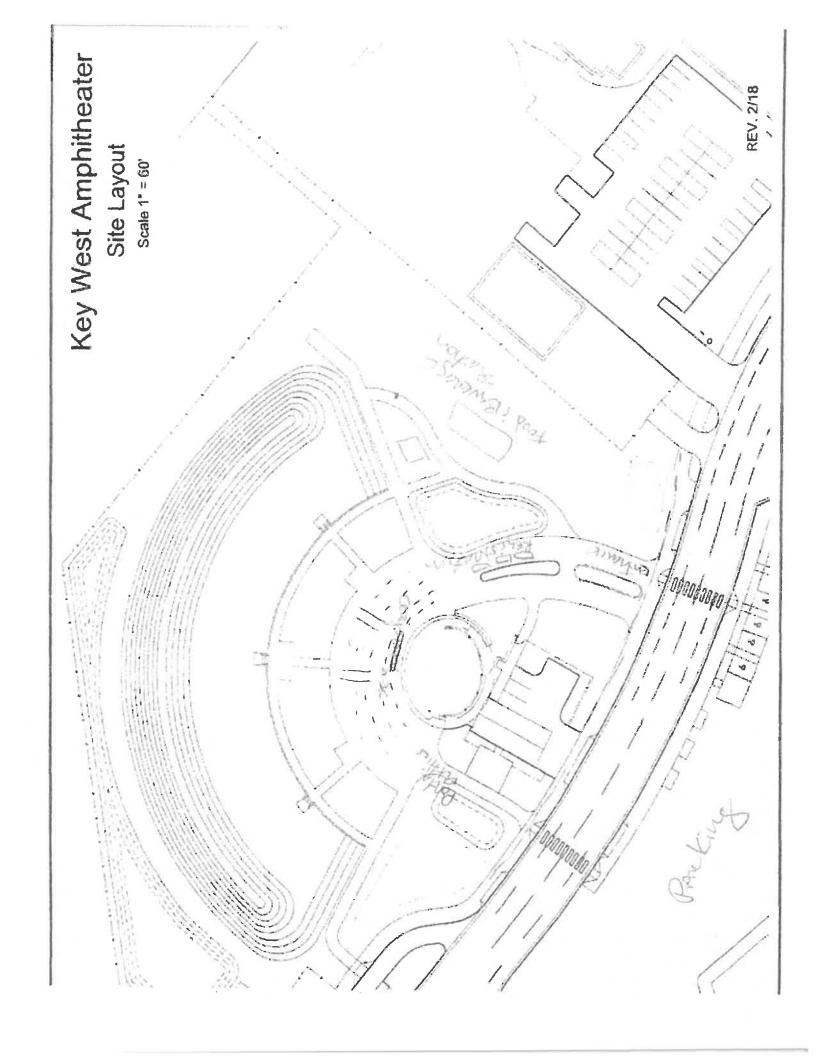
19. Any use of NOAA property or seawall must be coordinated with directly with NOAA.

