

CITY OF KEY WEST

APPLICATION FOR A SPECIAL EVENT PERMIT

Name of Applicant(s) Sloppy Joe's

Address of Applicant(s) 201 Duval St. Key West, FL 33040

Phone Number of Applicant(s) and emergency number Donna Edwards (305) 797 1342

Name of Non-Profit(s) Hemingway Look-Alike Society (donation directly to community foundation of the FL Keys - HLAS scholarship fund)

Address of Non-Profit(s) 40 Stephen Terry Treasurer 1108 W Charter St., Tampa FL 33602

Phone Number of Non-Profit(s) (127) 567-5448

Amount or Percentage of Revenue Non-Profit(s) anticipates receiving 25% gross rev or \$1000 whichever is greater from event revenue on Greenest only. Does not include inside bar or food or merchandise revenue.

Date(s) of Event Saturday July 20, 2019

Hours of Operation Noon - 11:00pm

Estimated/anticipated number of persons per day _____

Location of Event Greenest between Duval St & Ann St.

Street Closed 11:00am - Midnight

Detailed Description of Event: Sloppy Joe's 39th Annual Hemingway[®] Look-Alike Contest
Photo cake, rum tasting & Running of the bulls. HLAS will sell red berets, t-shirts, bandanas all proceeds to scholarship fund.

List of Businesses that will participate in Alcohol Exemption: _____

Noise exemption required: Yes No

Alcoholic beverages sold/served at event: Yes No

Recycle Deposit \$1000.00 Yes No

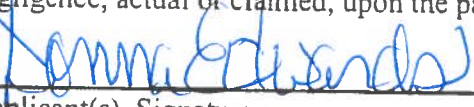
Cooking oil recycled Yes No

Recycled containers Yes No

Accounting of items recycled

* Measures

The applicant does ac knowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge. The applicant(s)/permitee agrees to assume full responsibility and liability for and indemnify, and suits for or by reason of any injury to any person or damages to any property of the parties hereto or of the third persons for any and all cause or causes whatsoever or in any way connected with the holding of said event or any act or omission or thing in any manner related to said event and its operation irrespective of negligence, actual or claimed, upon the part of the City, their agents or employees.


Applicant(s) Signature

2-28-19
Date

ORDINANCE NO. 02-09

AN ORDINANCE OF THE CITY OF KEY WEST, FLORIDA, AMENDING CHAPTER 6 OF THE CODE OF ORDINANCES ENTITLED "AMUSEMENTS AND ENTERTAINMENT" BY AMENDING ARTICLE II PERTAINING TO SPECIAL EVENTS; AMENDING SECTION 6-26 TO REQUIRE A DOWN PAYMENT ON THE COST OF CITY SERVICES, TO ALLOW FOR INTEREST ON LATE PAYMENTS, AND TO INCREASE THE COST WAIVER TO \$1,000.00; ADDING SECTION 6-27 TO RESTRICT PLACEMENT OF FOOD, BEVERAGE AND MERCHANDISE BOOTHS; AMENDING SECTION 6-56 TO REQUIRE THE APPLICATION TO LIST AN EMERGENCY CONTACT PERSON; AMENDING SECTION 6-57 TO ESTABLISH A MINIMUM NON-PROFIT SHARE FOR SPECIAL EVENTS IN WHICH A STREET IS CLOSED; AMENDING SECTION 6-58 TO PROVIDE THAT MAJOR FESTIVAL SPONSORS MAKE APPLICATION SIX MONTHS IN ADVANCE AND APPROVE CERTAIN SALES OF ALCOHOLIC BEVERAGES; ADDING SECTION 6-61 PERTAINING TO HANDICAP-ACCESSIBLE BATHROOM FACILITIES; PROVIDING FOR SEVERABILITY; PROVIDING FOR REPEAL OF INCONSISTENT PROVISIONS; PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, The City Commission finds that a revision to the regulations governing special events and street closures would promote the health, safety and welfare of the citizens of Key West.

NOW, THEREFORE, BE IT ORDAINED BY THE CITY OF KEY WEST, FLORIDA:

Section 1: That section 6-26 of the Code of Ordinances is hereby amended as follows:

Sec. 6-26. Payment for city services.

- (a) The organizer or sponsor of any festival, street fair, fair, carnival, athletic event, contest, competition, parade, fundraiser, rally, boat or car race or other special event which requires city authorization, whether by administrative permit or city commission approval, and which requires the provisions of additional or extraordinary support services by police, fire, administrative, or other city departments in order to maintain order or safety or to escort participants shall pay to the city the cost of such services. A down payment of ten percent (10%) of the costs, as estimated by the city manager, shall be made to the city either by certified check or credit card at least ten (10) days prior to the event.

(b) The city manager shall establish a cost schedule for additional or extraordinary support services for the events referred to in subsection (a) of this section, which schedule shall be subject to approval of the city commission. The city manager is authorized to provide reasonable terms for time and manner of payment. If the event sponsor fails to pay the full costs at the time determined by the city manager or, if no such deadline is established, then within thirty (30) days after the event the city may impose an interest charge on the amount due at the rate of one and one half percent (1½%) per month.

