

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: 40th Anniversary LATRATTORIA

Location: APPELLROUTH LANE (SIDE OF 524 DUVAL ST)

Date(s): 11/10 Hours of Operation: 5pm 10pm

Break Down Date: 11/10 Number of Expected Attendees: 150

Is the Event open to the Public? Yes ☒ No ☐

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

A CELEBRATION FOR 40 YEARS OF BUSINESS IN KEY WEST. LIVE MUSIC, BARS, TABLES, CHAIRS & DANCING. WE WILL HAVE A STAGE SET UP.

EVENT ORGANIZER INFORMATION

Company or Organization Name LATRATTORIA OLD TOWN

Name BILL LAY Phone number 305-619-9958

Mailing Address 524 DUVAL STREET

City KEY WEST State FL Zip 33040 Email BILL.LAY1268@GMAIL.COM

Tax ID / EIN# 20-5566339

SECONDARY CONTACT INFORMATION

Name AMY LAY Phone number 305-619-4037

Company or Organization Name LATRATTORIA OLD TOWN

Email AMY.LAYMARKETING@GMAIL.COM

SPECIAL APPROVAL REQUIREMENTS (IF APPLICABLE)

Noise Exemption Required: Yes ☒ Complete Supplement A No ☐

Non-Profit Applicant or Benefit: Yes ☐ Complete Supplement B No ☒

Alcoholic Beverages Sold/Served at Event: Yes ☒ Needs City Commission Approval No ☐

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

INITIALS REQUIRED

Event Name: 40th Anniversary LA Teathea Event Date: 11/10/2022

1. **Application Form:** All Applicant(s) must fill out the City of Key West (City) application form provided to you by the Office of the City Manager. All applications are subject to approval at the discretion of the City Manager and/or City Commission and must in the Office of the City Manager 60 days prior to the event.

Applicant Printed Name: Bill Lay Signature: [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: Bill Lay Signature: [Signature]

3. **Indemnification:** The applicant shall indemnify and hold the City to harmless from all losses, claims, damages, liabilities, and expenses which maybe incurred by the City or which may be claimed against the City by any person, firm to the person or property f any person, firm, corporation, or entity which are consequent or arise from the activities of the permit holder activities or which damages/injuries are consequent or arise from permit holders failure to comply with all applicable laws, statutes, ordinances and regulations.

Applicant Printed Name: Bill Lay Signature: [Signature]

4. **ADA:** All special events are required to comply with the Federal Americans with Disabilities Act which requires access to all areas in services provided by the special events. Organizers must ensure that all aspects of their event meet the requirements.

Applicant Printed Name: Bill Lay Signature: [Signature]

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

Applicant Printed Name: Bill Lay Signature: [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: Bill Lay Signature: [Signature]

7. **Payment Terms:** The City Manager is authorized to provide reasonable terms for time and manner of payment. If the event sponsor fails to pay the full costs at the time determined by the City Manager, or if no such deadline is established, then within 30 days after the event the City may impose an interest charge on the amount due at the rate of one and one-half percent (1.5%) per month.

Applicant Printed Name: Bill Lay Signature: [Signature]

Event Screening Questionnaire

Event Name: 40th ANNIVERSARY LATERALIA Event Date: 11/10/2022

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

VENDOR SALES

1. Will ANY alcoholic beverage be sold or served?	Yes <input checked="" type="checkbox"/> Needs City Commission Approval	No <input type="checkbox"/>
2. Will ANY food be prepared or served?	Yes <input type="checkbox"/> Complete Supplement C	No <input checked="" type="checkbox"/>

