## 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: \_\_\_Kelly McGillis Parade

Location: \_Duval Street

|   | Date(s): January 27, 2022 Hours of Operation: 6-7 PM   |
|---|--|
|   | Break Down Date: January 27, 2022 Number of Expected Attendees:100   |
|   | Is the Event open to the Public? Yes   |
|   | Description: Provide a narrative description of the full scope of your event with as much detail as possible in the box below. If this event has multiple sub events, specify date and time range of each.   |
|   | The Kelly McGillis Players Parade kicks off our weekend of games for the Official 30 <sup>th</sup> Kelly McGillis Classic. Teams march from Lands End Marina – 231 Margaret Street – Caroline – William – Lazy Way – Elizabeth (right) – Green – Front (left) – Duval (left) end at United and Duval St.   |
|   | EVENT ORGANIZER INFORMATION  |
|   | Company or Organization NameInternational Women Flag Football Association_   |
|   | NameDiane Beruldsen Phone number(305) 896 – 8678   |
|   | Mailing Address25 A 7ave   |
|   | CityKey West_ State _FL _ Zip _33040 _ EmailIWFFA@IWFFA.COM  |
|   | Tax ID / EIN#82-5215672  |
|   | SECONDARY CONTACT INFORMATION  |
|   | NameN/A Phone number   |
|   | Company or Organization Name   |
|   | Email  |
|   | SPECIAL APPROVAL REQUIREMENTS (IF APPLICABLE)  |
|   | Noise Exemption Required: No   |
| ١ | Non-Profit Applicant or Benefit: Yes X Complete Supplement B   |
| Δ | Alcoholic Beverages Sold/Served at Event: No  Applicant(s) wishing to sell/consume alcoholic beverages on City property must have approval by the City Commission through Resolution and must hire an extra-duty police officer(s) for crowd control and safety as determined by the Key West Police Department or City Manager's Office. Applicant must have a liquor license and provide liquor liability insurance. |

### **INITIALS REQUIRED**

| <b>Event Name:</b> | KELLY MCGILLIS PARADE | _ Event Date: | JANUARY 27, 2022_ |  |
|--------------------|-----------------------|---------------|-------------------|--|

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:\_\_DIANE BERULDSEN 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:\_\_\_DIANE BERULDSEN \_ 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:\_\_\_DIANE BERULDSEN \_\_ 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:\_\_\_DIANE BERULDSEN \_ 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:\_\_DIANE BERULDSEN\_\_\_ Signature:\_\_\_ 6. City Services Pricing: The organizer or sponsor of any special event which requires the provision of additional extraordinary support services by police, fire, and administration or other city department shall pay to the city the cost of such services. A nonrefundable down payment of 10% of all cost, as estimated by the city manager, shall be made to the city either by certified check or credit card at least 10 days prior to the special event. Applicant Printed Name:\_\_DIANE BERULDSEN\_ 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:\_\_\_\_DIANE BERULDSEN\_\_ Signature:\_\_\_

| Event Name:   | _KELLY MCGILLIS PARADE   | Event Date:  | JANUARY 27, 2022   |                      |
|---|--|--|--|----------------------|
| permit or licen<br>to the nature a  | se may be revoked if there has b   | een misrepresen  | upplements that will be required for your event<br>tation in the permit or license application with i<br>any question next to a Supplement, that Suppl   | respect              |
| VENDOR SA   | ALES   |  |  |                      |
| Will ANY alcoholic beverage be sold or served?                                |  |  |  |                      |
| 2. Will ANY foo   | od be prepared or served?  |  | No   |                      |
| SAFETY  |  | IF YES, C  | OMPLETE REQUIRED FORMS   |                      |
| Cooking Onsit<br>Liquid (used or<br>Machine/Bubb<br>(fire juggling, l         | ent involve ANY of the following?<br>e, Compressed Gases or Flammable<br>r stored), Fog Machine/Smoke<br>de Machine, Generators, Open Flam<br>ponfire, etc.) Pyrotechnics/Special<br>s, Confetti, Vehicle or Motorcycles   |  | No   |                      |
| structures<br>Tents, Booths,  | rent involve ANY of the following ter?<br>Canopies or Podiums, Viewing Star<br>s, Risers or Air Support Structures   |  | No   |                      |
| CTDEETC 9.  | SIDEWALKS  | IE V   | ES, COMPLETE REQUIRED FORMS  |                      |
| 5. Will your  | event require a stationary stre<br>arty, etc.) or block sidewalk?  |  | No No  |                      |
| 6. Will your  | event require a moving street<br>(e Rally, Parade)?  | closure (e.g.  | Yes X Complete Supplement E  | No                   |
|   | event require parking restriction cars for parade)?  | ons (i.e.  | No   |                      |
| CITY DD ODG   | -DTV   | IE VEG   | COMPLETE DECLUDED FORMS  |                      |
| CITY PROPE  |  |  | , COMPLETE REQUIRED FORMS  |                      |
|   | ent take place in a City-owned Park,<br>Truman Waterfront?   | Recreation   | Yes X Complete Supplement F  |                      |
| accurate to the l<br>indemnify and h<br>injury to any per<br>whatsoever or ir | best of their knowledge. The applicated the City of Key West harmless fire son or damages to any property of the any way connected with the holding the connected with the connected wi | ant(s)/permittee ag<br>rom and against al<br>the parties hereto<br>ng of said event or | nformation of this application and all of its suppleme grees to assume full responsibility and liability for and I liability, claims for damages, and suits for or by reasor of the third persons for any and all cause or causes any act or omission or thing in any manner related to pon the part of the City their agents or employees.  NOVEMBER 30, 2021 | d<br>son for an<br>s |
| Applicant Sig   | nature   |  | Date   |                      |
| - F   | <del>-</del>   |  |  |                      |