(c) The city commission may grant special exceptions to this section for cause shown upon the public record.

(d) The first ~~\$500.00~~ \$1,000.00 of costs as specified in subsection (a) of this section may be waived for any organizer or sponsor which has qualified as a tax-exempt nonprofit organization according to state or federal law. Acceptance of this waiver by such sponsor shall render the event a public accommodation subject to the human rights provision of the section 38-225.

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

* (Coding: Added language is underlined; deleted language is ~~struck through~~.)

Section 2.

That section 6-27 is hereby added to the Code of Ordinances as follows:

Sec. 6-27. Food, beverage and merchandise booths.

No booth or stall set up for a special event and serving any amount or type of food and or beverage, or selling merchandise, shall be placed directly in front of, or within five (5) feet of the property line of, a restaurant or a bar or a retail store (selling primarily the same or similar merchandise), unless the owner of the restaurant, the bar or the store consents. This section shall not apply to major festivals as defined in section 6-58.

Section 3.

That section 6-56 of the Code of Ordinances is hereby amended as follows:

Sec. 6-56. Application.

(a) Except as provided in section 6-58. At least 60 days prior to a proposed special event that will result in the closing of a public street, the sponsor shall submit an application to the city manager. An application may be made either by a tax-exempt nonprofit organization (nonprofit) or jointly by a nonprofit and a private or business entity.

(b) If the city manager approves the application, he shall then schedule it for consideration by the city commission. However, if the special event proposes to close only one block, is intended to end prior to 9:00 p.m. on any day of the year, and does not seek either a fee cost waiver or a noise exemption, the city manager may give final approval to the application.

(c) Each application shall include the name of a sponsor's contact person and that person's 24-hour telephone number(s), in case of emergency.

Section 4.

That section 6-57 of the Code of Ordinances is hereby amended as follows:

Sec. 6-57. Donation of percentage of revenue to nonprofit organization.

(a) A major festival is a special event of regional impact. Major festivals are: ~~Fancy Fantasy Fest,~~ Hemingway Days, Goombay Festival, Conch Republic Celebration, the Poker Run, the Valentine's Day event for Wesley House, the Red Ribbon event at ~~Mango's Mangoes,~~ and such other special events as may be added or subtracted by resolution of the city commission. Private persons or business entities who sponsor major festivals are not required to provide funds to a non-profit organization per section 6-57. An application for a major festival must be received in the city manager's office at least six (6) months in advance of the scheduled event. ~~Have a non-profit coapplicant or to provide a percentage of revenues to a charitable cause.~~

(b) A business that seeks to sell alcoholic beverages at a major festival pursuant to an APS state license, and which is not a bar or restaurant or other concern that sells alcoholic beverages in the ordinary course of its business, must obtain the written approval of the major festival sponsor and provide such approval to the city of key west.

Section 6

That section 6-61 is hereby added to the Code of Ordinances as follows:

Sec. 6-61. Temporary bathroom facilities.

Whenever the sponsor of a special event provides temporary bathroom facilities on the public right-of-way, at least five percent (5%) of those facilities or one of those facilities, whichever is the greater number, shall be accessible to persons which physical disability.

Section 7.

If any section, provision, clause, phrase, or application of this Ordinance is held invalid or unconstitutional for any reason by any court of competent jurisdiction, the remaining provisions of this Ordinance shall be deemed severable therefore and shall be construed as reasonable and necessary to achieve the lawful purposes of this ordinance.

Section 8. All Ordinances or parts of Ordinances of said City in conflict with the provisions of this Ordinance are hereby superseded to the extent of such conflict.

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

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

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

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

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

Filed with the Clerk November 21, 2002.

Sponsor's Signature

A handwritten signature in blue ink, consisting of several loops and a long horizontal stroke, positioned over the "Sponsor's Signature" text.

RULES AND REGULATIONS FOR USE OF CITY OF KEY WEST PROPERTY FOR SPECIAL EVENTS

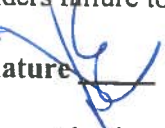
1. All Applicant(s) must fill out a City of Key West (City) application form provided to you by the Office of the City Manager.
2. Application(s) for special event(s) must be in the Office of the City Manager 60 days prior to the event.
3. The Permittee will be required to maintain the following types 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 Worker's Compensation Coverage
Employers Liability with minimum limits of \$1,000.000 injury by Accident
\$1,000.000 injury by Disease
Policy Limits and \$1,000.000 injury by Disease – 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.

