

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: Zombie Bike Ride		
Location: Fort East Martello, rolling road block on S.Roos.	Atlantic, Reynolds, South, Duval, South	thard, ending at the Coffee Butler Amphitheater
Date(s):10/22/23	Hours of Operation:	Ride Will depart at 6pm, rolling roadblock will be finished by 8pm
Break Down Date:		5,000-10,000 combined bicycle rid
	No 🗌	participants
Description: Provide a narrative description of the f below. If this event has multiple sub events, specify		much detail as possible in the box
The annual Zombie Bike Ride will be staged at Fort East Ma rolling roadblock, in coordination with Key West Police Depa Airport, will be used to travel by bicycle down the south side permits are being sought from FDOT and will be procured at	artment, Monroe County Sheriff Depar of the island and we will end at the Co	rtment and the Key West international Ifee Butler Amphitheater. Additional
EVENT ORGANIZER INFORMATION		
Company or Organization Name <u>WeCycle/ K</u>	cy West Art and Historical Society	
NameEvan Haskell/ Michael Gieda	Phone numb	er305-393-5797 / 305-587-8877
Mailing Address5160 US1, Key West, FL 33040 / 28	1 Front St, Key West, FL 33040	
City <u>Key West</u> State <u>FL</u> Zip <u>33040</u>	Emailevan@wecyclekw.co	m / mgieda@kwahs.org
Tax ID / EIN#45-3853436 / 59-0660461	_	
SECONDARY CONTACT INFORMATION		
NameSee above	Phone numb	er
Company or Organization Name		
Email		
SPECIAL APPROVAL REQUIREMENTS (IF AP	PLICABLE)	
Noise Exemption Required: Yes Complete	e Supplement A No	X
Non-Profit Applicant or Benefit: Yes \overline{X} Com	plete Supplement B	No 🗌
Alcoholic Beverages Sold/Served at Event: Yes Applicant(s) wishing to sell/consume alcoholic bevera Resolution and must hire an extra-duty police officer(Department or City Manager's Office, Applicant mus	ages on City property must have ap (s) for crowd control and safety as	oproval by the City Commission through determined by the Key West Police

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Event Name:	Zombie Bike Ride	Event Date:	10/22/23	

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: Evan Haskell / Michael Gieda Signature: Blanch 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: Evan Haskell / Michael Gieda Signature: 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: Evan Haskell / Michael Gieda Signature: 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: Evan Haskell / Michael Gieda Signature: 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: Evan Haskell / Michael Gieda Signature: Bland Holland Full
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: Evan Haskell / Michael Gieda Signature: 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: Evan Haskell / Michael Gieda Signature: Bar Medicul Filis

Event Screening Questionnaire

	Event Name:	Zombie Bike Ride		Event Date: 10/22/23	
per to 1 mu	mit or license m the nature and lo st be submitted	tions will determine the correct application ay be revoked if there has been misrepress ocation of the activity. If you answer "Yes" with this application.	entation i	n the permit or license application wit	h respect
VI	ENDOR SALES				
1.	Will ANY alco	pholic beverage be sold or served?	Yes [Needs City Commission Approval	No X
2.	Will ANY foo	d be prepared or served?	Yes [Complete Supplement C	No X
5/	AFETY	IF YES,	COMPL	ETE REQUIRED FORMS	
Co Li M (fi	ooking Onsite, quid (used or st achine/Bubble re juggling, bo	nt involve ANY of the following? Compressed Gases or Flammable cored), Fog Machine/Smoke Machine, Generators, Open Flame nfire, etc.) Pyrotechnics/Special confetti, Vehicle or Motorcycles	Yes [Complete Supplement C	No X
Te	or structures? ents, Booths, C	nt involve ANY of the following tents anopies or Podiums, Viewing Stands ges, Risers or Air Support Structures	Yes [Complete Supplement D	No x
Sī	REETS & SIDE	WALKS IF Y	'ES, CON	IPLETE REQUIRED FORMS	
5.		nt require a stationary street closure etc.) or block sidewalk?	Yes [Complete Supplement E	No X
6.	•	nt require a moving street closure ke Rally, Parade)?	Yes [x Complete Supplement E	No 🗌
7.	Will your ever clearing cars	nt require parking restrictions (i.e. for parade)?	Yes	Complete Supplement E	No X
CI	TY PROPERTY	IF YE	S COM	PLETE REQUIRED FORMS	
	Will your eve	nt take place in a City-owned Park, enter or Truman Waterfront?		Complete Supplement F	No X
nde nju wha	urate to the best of the best of the property and hold the property to any person of the property and its operation.	knowledge and hereby affirms that any and all of their knowledge. The applicant(s)/permittee in the City of Key West harmless from and against or damages to any property of the parties heretoway connected with the holding of said event on irrespective of negligence, actual or claimed,	agrees to a all liability o or of the or any act of upon the	ssume full responsibility and liability for a claims for damages, and suits for or by rethird persons for any and all cause or ca	and eason for an ses d to said
Δni	nlicant Signatu	ro	Date		