## Required - Recycling Plan

| Event Name: | KELLY MCGILLIS CLASSIC | Event Date: | JANUARY 27, 2022 |  |
|-------------|------------------------|-------------|------------------|--|
|             |                        |             |                  |  |

The City of Key West is committed to increasing the collection of recycled materials and needs your help to accomplish this. As the Event Organizer, you need to encourage your vendors to participate in the separation of solid waste and recyclable items by providing the adequate number and type of collection receptacles.

### RECYCLING POINT OF CONTACT

Name \_DIANE BERULDSEN\_ Phone Number \_(305) 896 - 8678

Email <u>IWFFA@IWFFA.COM</u> Number of people dedicated to recycling <u>\_6</u>

### **INITIALS REQUIRED**

DB

- \_\_\_\_DB 1. NON- ACCEPTABLE WASTE: No Plastic Bags, plastic cutlery, plastic straws, plastic cups, or polystyrene are allowed at events.
  - 2. **RECYCLING FEE**: The Fee (see Fee Schedule) must be submitted prior to the event. You can <u>earn all or part of this fee back</u> by participating in the City Recycling Program.
- \_\_DB 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.
- \_\_DB 4. CONTAMINATION: I understand that recycle bins with contamination above 15% will result in <u>not being able to earn back all or part of the Recycling Fee</u>.

### RECYCLING TIMELINE

Two Weeks (JAN. 11, 2022)

### **BEFORE EVENT:**

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

### **DAY OF EVENT:**

Due Date (JAN 28,29,30,2022)

- **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 (FEB. 4, 2022)

### TRASH/RECYCLING REPORT:

- 1. City Community Services will supply a report detailing the amount of materials collected for recycling by weight, volume, or count and report on contamination levels.
- 2. After the report is generated, the results will be shared with the event organizer and event vendors, or by contacting <a href="mailto:recycle@cityofkeywest-fl.gov">recycle@cityofkeywest-fl.gov</a>.

## **Required – Event Transportation Planning**

| INITIALS | REQUIRED  |  |
|----------|---|--|
|          |   | If   |
|          | DB transportation that will reduce vehicle traffic  | . These actions include:   |
|          | 1. Website(s) 3. Ticketholders                      |  |
| DD       | 2. Email 4. Social Media                            |  |
| _DB      |   | re opportunities to help minimize traffic congestions and by encouraging alternate transportation or utilize transit |
|          | friendly alternatives. Check opportunities you will | •  |
|          | X Encourage Walking                                 | X Partner with Transit System/Buses  |
|          | X Encourage Biking                                  | X Partner with Transit Friendly Hotels   |
|          | Providing Bike Security with Valet                  | X_ Partner with Restaurants/Bars   |
|          | Include Ride Service with VIP Passes                | X Partner with Rideshare/Taxi Companies  |
|          | Provide Pre-Sale parking only                       | Implement Shuttles   |
|          | Premium parking prices                              | X_ Other:UBER  |
|          | _ ·   | aces or lots, payment will need to be made to the City. The  |

| Parking Type                 | Fees and Rules* | No. of Parking Spots<br>Requested | No. of Days<br>Needed | Total Parking<br>Cost |
|------------------------------|-----------------|-----------------------------------|-----------------------|-----------------------|
| Residential Permit Spaces    | Not allowed     |                                   |                       |                       |
| Unmetered Street Parking     | No Cost         |                                   |                       |                       |
| Park N Ride Garage           | \$32/day        |                                   |                       |                       |
| Metered Street Parking       | \$20/day        |                                   |                       |                       |
| Truman Waterfront Park       | \$20/day        |                                   |                       |                       |
| Smathers Beach               | \$20/day        |                                   |                       |                       |
| Angela Firehouse Parking Lot | \$20/day        |                                   |                       |                       |
| Simonton Beach Parking Lot   | \$20/day        |                                   |                       |                       |
| Ferry Terminal Parking Lot   | \$20/day        |                                   |                       |                       |
| Historic Bight Parking Lot   | \$32/day        |                                   |                       |                       |
| Mallory Square Parking Lot   | \$40/day        |                                   |                       |                       |

Total 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: \_\_\_KELLY MCGILLIS CLASSIC\_ Event Date: \_\_JAN 28 - 29 - 30, 2022