Sponsor's Signature 

4. The applicant shall indemnify and hold the City harmless from all losses, claims, damages, liabilities, and expenses which may be incurred by the City or which may be claimed against the City by any person, firm to the person or property of any person, firm, corporation, or entity which are consequent or arise from the activities of the permit holder or its equipment, employees, agents, guests, licensees, or invitees for the permit holder activities or which damages/injuries are consequent or arise from permit holders failure to comply with all applicable laws, statutes, ordinances and regulations.
Sponsor's Signature 
5. Applicant(s) who are businesses or private persons who wish to close a City street must make an application jointly with a non-profit entity. When a sponsor proposes a special event that will cause the closing of a city street or other public right-of-way, the sponsor must donate at least 25% of the sponsor's gross revenues or \$1000.00, whichever is greater, to at least one nonprofit organization. The sponsor must designate the nonprofit organization(s) on the application for the event. Each named nonprofit organization must provide the city manger with a letter of assent. Applicant(s) must also hire an off-duty

police officer(s) for crowd control and safety as determined by the Key West Police Department or the City Manager's Office. Applicant(s) must have neighboring businesses sign a petition of no objection to the street closure.

Sponsor's Signature _____

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

Sponsor's Signature _____

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

Sponsor's Signature _____

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

Sponsor's Signature _____

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

Sponsor's Signature _____

10. Notice of the city commission's proposed action on an application for a special event permit shall be mailed prior to the meeting at which the matter is to be considered to all property owners and occupants of property located within a 100-foot radius of the proposed special event. Notice of such proposed action also shall be published in a newspaper of general circulation in the city at least five days prior to the date of the city commission decision. The notice shall identify a contact person and phone number for complaints. The applicant shall pay for the newspaper advertisement.

Sponsor's Signature _____

11. The organizer or sponsor of any special event, which requires the provision of additional or extraordinary support services by police, fire, administration, or other city departments shall pay to the city the cost of such services. A down payment of 10 percent of the costs, as estimated by the city manager, shall be made to the city either by certified check or credit card at least ten days prior to the special event.

Sponsor's Signature _____

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

Sponsor's Signature _____

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

the special event.

Sponsor's Signature _____

14. Whenever the sponsor of a special event provides temporary bathroom facilities on the public right-of-way, at least five percent of those facilities or one of those facilities, whichever is the greater number, shall be accessible to persons with physical disability.

Sponsor's Signature _____

15. Where a person has not applied for a special event permit and an event at its location spills into a street, causing the police department to close all or a portion of the street, the person sponsoring the event shall pay all such extraordinary service costs incurred by the city. On each anniversary of this occurrence, if the person can reasonably anticipate an overflow of people into the street, a special event permit must be applied for consistent with this division. A violation of this section may be grounds for revocation of an occupation license.

Sponsor's Signature _____

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

Sponsor's Signature _____

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

Sponsor's Signature _____

18. All special events are required to comply with the Federal Americans with Disability's Act which requires access to all areas and services provided by the special events. Organizers must insure that all aspects of their event meet the requirements.

Sponsor's Signature _____

Complete Checklist for Event Recycling City of Key West

- Identify contact person at the festival responsible for working with recycling.
Name of person: Jerry Henderson Phone number: 305 296 2388 x130
- Identify the recyclable commodities that will be used by the public and behind-the-scenes.
Aluminum Glass #1 Plastic #2 Plastic Steel
Corrugated Cardboard Other:
- Define the amount of recycling containers needed for the festival grounds (based on commodities used at the event and where they will be used and discarded. When recyclables are used throughout event, 1 recycling container for every 1 trash barrels will be used).
Amount of recycling and garbage containers needed: Single Stream 2 bins
- Arrange for recycling containers for the grounds and a large container (roll-off or festival box) and coordinate delivery and removal arrangements. Recycling containers may be ordered from Waste Management. 305 296-2825.
Arrangements made: WM contacted
- Capacity of containers on grounds: Single Stream (2) 96 gal bins
Contact person for containers: Jerry Henderson Phone #: 305 296 2388 x130
- Order signs to inform customers of recycling. Signs are needed for point-of-purchase locations and recycling containers. Recycle signs to be placed on bins
- Acquire liner bags for the recycling containers to be placed on the grounds. Ensure that the capacity of the bags is equal to or greater than that of the recycling containers on the grounds. NO liners, bins emptied & cleaned
- Arrange for emptying of recycling containers during the event – from the containers on the grounds to the large container.
Arrangements made: task scheduled to be back
- Arrange for pick-up of the recyclables. The agency providing containers will often take the materials for recycling. In other cases, arrange for the materials to be taken to a recycling facility.
Arrangements made: thru Slippy Joe's account
- Meet with vendors and tell them to ask customers to recycle the appropriate materials. Make sure vendors know what will be recycled. Inform them that signs will be posted in their areas. N/A
- Oversee the delivery of containers and placement of signs.
- Place recycling containers next to trash cans on the grounds and insert liner bags. All recycling

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

- Monitor recycling containers for correct usage during the event and take actions to solve problems. OK
Problems: _____
Actions taken: _____

- View trash barrels and note any recyclables in the trash. Take actions to solve problems. OK
Problems: _____
Actions taken: _____

- Take photos of event recycling, record data on volumes of recyclables and trash, and ask vendors and event organizers for comments about the program. OK
Comments: _____