Required - Recycling Plan

Event Name:	Zombie Bike Ride	Event Date:	10/22/23	

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.

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Name _	Evan Haskell	Phone Number	
Email	evan@wecyclekw.com	Number of people dedicated to recycling	as needed

INITIALS REQUIRED

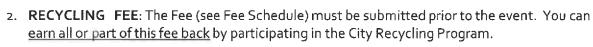












1. NON- ACCEPTABLE WASTE: No Plastic Bags, plastic cutlery, plastic straws, plastic cups, or



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:

polystyrene are allowed at events.

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

DAY OF EVENT:

Due Date (Self filling)

- Place Recycling/Garbage containers in pairs throughout venue, at approximately every 30 feet throughout the event.
- 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.
- At end of event, remove all signage, and return if borrowed from City. Place all 3. trash/recycling containers pre-arranged pick-up location.

Due Date (Self filling)

TRASH/RECYCLING REPORT:

- 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.
- 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:	Zombie Bike Ride	Event Date:10/22/23
		fic congestion are consistently a concern of Key W c reduction as well as management. For more info	/est residents. It is the City's goal to involve all event rmation consult the Special Events Guide.
	INITIALS REQ	UIRED	
NF	B Et	Communications: Every event is required to transportation that will reduce vehicle traffic. 1. Website(s) 2. Email	These actions include: 3. Ticketholders 4. Social Media
M	e El		explore opportunities to help minimize traffic vill be more successful by encouraging alternate natives. 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:
1	If Event Organi	ı Vers or Vendors desire to utilize metered narki	ng spaces or lots, payment will need to be made

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			THE REAL PROPERTY.
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 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:	Zombie Bike Ride	Event Date:	10/22/23

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





Attach Site Map Layout



Attach Impacted Streets Map

Event Site Map Layout Legend:

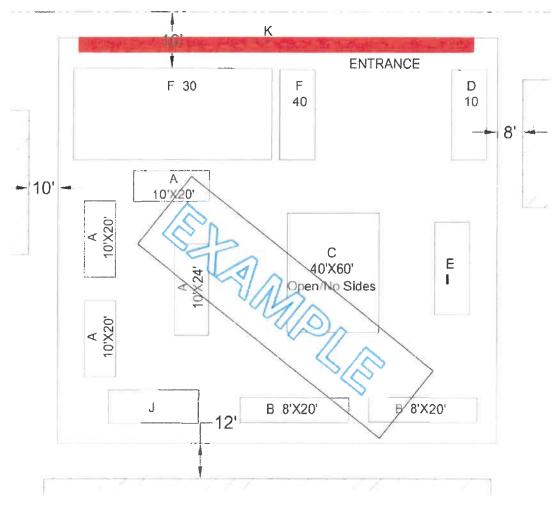
- A. Food/Bev. Vendor Tents*
- B. Merchandise Vendor Tents*
- C. Seating Tents*
- D. Toilets **
- E. Amplified Music

- 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	Name:	Event Date:					
Excerpt	t from City Code Sec. 26-192 Unreasc	anably excessive noise prohibited.					
	<u>mitations</u> - Within a core commercial d ermitted on any property located there	istrict as defined in this article, the maximum dBA and dBC sound in shall be as follows:					
maximu lease bo	om levels set out below. The measurem oundary in the case of property which h	(10) and twenty (20) seconds shall be no greater than the ent shall be taken from the sound source property line, or individual as been subdivided by the execution of individual leases, of the closest to the complainant's property line:					
		(94) dBC between the hours of 11:00 a.m. and 2:59 a.m. b. 4) dBC between the hours of 3:00 a.m. and 10:59 a.m.					
unreaso be made excessiv	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.						
Commis	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	e the Potential Noise Sources:						
	vish to apply for a Noise Exemption?	? Yes Need City Commission Approval No					
	exemption from the noise contro	ty Code regarding Noise limitations and understands that an old ordinance requires approval from the City Commission. It is must be received 30 days before the event					
	The processing fee for the applic fee in the Special Event Fee School	ation is \$82.68, due upon submission of application. Include this edule.					
***************************************	newspaper of general circulation as well as mailed to all property of	proposed action on a Noise Exemption shall be published in a at least five days prior to the date of the Commission meeting, owners and occupants located within a 100-foot radius of the required to pay for the newspaper advertisement.					
For mor	e information on Noise and Noise Exe	emptions, consult the Special Event Guide 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