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\_\_\_\_ 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 Stage
- I. Area
- J. Bounce House

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



## **Special Event Permit Application**

newspaper advertisement.

| Supplement A - Noise  |
|---|
| Event Name:WE ARE NOT APPLYING FOR NOISE EXCEMPTION _ Event Date:   |
| Excerpt from City Code Sec. 26-192 Unreasonably excessive noise prohibited.   |
| Noise limitations - Within a core commercial district as defined in this article, the maximum dBA and dBC sound levels permitted on any property located therein shall be as follows:   |
| The average measurement taken between ten (10) and twenty (20) seconds shall be no greater than the maximum levels set out below. The measurement shall be taken from the sound source property line, or individual lease boundary in the case of property which has been subdivided by the execution of individual leases, of the noise generating property at a location that is closest to the complainant's property line:  |
| a. Eighty-five (85) dBA or ninety-four (94) dBC between the hours of 11:00 a.m. and 2:59 a.m.   |
| b. Seventy-five (75) dBA or eighty-four (84) dBC between the hours of 3:00 a.m. and 10:59 a.m.  |
| In any residential or commercial district as defined in this article, a decibel meter shall be used for a complaint of unreasonable noise made at or within 200 feet of the property line of the sound source. The decibel reading shall be made at the location of the complaint. The investigating officer shall issue a citation for unreasonably excessive noise, unless in his judgment a warning is sufficient to cease the violation. There shall be no more than a total of one warning per offending person or establishment.  Events that expect to exceed decibel levels set for their area must get a Noise Exemption from the City Commission. Noise Exemptions cannot be issued for the same location within 60 days of the last noise exemption approval.  Describe the Potential Noise Sources: |
| Do you wish to apply for a Noise Exemption? No  |
| INITIALS REQUIRED   |
| 1. Applicant(s) has reviewed the City Code regarding Noise limitations and understands that an exemption from the noise control ordinance requires approval from the City Commission. Applications for noise exemptions must be received 30 days before the event   |
| 2. The processing fee for the application is \$78.75, due upon submission of application. Include this fee in the Special Event Fee Schedule.   |
| 3. Notice of the City Commission's proposed action on a Noise Exemption shall be published in a newspaper of  |

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

general circulation at least five days prior to the date of the Commission meeting, as well as mailed to all property owners and occupants located within a 100-foot radius of the proposed event. The applicant is required to pay for the

## **Special Event Permit Application**

**Event Name:** 

## Supplement B – Non-Profit Verification

| Event Na   | ame:KELLY MCGILLIS CLASSIC Event Date: _JANUARY 27 – 30, 2022  |
|------------|--|
| Non-Profi  | t Organization Name IWFFA INC.   |
| Tax ID/EIN | #82-5215672 RepresentativeDIANE BERULDSEN  |
| Purpose o  | f OrganizationINTERNATIONAL FEMALE SPORTS ORGANIZATION   |
| Phone3     | 05-896-8678 EmailIWFFA@IWFFA.COM   |
| THE IWFF   | he nonprofit proceeds/donations, after payments of direct necessary expenses be used? A OPERATES ON A SHOE STRING – VOLUNTEER BASED – GIRLS PAY NO MONEY TO PLAY, AG FOOTBALL PROGRAM IS FREE. ANY MONIES LEFT OVER WOULD COVER OPERATING OR THE OFFICE AND TRAVEL TO OTHER COUNTRIES TO TEACH HOW TO PLAY FLAG FOOTBAL  |
| INITIALS   | REQUIRED   |
| _DB        | 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 <sup>1</sup> 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. |
| DB         | <b>Approval</b> : 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.   |
| DB_        | Monies Received: Within 30 days of the event completion the Event Organizer agrees to submit 3, to the City Commission a letter from the Non-profit Organization receiving the waiver stating the amount of monetary donation received from the event.   |
| DB         | 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.

| Special Event Permit Applic I further certify that the answers to the                | cation e above questions are correct and comple                                       | ete to the best of my knowledge                            |
|--|---|--|
|  |   |  |
| and belief. I also understand that any o<br>and criminal penalties provided for in I | organizations who fraudulently seek exe<br>Florida Statutes.                          | mption shall be subjected to civil                         |
| Provide a copy of your organization let  | tter issued by the I.R.S. or Secretary of S   | tate verifying tax exempt status.                          |
| Officer Signature ## 1   | Γitle:PRESIDENTDateNOVE   | MBER 30, 2021  |
|  | Supp  | olement C – Food & Safety                                  |
| Event Name:WE DO NOT NEED (  | COOKING Event Date:   |  |
| ·  | Key West Fire and Police Departments of the Special Event. The Fee Schedule ecessary. | •  |
| Please contact the following City rep  | resentatives before completing your a   | oplication:  |
| Fire Department and EMS – C<br>Department – LT Joseph Trip                           | Chief Alan Averette (305) 809-3938 Poli<br>p (305) 809-1027                           | ce   |
| More information on Safety requirer  | ments can be found in the Special Even  | t Guide.   |
| EVENT ACTIVITIES – Check all that  | apply to the Special Event  |  |
| Cooking:   | Electrical Power  | <u>Other</u>   |
| Deep Frying / Open Flame<br>Charcoal Grill<br>Gas Grill                              | Generator 110AC / Extension Cords DC Power  | Road Closure Fog/Smoke Machine Bubble Machine Pyrotechnics |
| Food Warming OnlyCatered Food  | Structures: Stages / Risers / Canopies  | Special Effects Open Flame Lasers                          |