- Ensure that recyclables are removed and taken to the large container when bins are full and that liner bags are replaced. OK
- At the end of the event, remove signs and arrange for their return to owners. OK
- Place recycling containers in the pick-up location, as arranged with the providers of the containers. OK
- Ask the recycling facility to appraise the amount of material collected for recycling by weight, volume, or counts and report on contamination levels.
Amount of material: _____
Contamination: _____
- Prepare a report on the program including strategies used, amount of material diverted, comments and suggestions from participants and future recommendations. NA
- Share the results with event organizers.
- Security deposit of \$1000.00 must be submitted prior to the event. OK
- Security deposit returned: _____

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

Sloppy Joe's
Hemingway Look-Alike Contest/Running of the Bulls
Saturday, July 20, 2019
Noon-11:00pm

Recycle Plan

Recycle Coordinator: Jerry Henderson

Recycle Coordinator will:

- Inform Sloppy Joe's Staff of recycling policy
- Coordinate recycling containers on street (extra bins will be leased if necessary)
- Recycled items will be pickup by Waste Management through our business account
- Report recycled materials to the City of Key West (809-3747)
- Ensure waste containers are placed throughout event area
- Make sure recyclables and trash are separated

Minimum City Requirements:

1. Recycle bins for cans and bottles within 50 feet of all drink/drink sales locations

We'll have Running of the Bulls and Photos with Papa Noon-3pm. No food or bar will be set up on the street during this time.

We'll have one bar set up 5:00pm-11:00pm with recycle containers.

2. Sloppy Joe's staff will separate bottles, cans and cardboard into businesses appropriate sorting area
3. Recyclables will be picked up by Waste Management
4. Cardboard will be recycled through our business Waste Management account
5. Recycle bins will be clearly marked to reduce sorting time





THE CITY OF KEY WEST

FOUNDED 1793, INCORPORATED 1825, 1841, 1851, 1895, 1905, 1915, 1925, 1935, 1945, 1955, 1965, 1975, 1985, 1995, 2005, 2015, 2025

Pursuant to my request to conduct a special event requiring authorization by the City Commission, I agree that throughout the event I will keep the premises clear of accumulated recyclables, trash and debris. This includes emptying trash and recycle cans on a regular basis for the duration of the event.

J. Edwards

Date: 3/5/2019 12:05:56 PM
Receipt Number: 46599
Amount: \$1,000.00

FOR DEPOSIT ONLY
ACCOUNT 0100903036
Receipt Number: 46599
Fee Code Version:
UNUSUAL PAYMENTS - ZZ
Originator Receipt Number:
0
Originator Payment Date:

Payment Type:
ALL CASH RECEIPTS
Transaction Amount:
\$1,000.00
Additional Comments: RECYCLE, SLOPPY JOE L
OOK A LIKE

\$1,000.00

32460

1ST STATE BANK OF THE FL KEYS
KEY WEST, FL 33040
63-43670

2/27/2019

SLOPPY JOE'S ENTERPRISES, INC.

dba SLOPPY JOE'S BAR
201 DUVAL STREET
KEY WEST, FL 33040
305-296-2388

\$ **1,000.00

City of Key West

PAY TO THE
ORDER OF

One Thousand and 00/100*****

DOLLARS

PROTECTED AGAINST FRAUD



City of Key West
P.O. Box 1409
Key West, FL 33041

TWO SIGNATURES REQUIRED

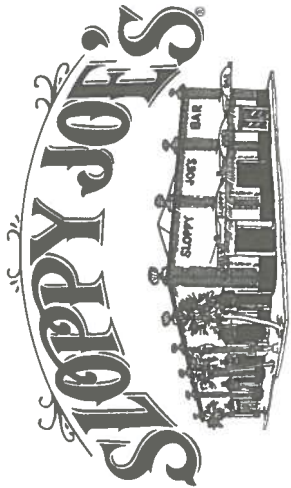


Elizabeth M. Ruyge

MEMO

Licensing Office
Street Closure/2019/July 20 Look-Alike





Sloppy Joe's is requesting street closure from the City of Key West for the following **2019 Street Event** on Greene Street between Duval and Ann:

Sloppy Joe's 39th Annual Hemingway® Look-Alike Contest Running of the Bulls
 Date: Saturday, July 20, 2019 Time: 9:00 am-Midnight

Benefits the Hemingway Look-Alike Society (FL Keys Scholarships)

A KEY WEST TRADITION

Business Name and Address	Name	Signature	Date
Island Silver	Marie Croton		1/23/19
Island Sigar	Marie Croton		1/23/19
JV Rent 'n All	Janine Lisabeth		1/23/19
Paradise Pizza	Graham Geophagen		1/23/19
Sausage Socks Grill	Joe Longo		1/23/19
WVLP Company	Stephanie Draun		1/23/19
Key West Swimwear	Stanya March		1/23/19
ENERGY	Moshe		1/23/19
THE GREEN ROOM	MAD BOGSHAKOV		1/23/19



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Foreign Profit Corporation

SLOPPY JOE'S ENTERPRISES INTERNATIONAL, INC.