SAFETY

IF YES, COMPLETE REQUIRED FORMS

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

STREETS & SIDEWALKS

IF YES, COMPLETE REQUIRED FORMS

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

CITY PROPERTY

IF YES, COMPLETE REQUIRED FORMS

8. Will your event take place in a City-owned Park, Recreation Center or Truman Waterfront?	Yes <input type="checkbox"/> Complete Supplement F	No <input checked="" type="checkbox"/>
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The applicant does acknowledge and hereby affirms that any and all information of this application and all of its supplements are accurate to the best of their knowledge. The applicant(s)/permittee agrees to assume full responsibility and liability for and indemnify and hold the City of Key West harmless from and against all liability, claims for damages, and suits for or by reason for an injury to any person or damages to any property of the parties hereto or of the third persons for any and all cause or causes whatsoever or in any way connected with the holding of said event or any act or omission or thing in any manner related to said event and its operation irrespective of negligence, actual or claimed, upon the part of the City their agents or employees.

Applicant Signature [Signature]

Date 7/03/2022

Required – Recycling Plan

Event Name:

La Trattoria 40th Anniversary

Event Date:

Nov 10

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

Bill Lay

Phone Number

Email

Bill.Lay1268@Gmail.com

Number of people dedicated to recycling

2

INITIALS REQUIRED

- _____ 1. **NON- ACCEPTABLE WASTE:** No Plastic Bags, plastic cutlery, plastic straws, plastic cups, or polystyrene are allowed at events.
- _____ 2. **RECYCLING FEE:** The Fee (see Fee Schedule) must be submitted prior to the event. You can earn all or part of this fee back by participating in the City Recycling Program.
- _____ 3. **ACCEPTABLE RECYCLABLES:** The primary items will be Aluminum Cans, Plastic Bottles, Cardboard, and Glass Bottles. But additional items can include Food and Beverage Cartons, Regular paper, Magazines and Program Handouts.
- _____ 4. **CONTAMINATION:** I understand that recycle bins with contamination above 15% will result in not being able to earn back all or part of the Recycling Fee.

RECYCLING TIMELINE

Two
Weeks
(Self
filling)

BEFORE EVENT:

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

Due Date
(Self
filling)

DAY OF EVENT:

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

Due Date
(Self
filling)

TRASH/RECYCLING REPORT:

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

Required – Event Transportation Planning

Event Name: 40th Anniversary LA Traction Event Date: 11/10/2022

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

INITIALS REQUIRED

Q

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

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

Q

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

☒ Encourage Walking

☐ Encourage Biking

☐ Providing Bike Security with Valet

☐ Include Ride Service with VIP Passes

☐ Provide Pre-Sale parking only

☐ Premium parking prices

☐ Partner with Transit System/Buses

☐ Partner with Transit Friendly Hotels

☐ Partner with Restaurants/Bars

☒ Partner with Rideshare/Taxi Companies

☐ Implement Shuttles

☐ Other: _____

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

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

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

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

Required: Event Site Map / Layout

Event Name: 40th Anniversary La Trattoria

Event Date: 11/10/2022

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

R Attach Site Map Layout

R Attach Impacted Streets Map

Event Site Map Layout Legend:

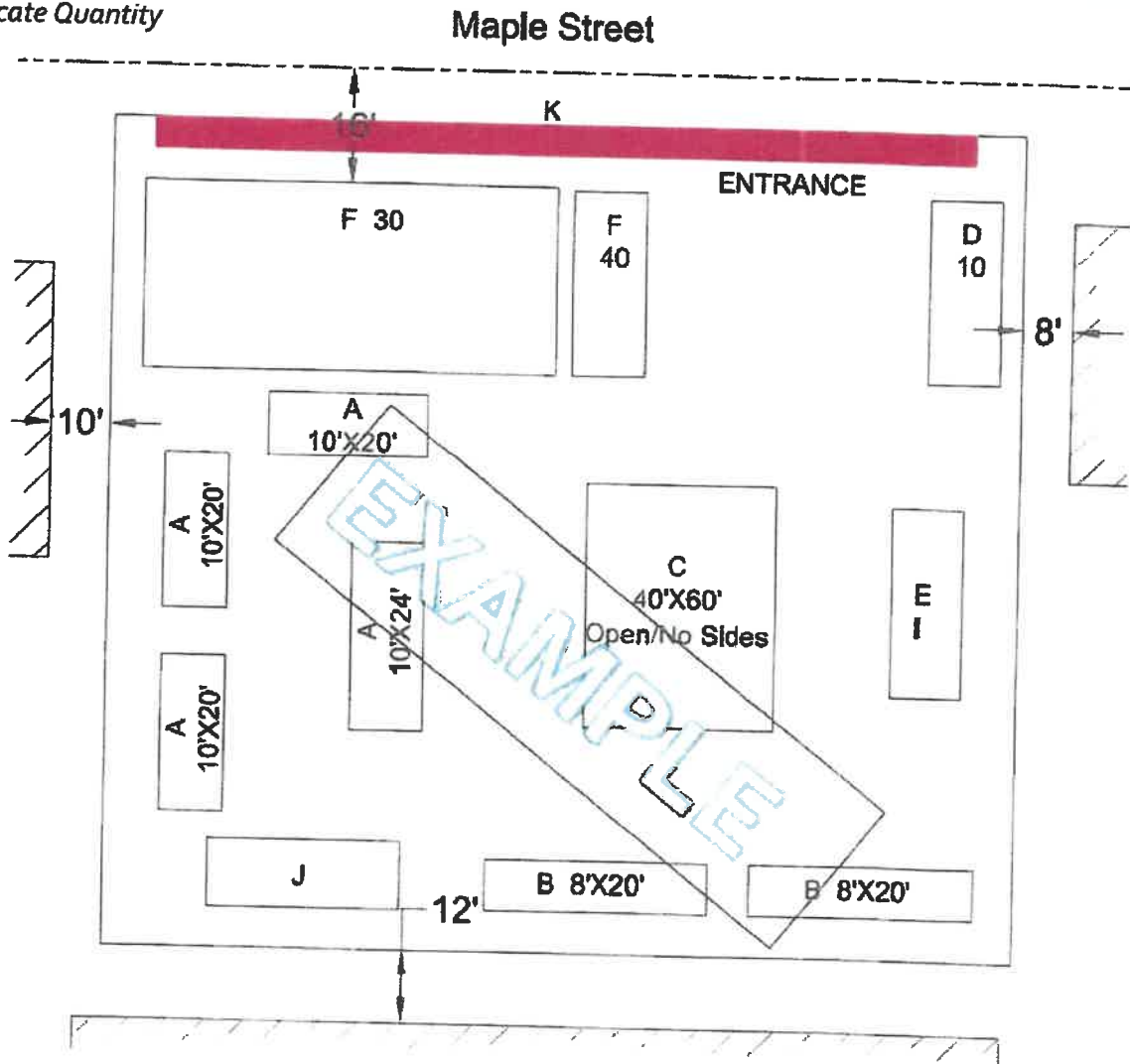
- A. Food/Bev. Vendor Tents*
- B. Merchandise Vendor Tents*
- C. Seating Tents*
- D. Toilets**
- E. Amplified Music