\_\_\_\_\_ Viewing Stands / Bracing

Alcohol To be Served By

\_\_\_\_ Confetti

\_\_\_\_\_ Vehicle/Motorcycle Demo

| E       | sisting Licensed Establishment ——— Seating   |
|---------|--|
| C       | ommercial Licensed Vendors ———— Air Supported Bounce House   |
| N       | on-profit Licensed Vendors Tents Greater than 200 SF   |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
| INITIAL | S REQUIRED   |
|         |  |
|         | <b>1. Alcohol:</b> Applicant(s) wishing to sell/consume alcoholic beverages on City property must have approval by the City Commission by Resolution and must hire an extra-duty police officer(s) for crowd control and safety as determined by the Key West Police Department or City Manager. |
| Applica | nt must have a <u>liquor license</u> and provide liquor liability insurance.   |
|         | 2. Cooking Safety: If cooking, a KWFD Fire Watch must be provided and fire extinguisher(s) with a minimum rating of 3A40BC shall be provided near cooking equipment.   |
|         | 3. Sidewalks: Structures must not interfere with pedestrian movement on the sidewalk. The Special Event Site Plan must show a minimum setback of six (6) feet from the property lines.   |
| seating | <b>4. Special Event Site Map</b> : 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 will be provided, show seating/chair arrangement.                                   |
|         | 5. Cooking Oil: Cooking oil must be disposed of properly. Vendors found dumping cooking oil improperly will result in forfeiture of a portion of the Event deposit.  |
|         |  |

| Special Event Permit Application   |        |
|--|--------|
| Complement D. Tarte O.C.   |        |
| Supplement D – Tents & Stru  | ctures |
| Event Name:KELLY MCGILLIS CLASSIC _ Event Date:JANUARY 28, 29, 30, 2022  |        |
| This section will be reviewed by the Key West Fire and Police Departments to determine what safe and security needs may be required at the Special Event. The Fee Schedule may be revised based 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:o   |        |
| Total Number of Merchandise Vendor Tents:o   |        |
| Total:o  |        |
| Tent Supplier NameNAContact Number   |        |
| Size & Type of Tents:  |        |
|  |        |
|  |        |
|  |        |
| Provide Certificate of Flame Resistance/Retardant for Tent Fabric. Yes No  |        |
| Will there be any combustibles or flammable liquids under the tent? Yes No   |        |
| Will the sides of the tent be used?  Yes*  No *Exit  plans must be indicated on Site Map Layout.   |        |
| STRUCTURES   |        |
| What structures will be erected?   |        |
|  |        |
| Will structures be erected on any part of a street or sidewalk? Yes ☐ No   |        |
| For each structure, note number of footings, weight and dimensions (L/W/H) below:  |        |

| Special Event Permit Application   |
|--|
|  |
|  |
|  |
| Supplement E – Street Closure  |
| Event Name:WE DO NOT NEED STREET CLOSURE Event Date:   |
| STREET CLOSURE INFORMATION   |
| Street(s) to be closed See affached SuppE Block/Address Number(s)  |
| Cross-Streets: between and   |
| Closure Date(s)  |
| INITIALS REQUIRED  |
| <ol> <li>Non-Profit Inclusion: Applicant(s) who are businesses or private persons who wish to close a City street must make an application jointly with a Non-profit organization. When an Event Organizer proposes a Special Event that will cause the closing of a city street or other public right-of-way, the Event Organizer must donate at least 25% of the Event Organizer's gross revenues or \$1000.00, whichever is greater, to at least one Non-profit organization. The Event Organizer must designate the Non-profit organization(s) on the application for the event. Each named Non-profit organization must provide the City Manager with a letter of agreement with the Event Organizer.</li> <li>Consent: The Event Organizer must have neighboring businesses sign a petition of no objection to the street closure. A template consent form can be found in the Special Events Guide.</li> <li>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</li> </ol> |
| 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. Public access: Pedestrians must be allowed access to the closed area free of charge.  |
| 6. Emergency Access: The closed street/roadway will immediately available for emergency vehicles and vehicles within the close block.  |