Filing Information

Document Number	F01000004900
FEI/EIN Number	52-2337547
Date Filed	09/14/2001
State	VA
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	01/02/2019
Event Effective Date	NONE

Principal Address

101 ANN STREET
KEY WEST, FL 33040

Mailing Address

101 ANN STREET
KEY WEST, FL 33040

Registered Agent Name & Address

MULLINS, CHRIS L
101 ANN STREET
KEY WEST, FL 33040

Name Changed: 01/10/2005

Address Changed: 04/05/2004

Officer/Director Detail

Name & Address

Title D

SNELGROVE, DEBORAH ANN
101 ANN STREET
KEY WEST, FL 33040

Title D

MAYER, JOHN B

12501 HEMM PLACE
BOWIE, MD

Title D

RODGER, HEATHER N
47 PALMETTO DRIVE
KEY WEST, FL 33040

Title PDT

MULLINS, CHRIS
101 ANN STREET
KEY WEST, FL 33040

Title D

RICE, TOM
101 ANN STREET
KEY WEST, FL 33040

Title Secretary

Edwards, Donna
101 ANN STREET
KEY WEST, FL 33040

Annual Reports

Report Year	Filed Date
2016	03/07/2016
2017	01/09/2017
2018	02/28/2018

Document Images

01/02/2019 -- Amendment	View image in PDF format
02/28/2018 -- ANNUAL REPORT	View image in PDF format
01/09/2017 -- ANNUAL REPORT	View image in PDF format
03/07/2016 -- ANNUAL REPORT	View image in PDF format
01/16/2015 -- ANNUAL REPORT	View image in PDF format
01/20/2014 -- ANNUAL REPORT	View image in PDF format
01/28/2013 -- ANNUAL REPORT	View image in PDF format
01/12/2012 -- ANNUAL REPORT	View image in PDF format
01/06/2011 -- ANNUAL REPORT	View image in PDF format
01/15/2010 -- ANNUAL REPORT	View image in PDF format
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01/10/2005 -- ANNUAL REPORT	View image in PDF format
04/05/2004 -- ANNUAL REPORT	View image in PDF format



SLOPJOE-01

KSLAVICK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/30/2018

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 Hub International Florida 1560 Orange Avenue Suite 750 Winter Park, FL 32789	CONTACT NAME: Ann Mullen
	PHONE (A/C, No, Ext): (407) 893-3876 FAX (A/C, No):
	E-MAIL ADDRESS: ann.mullen@hubinternational.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A : Tokio Marine Specialty Insurance Company NAIC # 23850
	INSURER B : Owners Insurance Company 32700
	INSURER C : ICW Group 23787
	INSURER D :
	INSURER E :
	INSURER F :

INSURED
Sloppy Joe's Enterprises Inc.
101 Ann Street
Key West, FL 33040

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL 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"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		PPK1797538	04/01/2018	04/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			51-693558-00	04/01/2018	04/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			PUB622985	04/01/2018	04/01/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>	WFL 5035082 00	12/21/2017	12/21/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Key West, its officers and employees, is named as an additional insured on the general liability coverage arising from the operations of the named insured and includes coverage for awning that extends over city right-of-way. The Policy has been paid in full and cannot/will not be cancelled for non-payment without 45 days written notice to the Chief Building Official, sent via certified email. The policy is in effect until 4/1/19.

CERTIFICATE HOLDER

CANCELLATION

City of Key West
PO 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

PROFIT & LOSS STATEMENT
 SLOPPY JOE'S LOOK-ALIKE CONTEST 2018

EVENT DATE: July 21, 2018 Running of the Bulls Greene Street

	<u>INCOME</u>	<u>EXPENSE</u>
Registration Fees (gross)	\$5,285.00	
HLASociety Membership Fees Payable:	\$1,710.00	
Sales Tax Liability from entry fees		\$368.72
Contestant Shirts:		\$1,074.81
Liquor License Extension:		\$100.00
Outside bar (did not set up)		\$0.00
Police (two officers, one motorcycle officer)		\$800.00
City of Key West Security Deposit:		\$1,000.00
City of Key West refund		(\$1,000.00)
City of Key West community service invoice		\$196.75
HLAS Membership Fees paid to society		\$1,710.00
Community Foundation of the FL Keys: donation		\$1,000.00
	<u>INCOME</u>	<u>EXPENSE</u>
Totals:	\$6,995.00	\$5,250.28



THE CITY OF KEY WEST

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

**RELEASE AND INDEMNIFICATION
Sloppy Joe's Enterprises International, Inc.
39th Annual
Look-a-like contest
July 20, 2019**