Event Name:	Zombie Bil	ke Ride	Event Date:10/23/22
Non-Profit Org	janization Name _	Key West Art and Historical Society	
Tax ID/EIN#_	59-0660461	Representativ	eMichael Gieda
Purpose of Org	anizationTo furt	ner art and historical education in Key \	Vest
Phone	305-587-8877	Emailmgi	eda@kwahs.org
How will the no	onprofit proceeds/	donations, after payments of	direct necessary expenses be used?
To further art ar	nd historical education in	Key West	

INITIALS REQUIRED



- 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.
- MR
- 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.
- ME
- 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.
- MRS
- 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 Michael F. Wille Title: EXECUTIVE DECTORDate 6.27.23

${\sf Supplement}\, C - {\sf Food}\, \&\, {\sf Safety}$

Event Name:	Event	Date:
This section will be reviewed by the Key and security needs may be required at the requirements that may be deemed necessity.	he Special Event. The Fee Schedule massary.	ay be revised based on
Please contact the following City repres Fire Department and EMS – Chie Police Department – LT Joseph 1	f Alan Averette (305) 809-3938	ication:
More information on Safety requiremen	nts can be found in the Special Event G	uide.
EVENT ACTIVITIES — Check all that app	ply to the Special Event	
Cooking: Deep Frying / Open Flame Charcoal Grill Gas Grill Food Warming Only Catered Food Alcohol To be Served By Existing Licensed Establishment Commercial Licensed Vendors Non-profit Licensed Vendors	Generator110AC / Extension CordsDC Power Structures:Stages / Risers / CanopiesViewing Stands / BracingSeatingAir Supported Bounce HouseTents Greater than 200 SF	Other Road ClosureFog/Smoke MachineBubble MachinePyrotechnicsSpecial EffectsOpen FlameLasersConfettiVehicle/Motorcycle Dem
approval by the City Commiss	ng to sell/consume alcoholic beverage ion by Resolution and must hire an ext etermined by the Key West Police Depa	ra-duty police officer(s) for
Applicant must have a liquor li 2. Cooking Safety: If cooking	cense and provide liquor liability insura , a KWFD Fire Watch must be provided all be provided near cooking equipmen	ance. d and fire extinguisher(s) with a
3. Sidewalks: Structures mus	t not interfere with pedestrian movem how a minimum setback of six (6) feet	ent on the sidewalk. The
	dicate where structures, tents, stages, so identify distances to the nearest bu seating/chair arrangement.	5 1 1
	ust be disposed of properly. Vendors f ture of a portion of the Event deposit.	ound dumping cooking oil

Supplement D – Tents & Structures

Event Name:	Event Date:
	e and Police Departments to determine what safety checks I Event. The Fee Schedule may be revised based on
Please contact the following City representatives before con	mpleting your application:
Fire Department and EMS – Chief Alan Av Police Department – LT Joseph Tripp (305	• •
Provide copy of Event Site Map/Layout	Yes No
TENTS	
Total Number of Food/Beverage Vendor Tents:	
Total Number of Merchandise Vendor Tents:	
Tota	I:
Tent Supplier Name	Contact Number
Size & Type of Tents:	
Provide Certificate of Flame Resistance/Retardant Will there be any combustibles or flammable liquid Will the sides of the tent be used? *Exit plans must be indicated on Site Map Layout.	ds under the tent? Yes No
STRUCTURES	
What structures will be erected?	
Will structures be erected on any part of a street or For each structure, note number of footings, weigl	