## **Special Event Permit Application**

### SIGNATURE REQUIRED

DB

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

| DAM         | January 6, 2022 Date  |
|-------------|---|
| Event (     | organizer organizer bate  |
|             | Supplement F – City Property  |
| Event       | Name: Kelly McGillis Classic Event Date: Jan 27, 2022   |
| A list of   | f City Properties that are available for event use, their amenities and Use Fees are listed in the Special Guide.   |
| Which       | City Property do you wish to use? _WICKER FIELD_  |
| Which .     | Area(s) of the City Property do you wish to use?MENS SOFTBALL – BOYS JR FOOTBALL  |
| Will Uti    | ilities be required (Water and/or Electricity)? Yes   |
| INITIA      | ALS REQUIRED  |
| 11 11 11 17 | LES RECORDED  |
| _DB         | <ol> <li>The City makes no guarantees that the requested City Property and Area will be available on<br/>the dates requested. Submitting this application acts as a request, not a guarantee.</li> </ol>  |
| _DB         | 2. Events taking place on City Property require insurance in the amount of \$1M — liability and \$2M — aggregate.   |
| DB          |   |
|             | 3. Applicants wishing to sell/consume alcoholic beverages on City property must have approval<br>by the City Commission via Resolution and must hire an extra-duty police officer(s) for crowd<br>ntrol and safety as determined by the Key West Police Department or City Manager. Event Organizer<br>ust first have obtained a <u>liquor license</u> and <u>liquor liability</u> insurance. |

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

time of application. All checks shall be made payable to City of Key West.

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

# Special Event Permit Application

| DB  | 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. |
|-----|--|
| DB  | 6. Ingress/egress by the Event Organizer shall be coordinated with the City of Key West.   |
| DB  | 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 eptable.  |
| DB  | 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.  |
| DB_ | <ol> <li>No alcoholic beverages/non-prescription drugs or food may be brought onto or sold or<br/>Truman Waterfront without prior approval from the City Commission.</li> </ol>  |
| _DB | 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.   |

# Supplement E-route

6PM at Lands End Marina - 231 Margaret St

Parade Route - Begins at Lands End Marina - 231 Margaret

Down Caroline St
Right on William
Left on Lazy Way
Right on Elizabeth
Left on Green street
Right on Simonton
Left on Front
Left on Duval
End at United and Duval

| DB         | 11. Event Organizer is responsible for any and all environmental cleanup, restoration, fees, fines<br>etc. associated with the activity and shall put in place any and all measures to eliminate<br>environmental contamination to the City Property that may be caused by the Event activity                       |
|------------|---|
| DB_        | 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   |
| WE ARE NOT | WANTING TRUMAN WATERFRONT PROPERTY  |
| For Use of | f 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 tuary, etc. and is responsible for providing proof of permit prior to entering into an agreement with 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.  |

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201 DEPARTMENT OF THE TREASURY

Date: AUG 08 2019

IWFFA INCORPORATED 25 A 7TH AVENUE KEY WEST, FL 33040-0000 Employer Identification Number: 82-5215672 DLN: 26053549001499 Contact Person: NANCY L HEAGNEY ID# 31306 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 - MAYISH Form Public Charity Status: 990-N DHE 509(a)(2) Form 990/990-EZ/990-N Required: 15 months 19th sut Yes Effective Date of Exemption: April 9, 2018 ent Krist) Contribution Deductibility: Yes Addendum Applies: No

### Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private on the determined you're a public charity under the IRC Section listed to this letter.

If we indicated at the top of this let at ; e required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/04/2022

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).