I **Chris Mullins** being authorized to act on behalf of and legally bind the **Sloppy Joe's Enterprises International, Inc.** doing business as the legal entity or association on whose behalf this application is made, do hereby release the City of Key West, its officers, agents and employees from any and all liability for damages arising out of, or related to the activities for which application for leave to use City property has been submitted; and do hereby further agree, on behalf of said entity or association to indemnify, and hold harmless the City of Key West, its officers, agents, and employees from and against any and all damages to personnel or property of the City, and against all claims for damages or injuries to other persons or property of any nature whatsoever, and for defense costs, including attorneys' fees at both trial and appellate levels, arising from the actions or omissions of the person(s) or legal entity(ies) on whose behalf the application is submitted, including, but not limited to, the sale and dispensing of alcoholic beverages, or otherwise arising from the actions of their members, licensees, customers, guests, invitees, or participants in the related activities permitted. The foregoing Release and Indemnification agreement does not apply to those claims for damages or injuries which result from the negligent actions or omissions of the City of Key West, its officers, agents, and employees.

Donna Edwards

Signature of Witness

Donna Edwards

Print Name

2-28-19

Date

CM

Signature of Applicant

CHRIS L. MULLINS

Print Name

2/20/19

Date

Key to the Caribbean - Average yearly temperature 77° F.

**"PAPA" HEMINGWAY
LOOK-A-LIKE WINNERS**

2018 ~ MICHAEL GROOVER (GA)
2017 ~ RICHARD FILIP (TX)
2016 ~ DAVID HEMINGWAY (NC)
2015 ~ CHARLIE BOICE (FL)
2014 ~ WALLY COLLINS (AZ)
2013 ~ STEPHEN TERRY (FL)
2012 ~ GREG FAWCETT (NC)
2011 ~ MATT' GINEO (FL)
2010 ~ CHARLIE BICHT (FL)*
2009 ~ DAVID DOUGLAS (TX)
2008 ~ TOM GRIZZARD (FL)
2007 ~ LARRY AUSTIN (FL)
2006 ~ CHRIS STORM (TX)
2005 ~ BOB DOUGHTY (FL)*
2004 ~ JOHN STUBBINGS (NC)
2003 ~ MIKE STACK (NY)*
2002 ~ RON THOMAS (AZ)
2001 ~ CAPTAIN DENNY WOODS (OH) *
2000 ~ CARLIE COLFEY (GA)*
1999 ~ RICK KIRVAN (FL)
1998 ~ DON DUNCAN (FL)*
1997 ~ BART BARTON (TN)*
1996 ~ ROGER HEGEMIER (OH)
1995 ~ BILL FOUNTAIN (FL)
1994 ~ JOHN PETERSEN (FL)*
1993 ~ FRANK MEITZ (FL)*
1992 ~ GEORGE BURLEY (FL)*
1991 ~ BOB ANDERSON (AZ)*
1990 ~ FRED BURNHAM (FL)
1989 ~ DICK ROYSTON (FL)
1988 ~ TOM COSSELMON (FL)
1987 ~ JACK WATERBURY (ME)*
1986 ~ FRED JOHNSON (FL)
1985 ~ MICHAEL DALLETT (FL)*
1984 ~ BILL YOUNG (FL)*
1983 ~ LEO ROST (FL)*
1982 ~ DICK PARRISH (FL)*
1981 ~ TOM FEENEY (FL)*

*DECEASED



The Original
HEMINGWAY
LOOK-A-LIKE SOCIETY

February 4, 2019

City Manager
City of Key West
525 Angela Street
Key West, FL 33041

Dear Sir:

Ms. Donna Edwards, Brand Manager of Sloppy Joe's, worked closely with the Hemingway Look-Alike Society during the 2018 events, and is now working diligently to organize the event for 2019. Again this year Sloppy Joe's made its annual contribution of \$1,000 to the Hemingway Look A-Like Society Scholarship fund which is administered for us by the Community Foundation of the Florida Keys.

I am happy to report that over the last 19 years, the Look-Alike Society has awarded more than \$190,000 in scholarships to deserving seniors at Key West High School and the Florida Keys Community College.

I want to thank you, the city of Key West, and Sloppy Joe's for your gracious hospitality during the Hemingway Festival.

Papa David 2009
David Douglas, President
Hemingway Look-A-Like Society

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2	1 Name (as shown on your income tax return) Name is required on this line do not leave this line blank. SLOPPY JOE'S ENTERPRISES, INC.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC, check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>Applies to accounts maintained outside the U.S.</small>	
	5 Address (number, street, and apt. or suite no.) 201 OUVAL STREET	Requester's name and address (optional)
	6 City, state, and ZIP code KEY WEST, FL	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number										
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table>										
or										
Employer identification number										
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;">5</td> <td style="width: 25px;">2</td> <td style="width: 25px;">-</td> <td style="width: 25px;">2</td> <td style="width: 25px;">3</td> <td style="width: 25px;">3</td> <td style="width: 25px;">0</td> <td style="width: 25px;">2</td> <td style="width: 25px;">4</td> <td style="width: 25px;">5</td> </tr> </table>	5	2	-	2	3	3	0	2	4	5
5	2	-	2	3	3	0	2	4	5	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ CLM	Date ▶ 2/17/19
------------------	---------------------------------------	-----------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Vendor Setup Form