Supplement E – Street Closure

	Event N	lame:	Zombie Bike Ride			Event Date:	10/23/22	
	STREET	CLOSUR	RE INFORMATIO	N				
		to be clos	sed			/Address Number(s)		
	Cross-Str					d, ending at the Coffee Butl	=	
	Closure D	ate(s)	10/23/22	Time	6рm	AM/PM to	8pm	AM/PM
		S REQUIR						
UFC	EH.	1. Non - City : Orga right rever Orga name	-Profit Inclusion street must make mizer proposes a -of-way, the Eve nues or \$1000.00 mizer must desig ed Non-profit org	e an application Special Event t nt Organizer mu , whichever is gr nate the Non-p	jointly with a hat will cause ust donate at reater, to at l rofit organiza	esses or private person a Non-profit organize the closing of a city least 25% of the Evo east one Non-profit ation(s) on the applic City Manager with a	ation. When street or otlent Organize organization cation for the	an Event ner public r's gross . The Event event. Each
HFF	E#	2. Cons				oring businesses sign n be found in the Sp		
WE	EA	3. ADA bathr	Restrooms: Who room facilities wi ose facilities, whi	enever the Ever thin the public i	it Organizer (right-of-way,	of a Special Event pr at least five percent r, shall be accessible	ovides temp	orary ilities or one
UP	CH -	off pr	rivate property a	nd in the City Ri	ght-of-way.	vide coverage for ac Events taking place and \$2M – aggregate	within City R	
HE	24	5. Publi	c access: Pedest	rians must be al	lowed access	to the closed area f	ree of charge	2.
ME	*EH		rgency Access: T les and vehicles			ll immediately availa	able for emer	gency
	SIGNAT	URE REQ	UIRED					
f	person an	d/or prop		sed by any activ		of Key West from all n, or event arising o		
E	Event Orc	janizer Sig	Micrian	J. M	ulc	6/26/23 Date		-

Supplement F – City Property

Event Na	ame:	Event Date:
A list of Ci Event Guid	ty Pro _l de.	perties that are available for event use, their amenities and Use Fees are listed in the Special
Which City	y Prope	erty do you wish to use?
Which Are	a(s) of	the City Property do you wish to use?
Will Utilitie	es be re	equired (Water and/or Electricity)? Yes No
INITIALS	REQU	IRED TO THE REPORT OF THE PARTY
	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.
	2.	Events taking place on City Property require insurance in the amount of \$1M - liability and \$2M - aggregate.
	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 <u>liquor license</u> and liquor liability insurance.
	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.
	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.
	6.	Ingress/egress by the Event Organizer shall be coordinated with the City of Key West.
	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.
	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.
	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.
	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.

<u></u>	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.
<u></u>	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 RE	QUI	RED for Truman Waterfront Property
For Use of Tr	uma	n 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.



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Not For Profit Corporation
KEY WEST ART AND HISTORICAL SOCIETY, INC.

Filing Information

 Document Number
 708495

 FEI/EIN Number
 59-0660461

 Date Filed
 02/19/1965

State FL

Status ACTIVE

Last Event AMENDMENT
Event Date Filed 04/17/2013
Event Effective Date NONE

Principal Address

281 FRONT STREET KEY WEST, FL 33040

Changed: 05/18/2000

Mailing Address

281 FRONT STREET KEY WEST, FL 33040

Changed: 05/18/2000

Registered Agent Name & Address

Gieda, Michael 281 FRONT STREET KEY WEST, FL 33040

Name Changed: 03/31/2017

Address Changed: 02/05/2008

Officer/Director Detail
Name & Address

Title Secretary

Starr, Emma 281 FRONT STREET KEY WEST, FL 33040

Title CEO

GIEDA, MICHAEL 281 FRONT STREET KEY WEST, FL 33040

Title President

Torregrosa, Enid 281 FRONT STREET KEY WEST, FL 33040

Title Treasurer

Hall, Jay 281 Front Street Key West, FL 33040

Title Second Vice President

Sam, Kaufman 281 Front Street Key West, FL 33040

Title First Vice President

John , O'Leary 281 Front Street Key West, FL 33040

Annual Reports

Report Year	Filed Date
2021	04/20/2021
2022	04/08/2022
2023	02/28/2023

Document Images

View image in PDF format
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04/22/2015 ANNUAL REPORT	View image in PDF format
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Department Approvals

Event Name:	Zombie	BIKE K	lide	Event Date:	Oct	22,2023
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Department Signoff / Date	Restrictions / Conditions
Events Coordinator	maria Latruth
Code Compliance	
Engineering	
Fire Department	
KW DOT	
Parking	
Police Department	
Port & Marine Services	
Property Management	
Public Works	
Recycling/Solid Waste	
Utilities	
Other:	