| certificate does not comer rights to th  | e cert                  | IIICate                 | filologi ili ilga oi şacii e                                       | ndorsement(s                    | <u> </u>                   |   |                    |       |
|--|-------------------------|-------------------------|--|---------------------------------|----------------------------|---|--------------------|-------|
| PRODUCER   |                         |                         |  | CONTACT NAME                    | : Mass Merch               | andising Underwriting                             |                    |       |
| K&K Insurance Group, Inc.  |                         |                         | PHONE (A/C, No, Ext): 1-800-426-2889 FAX (A/C, No): 1-260-459-5105 |                                 |                            |   |                    |       |
| 1712 Magnavox Way  |                         |                         |  | E-MAIL<br>ADDRESS:              | info@sportsi               | nsurance-kk.com                                   |                    |       |
| Fort Wayne IN 46804  |                         |                         |  | PRODUCER                        | o@oporto                   | nourance mason                                    |                    |       |
|  |                         |                         |  | CUSTOMER ID:                    |                            |   |                    |       |
|  |                         |                         |  |                                 |                            | FFORDING COVERAGE                                 | NAIC               |       |
| INSURED  |                         |                         |  | INSURER A:                      | Nationwide I               | Mutual Insurance Company                          | 2378               | 37    |
| International Women Flag Football Associated   | ciation                 |                         |  | INSURER B:                      |                            |   |                    |       |
| DBA: IWFFA<br>25 A 7th ave   |                         |                         |  | INSURER C:                      |                            |   |                    |       |
| Key West, FL 33040   |                         |                         |  | INSURER D:                      |                            |   |                    |       |
| A Member of the Sports, Leisure & Enter  | tainme                  | ent RP                  | G  | INSURER E:                      |                            |   |                    |       |
|  |                         |                         |  | INSURER F:                      |                            |   |                    | _     |
| COVERACES  |                         | -                       | OFFITICATE NU  |                                 | 74405                      |   | DELUCION NUMBE     |       |
| COVERAGES  | _                       |                         | CERTIFICATE NU   |                                 |                            |   | REVISION NUMBE     |       |
| THIS IS TO CERTIFY THAT THE POLICIES ON NOTWITHSTANDING ANY REQUIREMENT, ISSUED OR MAY PERTAIN, THE INSURANCE SUCH POLICIES. LIMITS SHOWN MAY HAVE           | TERM<br>E AFF<br>E BEEN | OR CO<br>ORDE<br>I REDU | ONDITION OF ANY CONTR.<br>D BY THE POLICIES DESC                   | ACT OR OTHER<br>RIBED HEREIN IS | DOCUMENT W<br>S SUBJECT TO | ITH RESPECT TO WHICH TH                           | IIS CERTIFICATE MA | AY BE |
| INSR<br>LTR TYPE OF INSURANCE  | INSD                    | SUBR                    | POLICY NUMBER  | POLICY EFF<br>(MM/DD/YYYY)      | POLICY EXP<br>(MM/DD/YYYY) | LIMI  | TS                 |       |
| A X COMMERCIAL GENERAL LIABILITY   | X                       |                         | 6BRPG0000007482900   | 11/03/2021                      | 11/03/2022                 | EACH OCCURRENCE                                   | \$1,000            | 0.000 |
| CLAIMS- X OCCUR  |                         |                         |  | 12:01 AM EDT                    | 12:01 AM                   | DAMAGE TO RENTED                                  | \$1,000            |       |
| MADE X OCCUR   |                         |                         |  |                                 |                            | PREMISES (Ea Occurrence) MED EXP (Any one person) |                    |       |
| H  |                         |                         |  |                                 |                            |   |                    | 5,000 |
|  |                         |                         |  |                                 |                            | PERSONAL & ADV INJURY                             | \$1,000            | ٥,000 |
|  |                         |                         |  | [i                              |                            | GENERAL AGGREGATE                                 | \$5,000            | 0,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER:   |                         |                         |  |                                 | li .                       | PRODUCTS - COMP/OP AGG                            | \$1,000            | 0,000 |
| POLICY PRO-<br>JECT LOC  |                         |                         |  |                                 |                            | PROFESSIONAL LIABILITY                            | \$1,000            | 0.000 |
| OTHER:   |                         |                         |  |                                 |                            | LEGAL LIAB TO PARTICIPANTS                        | \$1,000            | _     |
| A AUTOMOBILE LIABILITY   | _                       | _                       | 6BRPG0000007482900   | 11/03/2021                      | 11/03/2022                 | COMBINED SINGLE LIMIT                             |                    |       |
|  |                         |                         | 05/11/0000001/102000   | 12:01 AM EDT                    | 12:01 AM                   | (Ea accident)                                     | \$1,000            | 3,000 |
| ANY AUTO OWNED AUTOS SCHEDULED   | 1                       |                         |  |                                 |                            | BODILY INJURY (Per person)                        |                    |       |
| ONLY   |                         |                         |  | 1                               |                            | BODILY INJURY (Per accident)                      |                    |       |
| X HIRED X NON-OWNED AUTOS ONLY   |                         |                         |  |                                 |                            | PROPERTY DAMAGE<br>(Per accident)                 |                    |       |
| X NOT PROVIDED WHILE IN HAWAII   |                         |                         |  |                                 |                            |   |                    |       |
| UMBRELLA LIAB OCCUR  |                         |                         |  |                                 |                            | EACH OCCURRENCE                                   |                    |       |
| EXCESS LIAB CLAIMS-MADE  |                         |                         |  |                                 |                            | AGGREGATE   |                    | _     |
| DED RETENTION  |                         |                         |  |                                 |                            | AGGILLONIE  |                    | _     |
| WORKERS COMPENSATION AND   | NI/A                    |                         |  |                                 |                            | IPER I I  |                    |       |
| EMPLOYERS' LIABILITY   | N/A                     |                         |  |                                 |                            | STATUTE OTHER                                     |                    |       |
| ANY PROPRIETOR/PARTNER/ Y / N  |                         |                         |  |                                 | [i                         | E.L. EACH ACCIDENT                                |                    |       |
| EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)   |                         |                         |  |                                 |                            | E.L. DISEASE - EA EMPLOYEE                        |                    |       |
| If yes, describe under DESCRIPTION OF OPERATIONS below   |                         |                         |  |                                 |                            | E.L. DISEASE - POLICY LIMIT                       |                    |       |
| A MEDICAL PAYMENTS FOR PARTICIPANTS  |                         |                         | 6BRPG0000007482900   | 11/03/2021                      | 11/03/2022                 | PRIMARY MEDICAL                                   |                    |       |
|  |                         |                         |  | 12:01 AM EDT                    | 12:01 AM                   | EXCESS MEDICAL                                    | \$25               | 5,000 |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VE   | HICLES                  | /ACOR                   | D 101 Additional Remarks Sch                                       | edule may be attac              | hed if more enace          |   | ΨΣΟ                | 7,000 |
| Legal Liability to Participants (LLP) limit is   |                         |                         |  | oddio, may bo dilao             |                            | io required,                                      |                    |       |
| Sport(s): Football (Flag & Touch) Age(s):  | 12 an                   | d unde                  | er, 13-15, 16-19, 20 and c   |                                 |                            |   |                    |       |
| Hosted Tournament 1: Event Name: Kelly McGillis ClassicEvent Date: 01/24/2022 to 01/30/2022 Event Location: Wicker Field, Key West, 33040 Sport(s):          |                         |                         |  |                                 |                            |   |                    |       |
| Football (Flag & Touch) Age(s): 12 and Under, 13-15, 16-19, 20 and Over  |                         |                         |  |                                 |                            |   |                    |       |
| The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured. |                         |                         |  |                                 |                            |   |                    |       |
| CERTIFICATE HOLDER   |                         |                         | CANCE  | LLATION                         |                            |   |                    |       |
| city key west  |                         |                         | SHOULI   | D ANY OF THE                    | E ABOVE DE                 | SCRIBED POLICIES BE                               | CANCELLED BEF      | ORE   |
| 1300 White St  |                         |                         | THE E  | XPIRATION                       | DATE THER                  | EOF, NOTICE WILL                                  | BE DELIVERED       | ) IN  |
| Key West El 33040  |                         |                         | ACCOR  | DANCE WITH 1                    | I HE POLICY I              | KUVISIONS.  |                    |       |