1. General Information (check one):

- New Vendor (attach a copy of your business license)
- Change Existing Vendor (vendor #) _____

Taxpayer Name SLOPPY JOE'S ENTERPRISES, INC.
 (as shown on income tax return)

Business Name SLOPPY JOE'S BAR
 (if different from taxpayer name)

Physical Address 201 DUVAL STREET
KEY WEST State FL Zip 33040


Phone 305-296-2388 Fax 305-294-4085 Email accounting@sloppyjoes.com

Mailing Address: same as above, or:	ACH Remittance Information:
Address _____	Financial Institution Name _____
City _____ State _____ Zip _____	Account Number _____
Phone _____	Routing/ABA Number _____
Fax _____	Name on Account _____
Contact Name _____	Type of Account <input type="radio"/> Checking <input type="radio"/> Savings
Purchase Order Email _____ (Mandatory)	Remittance Email _____

I (we) hereby authorize the City of Key West to initiate entries to my (our) account at the Financial Institution listed above, and, if necessary, initiate adjustments for any transactions credited/debited in error.

This authority will remain in effect until the City of Key West's Finance Department is notified by me (us) in writing to cancel it in such time as to afford the City of Key West and the above Financial Institution a reasonable opportunity to act on it.

2. Sign and Date Form

Signature CLM  Date 2/17/19

Title PRESIDENT Phone 305-296-2388

Certification: Under penalties of perjury, I certify that the information shown on this form is correct to my knowledge.

3. Company Status

Federal Tax ID (TIN)/SSN # 52-233-0245

Attorney or Legal Firm Yes No

Vendor Type (check only one)

Minority-Owned Woman-Owned Small Business HUB

Local Business Disabled Veteran Section 8A Other _____

** TO BE COMPLETED BY THE CITY OF KEY WEST **

1099 Required If yes, Block _____

Reviewed By _____

Entered By _____

Date Entered _____

Event Name: Sloppy Joe's Hemingway Look-Alike
Running of the Bulls

Special Event Checklist
 Everything must be checked off before
 submitting the special event application

X	TITLE	COMMENTS
✓	Special Event Application	
NA	Noise Exemption (If applicable)	
NA	\$50.00 for Noise	
✓	Ordinance initialed	
✓	Recycling checklist completed	
✓	Recycling deposit \$1,000.00	
✓	Recycling Plan	
✓	Authorization Letter for continuous cleaning of recycled area	
✓	Signatures of No Objection of Street closure (If applicable)	
✓	Insurance naming the City as additional insured	
✓	Financial of previous event (If applicable)	
✓	Release & Idemnification Form	
✓	Site Map (where barricades, stages, etc are to go)	
✓	Letter from non profit that states they will be receiving the funds	

✓ wa
 ✓ vendor form



**KEY WEST FIRE DEPARTMENT
FIRE MARSHAL'S OFFICE**

Please Check All That Apply To This Event

Cooking

- Deep Frying/Open Flame
- Charcoal Grill
- Gas Grill
- Food Warming Only
- Catered Food
- Plan for Cooking Oil Disposal
- No Cooking on Site

Electrical Power

- Generator
- 110 AC with Extension Cords
- DC Power

Road Closure

- Map of Closed Road with Fire Lane & Vendor Booth(s) Locations

Tents (More Than 200 SqFt.)

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

Food Booths

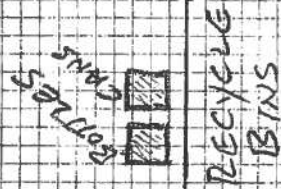
- Food Booths - Total # _____
- Vendor Booths - Total # _____
- Total Number of Booths - 0 one temporary bar KS

Parade

- Floats - Total # 0

HEMINGWAY DAYS
(DAY)

GREENE ST.

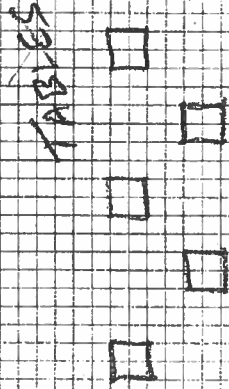
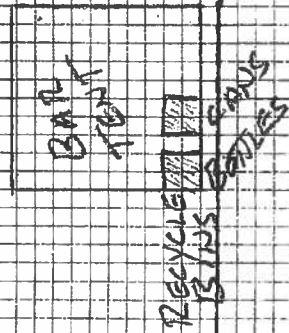


20' HAWAII

150' /

HEMINGWAY DAYS
(EVENING)

GREENE ST.