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

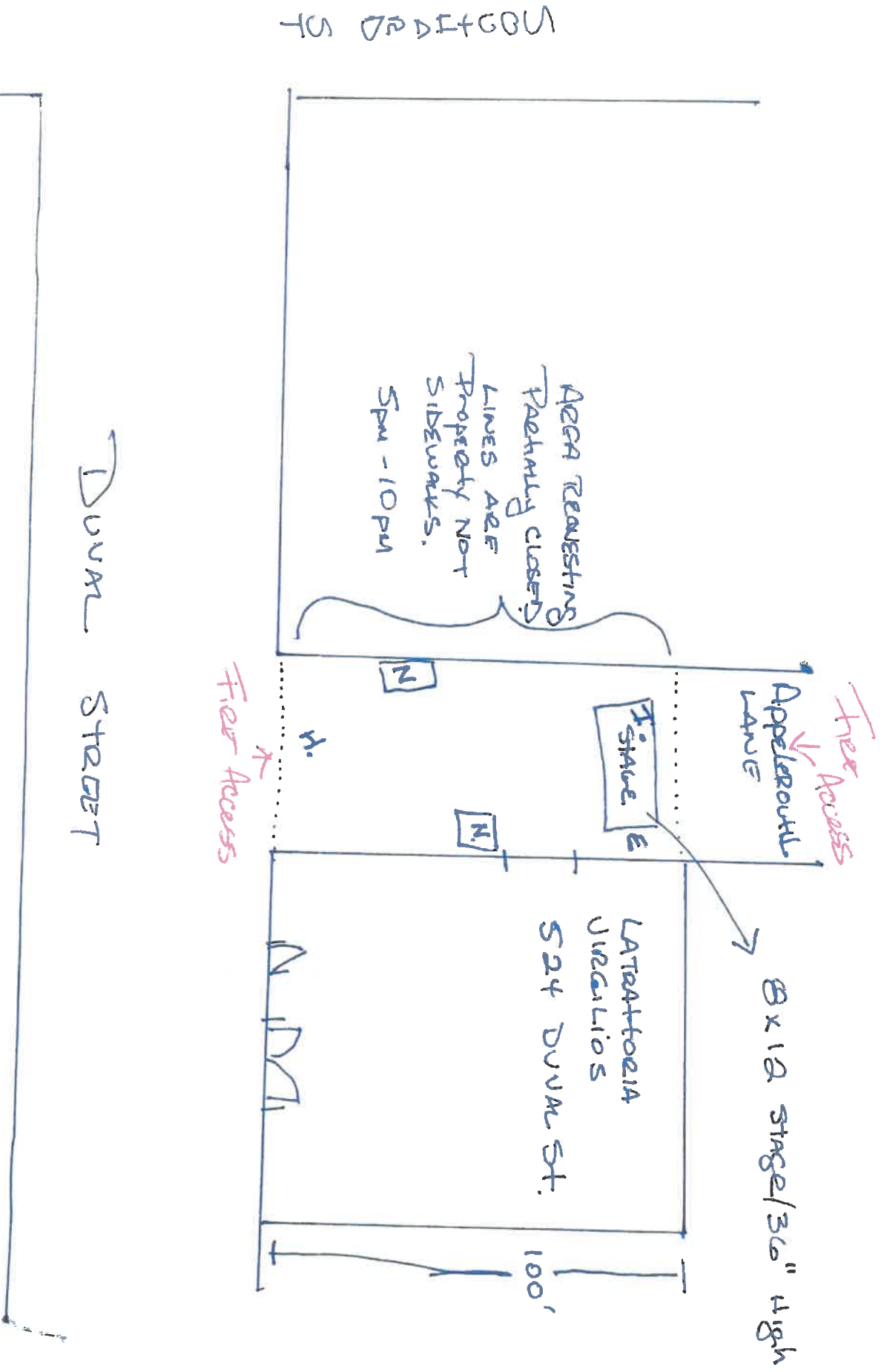
- K. Podiums
- L. Fire Lane (RED LINE)
- M. Label Street(s)
- N. Other: BAR
- O. Other: _____

* Indicate Tent sizes

** Indicate Quantity



40th Anniversary Laboratory Event



Event Name: 40th Anniversary LaTrattoria Event Date: 11/10/2022

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

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

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

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

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

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

Describe the Potential Noise Sources: Speakers

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

INITIALS REQUIRED

- AP 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
- AP 2. The processing fee for the application is \$82.68, due upon submission of application. Include this fee in the Special Event Fee Schedule.
- AP 3. Notice of the City Commission's proposed action on a Noise Exemption shall be published in a newspaper of general circulation at least five days prior to the date of the Commission meeting, as well as mailed to all property owners and occupants located within a 100-foot radius of the proposed event. The applicant is required to pay for the newspaper advertisement.