(Owner/Lessor of Premises)

city key west 1300 White St Key West, FL 33040

AUTHORIZED REPRESENTATIVE

Coverage is only extended to U.S. events and activities.

\*\* NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

### Name Of Additional Insured Person(s) Or Organization(s)

city key west 1300 White St Key West, FL 33040

Named Insured:

International Women Flag Football Association

DBA: IWFFA

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

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
  - 1. In the performance of your ongoing operations; or
  - 2. In connection with your premises owned by or rented to you.

### However:

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

With respect to the insurance afforded to these additional insureds, the following is added to Section III

 Limits Of Insurance:

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

- 1. Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

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



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

### **Detail by Entity Name**

Florida Not For Profit Corporation

IWFFA INC.

**Filing Information** 

**Document Number** 

N18000003955

**FEI/EIN Number** 

82-5215672

**Date Filed** 

04/09/2018

State

FL

Status

**ACTIVE** 

Last Event

AMENDMENT AND NAME CHANGE

**Event Date Filed** 

07/02/2020

**Event Effective Date** 

NONE

Principal Address

25 A 7TH AVENUE

KEY WEST, FL 33040

**Mailing Address** 

25 A 7TH AVENUE

KEY WEST, FL 33040

Registered Agent Name & Address

DIANE SIGNE BERULDSEN

25 A 7TH AVENUE

KEY WEST, FL 33040

Officer/Director Detail

Name & Address

Title President

DIANE SIGNE BERULDSEN 25 A 7TH AVENUE KEY WEST, FL 33040

**Title Secretary** 

EGUIGURE, MARIA FERNANDA 25 A 7TH AVENUE KEY WEST, FL 33040

Title VP

Johansson, Lena Elisabeth 25 A 7TH AVENUE KEY WEST, FL 33040

Title SEC.

**BUJEK, YOSHI** 25 A 7TH AVENUE KEY WEST, FL 33040

Title Officer

**RACHEL SAMPSON GEORGELAS** 25 A 7TH AVENUE KEY WEST, FL 33040

**Title Officer** 

ARCHER, SUSAN M 25 A 7TH AVENUE KEY WEST, FL 33040

Title Officer

WILSON, KIM TAYLOR 25 A 7TH AVENUE KEY WEST, FL 33040

Title Officer

Athineos, Eilzabeth 25 A 7TH AVENUE KEY WEST, FL 33040

### **Annual Reports**

| Report Year | Filed Date |
|-------------|------------|
| 2019        | 02/10/2019 |
| 2020        | 01/15/2020 |
| 2021        | 03/16/2021 |

### **Document Images**

| 03/16/2021 - ANNUAL REPORT             | View image in PDF format |
|--|--------------------------|
| 07/02/2020 - Amendment and Name Change | View image in PDF format |
| 01/15/2020 - ANNUAL REPORT             | View image in PDF format |
| 02/10/2019 ANNUAL REPORT               | View image in PDF format |
| 04/09/2018 Domestic Non-Profit         | View image in PDF format |

| Special | Event | <b>Permit</b> | App | lication |
|---------|-------|---------------|-----|----------|
|---------|-------|---------------|-----|----------|

Fing Football

# **Department Approvals**

Event Name: Kelly McGillis Womens Parade Event Date: 1/27/2022

| , | Department Signom / Date | Restrictions / Conditions |
|---|--------------------------|---------------------------|
|   | Events Coordinator       | marialatuft               |
|   | Code Compliance          |                           |
|   | Engineering              |                           |
|   | Fire Department          |                           |
|   | KW DOT                   |                           |
|   | Parking                  | no impact                 |
| 1 | Police Department        |                           |
| ı | Port & Marine Services   | N/A                       |
| ŀ | Property Management      |                           |
| F | Public Works             |                           |
| F | Recycling/Solid Waste    |                           |
| ι | Jtilities                |                           |
| C | Other:                   |                           |

| 5 | pecial | Event    | Permit A   | nn | lication |
|---|--------|----------|------------|----|----------|
| ~ | heciai | THACILL. | i cillic 🗸 | PP | iication |