201
7
ANN'D

150 = 1'



CITY OF KEY WEST SPECIAL EVENTS DEPARTMENT APPROVALS

EVENT:	<u>Sloppy Joes Annual Hemingway Lookalike</u>
DATES:	<u>Saturday, July 20, 2019</u>

DEPARTMENTS

COMMENTS

EVENTS (INITIAL SIGNOFF)

Maria Lamy 3/1/19
SIGNATURE DATE

✓ **COMMUNITY SERVICES**

SIGNATURE DATE

✓ **POLICE DEPARTMENT**

SIGNATURE DATE

✓ **FIRE DEPARTMENT**

SIGNATURE DATE

✓ **KWDOT**

SIGNATURE DATE

✓ **PORT AND MARINE SERVICES**

SIGNATURE DATE

N/A

✓ **CODE COMPLIANCE**

SIGNATURE DATE

ENGINEERING

SIGNATURE DATE

UTILITIES

SIGNATURE DATE

SPECIAL EVENT PERMIT HAS BEEN ____ APPROVED ____ DENIED



**CITY OF KEY WEST SPECIAL EVENTS DEPARTMENT
APPROVALS**

EVENT: Sloppy Joe's Annual Hominidmy, KaKaKa
DATES: Saturday, July 20, 2019

<u>DEPARTMENTS</u>	<u>COMMENTS</u>
EVENTS (INITIAL SIGNOFF) <u>Maria Lopez</u> <u>3/1/19</u> SIGNATURE DATE	
COMMUNITY SERVICES SIGNATURE DATE	
POLICE DEPARTMENT SIGNATURE DATE	
FIRE DEPARTMENT SIGNATURE DATE	
KWDOT SIGNATURE DATE	
PORT AND MARINE SERVICES SIGNATURE DATE	
CODE COMPLIANCE <u>[Signature]</u> <u>1 Mar 19</u> SIGNATURE DATE	
ENGINEERING SIGNATURE DATE	
UTILITIES SIGNATURE DATE	

SPECIAL EVENT PERMIT HAS BEEN _____ APPROVED _____ DENIED



CITY OF KEY WEST SPECIAL EVENTS DEPARTMENT APPROVALS

EVENT: Sloppy Joes Annual Hemingway to Kalkke
 DATES: Saturday, July 20, 2019

DEPARTMENTS	COMMENTS
EVENTS (INITIAL SIGNOFF) <u>Maria Roney</u> 3/1/19 SIGNATURE DATE	
COMMUNITY SERVICES SIGNATURE DATE	
POLICE DEPARTMENT SIGNATURE DATE	
FIRE DEPARTMENT SIGNATURE DATE	
KWDOT <u>Rogelio Hernandez</u> 3-1-19 SIGNATURE DATE	<u>No Impact</u>
PORT AND MARINE SERVICES SIGNATURE DATE	
CODE COMPLIANCE SIGNATURE DATE	
ENGINEERING SIGNATURE DATE	
UTILITIES SIGNATURE DATE	

SPECIAL EVENT PERMIT HAS BEEN APPROVED DENIED



THE CITY OF KEY WEST

To: Sloppy Joe's Bar (donna@sloppyjoes.com)

From: Division Chief/Fire Marshal Danny Blanco

Date: 03/02/2018

Reference: Sloppy Joe's Hemingway look- a like contest

This office reviewed the special event application for the Sloppy Joe's look-a like contest to be held on the 500 block of Greene Street on July 20, 2019.

The following conditions apply:

- The Greene Street closure needs to allow for emergency vehicle passage.
- **Event coordinator is responsible for scheduling the inspection with this office.**

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

Danny Blanco, Fire Marshal

Key West Fire Department
1600 N. Roosevelt Boulevard
Key West, Florida 33040
305-809-3933 Office
305-292-8284 Fax
dblanco@cityofkeywest-fl.gov

Serving the Southernmost City

Maria Ratcliff

From: Joseph Tripp
Sent: Friday, March 1, 2019 3:53 PM
To: Maria Ratcliff
Cc: JR Torres
Subject: approvals

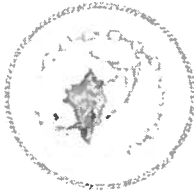
Approved:

Hemmingway July 20

Rams Head June 9

Songwriters May 11/12

Mermaid July 6/7 (her costs are going to depend strongly on how many floats and she doesn't know at this point)




CITY OF KEY WEST SPECIAL EVENTS DEPARTMENT APPROVALS

EVENT: Sloppy Joes Annual Homingbird Race
DATES: Saturday, July 20, 2019

DEPARTMENTS **COMMENTS**

EVENTS (INITIAL SIGNOFF)

Maria Lacey 3/1/19 
 SIGNATURE DATE

COMMUNITY SERVICES

Ralph Meyer _____
 SIGNATURE DATE

POLICE DEPARTMENT

 SIGNATURE DATE

FIRE DEPARTMENT

 SIGNATURE DATE

KWDOT

 SIGNATURE DATE

PORT AND MARINE SERVICES

 SIGNATURE DATE

CODE COMPLIANCE

 SIGNATURE DATE

ENGINEERING

 SIGNATURE DATE

UTILITIES

 SIGNATURE DATE

SPECIAL EVENT PERMIT HAS BEEN APPROVED DENIED