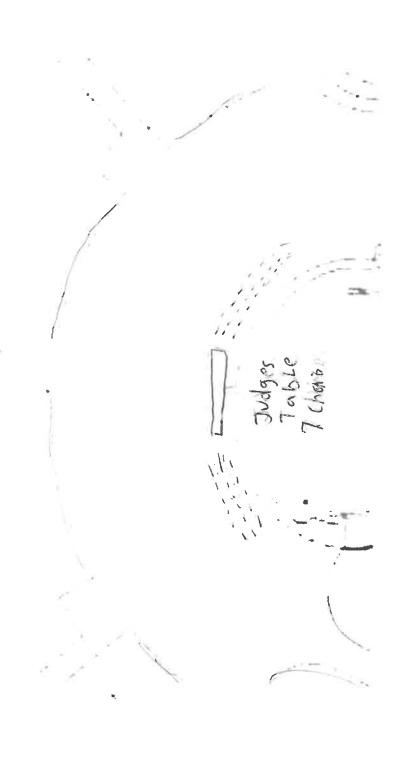


20. Unfettered access to Navy, NOAA and State Park property must be maintained at all time

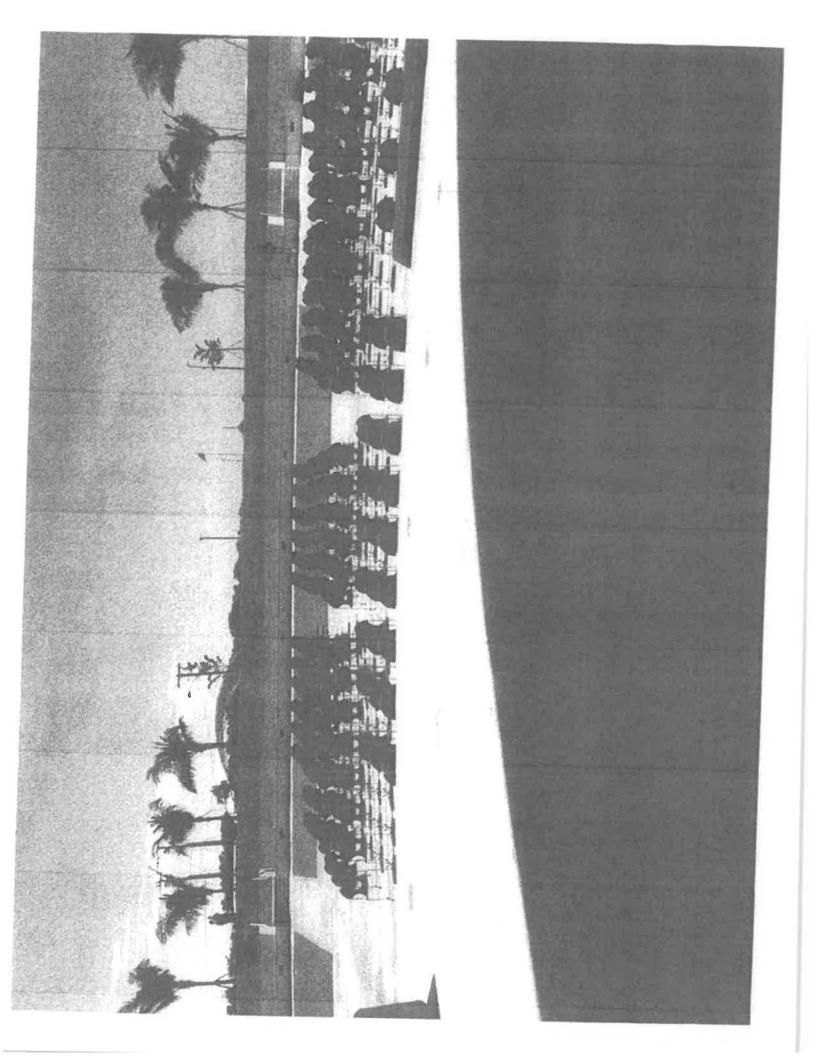


21. Use of the inner basin for any activities is not authorized.





Sponsor Scaling





#### THE CITY OF KEY WEST

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

RELEASE AND INDEMNIFICATION
Florida Keys Media
Pet Masquerade
Wednesday, October 22, 2025
Coffee Butler Amphitheater

I Rick Lopez being authorized to act on behalf of and legally bind Florida Keys Media 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, otherwise arising from the actions of their members, licensees, customers, guests, invitees, or participants in the related activities permitted. The foregoing Release and Indemnification agreement does not apply to those claims for damages or injuries which result from the negligent actions or omissions of the City of Key West, its officers, agents, and employees.

Signature of Applicant

FILE PERVINS

Print Name

15 25

Date

Date

Event Name: Pet Masquerade Event Date: 10/222025

Department	Signature / Restrictions / Conditions
Special Events Manager	Kellí Funkhouser
Code Compliance	Chris Counsellor
Engineering	Doug Bradshaw
Fire Department	Dereck Berger emailed Conditional Memo
KW DOT	
Parking	
Police Department	JT
Port & Marine Services	Steve McAlearney
Property Management	Regul
Community Services	
Utilities	M. Willman
Risk Management	Applicant to provide COI once approved
Other	







## THE CITY OF KEY WEST

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

To: Rick Lopez (ricklopez@flkeysmedia.com)

From: Lieutenant Dereck Berger

Date: 8/6/2025

Reference: Pet Masquerade

This office reviewed the special event application for the Pet Masquerade to be held at Coffee Butler Amphitheater on October 22, 2025. 5:00pm-9:00pm.

The following conditions apply:

- Any cooking that takes place on city property needs to have a Life Safety Inspection.
- Attached are the vendor regulations for special events.
- Event organizer is responsible for EMS rescue Gator personnel (2) @ \$75.00 an hour per person. They will be present for the entire event to conduct a Fire Safety Watch & and respond to any medical calls for the event.
- Event coordinator is responsible for scheduling the inspection with this office.

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

## Dereck Berger

Lieutenant/Inspector

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

Dereck.berger@cityofkeywest-fl.gov



Key to the Caribbean – average yearly temperature 77 ° Fahrenheit.

326£ LS3m 13