Five Football

# **Department Approvals**

Event Name: Kelly McGullis Womens Parade Event Date: 1/27/2022

| Department Signoff / Date | Restrictions / Conditions |
|---------------------------|---------------------------|
| Events Coordinator        | marialatuft               |
| Code Compliance           |                           |
| Engineering               | No comments               |
| Fire Department           |                           |
| KW DOT                    |                           |
| Parking                   |                           |
| Police Department         |                           |
| Port & Marine Services    |                           |
| Property Management       |                           |
| Public Works              |                           |
| Recycling/Solid Waste     |                           |
| Utilities                 |                           |
| Other:                    |                           |







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

To: City of Key West

From: Division Chief/Fire Danny Blanco

Date: 1/4/2022

Reference: Kelly McGillis Womens Flag Football Parade

This office reviewed the special event application for the Kelly McGillis Womens Flag Football Parade to be held on Margaret, Caroline, William, Duval, and United Streets January 27, 2022.

The following conditions apply:

- All non-walking floats need to have a Fire Safety Inspection before parade.
- 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

| Special | Event | <b>Permit</b> | <b>Application</b> |
|---------|-------|---------------|--------------------|
|---------|-------|---------------|--------------------|

Frail Football

## **Department Approvals**

| Event Name: | Kelly | McGaillis | Waners  | larade | Event Date: | 127/2012 |
|-------------|-------|-----------|---------|--------|-------------|----------|
|             | 7     |           | 6 0 -23 |        |             |          |

| Department Signoff / Date | Restrictions / Conditions |
|---------------------------|---------------------------|
| Events Coordinator        | maralatust                |
| Code Compliance           | Maria Lativité            |
| Engineering               |                           |
| Fire Department           |                           |
| KW DOT                    |                           |
| Parking                   |                           |
| Police Department         |                           |
| Port & Marine Services    |                           |
| Property Management       |                           |
| Public Works              |                           |
| Recycling/Solid Waste     |                           |
| Utilities                 |                           |
| Other:                    |                           |

### **Maria Ratcliff**

From:

Alexandre J. Gaufillet

Sent:

Wednesday, January 5, 2022 9:49 AM

To:

Joseph Tripp; Maria Ratcliff

**Subject:** 

Key West Half Marathon & Kelly McGillis Parade

I spoke with Evan (KWHM) and Diane (McGillis Parade) this morning and confirmed that we would assist them with both events. For the Parade we will have 3-4 motorcycles and we will escort them along their requested route. For the Half Marathon we will utilize 15 officers. The detail has been posted and we are just waiting for it to be filled.

Ofc. A. Gaufillet Key West PD Traffic Coordinator (305) 809-1052

| Special Event Permit Application | Special | Event | Permit | Appli | ication |
|----------------------------------|---------|-------|--------|-------|---------|
|----------------------------------|---------|-------|--------|-------|---------|

You Football

# **Department Approvals**

| Event Name: | Kelly Mctaillis Womens Parade Event I | Date: 1/2 | 2/2022 |
|-------------|---------------------------------------|-----------|--------|
|             |                                       |           |        |

| Department Signoff / Date | Restrictions / Conditions                         |
|---------------------------|---|
| Events Coordinator        | marialatust                                       |
| Code Compliance           |   |
| Engineering               |   |
| Fire Department           |   |
| KW DOT                    | Regelie Jacronez No modification or Restrictions. |
| Parking                   |   |
| Police Department         |   |
| Port & Marine Services    |   |
| Property Management       |   |
| Public Works              |   |
| Recycling/Solid Waste     |   |
| Utilities                 |   |
| Other:                    |   |

| process of the | par .            | man and a second                        |             |
|----------------|------------------|---|-------------|
| Special        | Event            | Permit A                                | Application |
|                | Mar 4 (12) 1 1 4 | 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Abburgation |

|    | Football |  |
|----|----------|--|
| (A | F001     |  |

# **Department Approvals**

| Event Name: | Lell Metallis | Marrey Rival | Event Date: | 1217,2 |
|-------------|---------------|--------------|-------------|--------|
|             |               |              |             |        |

| Department Signoff / Date | Restrictions / Conditions |
|---------------------------|---------------------------|
| Events Coordinator        | marialatust               |
| Code Compliance           |                           |
| Engineering               |                           |
| Fire Department           |                           |
| KW DOT                    |                           |
| Parking                   |                           |
| Police Department         |                           |
| Port & Marine Services    |                           |
| Property Management       |                           |
| Public Works              | MB ,                      |
| Recycling/Solid Waste     |                           |
| Utilities                 |                           |
| Other:                    |                           |