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

Special Event Permit Application

Supplement B – Non-Profit Verification

Event Name: 40th Anniversary LATRAKODIA Event Date: 11/10/2022Non-Profit Organization Name Military Affairs CommitteeTax ID/EIN # _____ Representative Mrs. CARA HIGGINSPurpose of Organization Military Community Affairs

Phone _____ Email _____

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

INITIALS REQUIRED

- (R) 1. **Services Waived:** The first \$1,000.00 of costs as specified in Section 6-26 (d) of the Code of Ordinances may be waived for any Event Organizer or Sponsor organization which qualifies as a tax-exempt Non-profit organization according to State or Federal law. Acceptance of this waiver by such Event Organizer or Sponsor organization shall render the Special Event a public accommodation subject to Human Rights provision of Section 38-225.
- (R) 2. **Approval:** Supplement B must be reviewed and approved for Non-profit waivers to be granted. Neither Completion nor Submission of this form guarantees a waiver will be granted.
- (R) 3. **Monies Received:** Within 30 days of the event completion the Event Organizer agrees to submit to the City Commission a letter from the Non-profit Organization receiving the waiver stating the amount of monetary donation received from the event.
- (R) 4. **Accounting:** Within 90 days following the Special Event, the Event Organizer or Sponsor organization will ensure that the Non-profit organization receiving the waiver submits to the City Commission an accounting of expenses and revenues incurred and generated during the event.

SIGNATURE AND ATTACHMENT REQUIRED

I hereby certify that the above-named Non-profit organization is a bona fide, in good standing, domestic civic, educational, charitable, fraternal, or religious organization under the laws of the State of Florida or with proper tax exemption status with the Internal Revenue Service; that the organization is the actual sponsor of the event described and that all the proceeds from the event, after necessary direct expenses, will be used for civic, educational, charitable or religious purpose.

I further certify that the answers to the above questions are correct and complete to the best of my knowledge and belief. I also understand that any organizations who fraudulently seek exemption shall be subjected to civil and criminal penalties provided for in Florida Statutes.

Provide a copy of your organization letter issued by the I.R.S. or Secretary of State verifying tax exempt status.

Officer Signature [Signature] Title: Owner Date 8/24/2022

Special Event Permit Application

Supplement C – Food & Safety

Event Name:

40th Anniversary LA TRATTORIA

Event Date:

11/10/2022

This section will be reviewed by the Key West Fire and Police Departments to determine what safety checks and security needs may be required at the Special Event. The Fee Schedule may be revised based on requirements that may be deemed necessary.

Please contact the following City representatives before completing your application:

Fire Department and EMS – Chief Alan Averette (305) 809-3938

Police Department – LT Joseph Tripp (305) 809-1027

More information on Safety requirements can be found in the Special Event Guide.

EVENT ACTIVITIES – Check all that apply to the Special Event

Cooking:

- ☐ Deep Frying / Open Flame
- ☐ Charcoal Grill
- ☐ Gas Grill
- ☐ Food Warming Only
- ☐ Catered Food

Alcohol To be Served By

- ☒ Existing Licensed Establishment
- ☐ Commercial Licensed Vendors
- ☐ Non-profit Licensed Vendors

Electrical Power

- ☐ Generator
- ☐ 110AC / Extension Cords
- ☐ DC Power

Structures:

- ☒ Stages / Risers / Canopies
- ☒ Viewing Stands / Bracing
- ☒ Seating
- ☐ Air Supported Bounce House
- ☐ Tents Greater than 200 SF

Other

- ☒ Road Closure
- ☐ Fog/Smoke Machine
- ☐ Bubble Machine
- ☐ Pyrotechnics
- ☐ Special Effects
- ☐ Open Flame
- ☐ Lasers
- ☐ Confetti
- ☐ Vehicle/Motorcycle Demo

INITIALS REQUIRED

BL

1. **Alcohol:** Applicant(s) wishing to sell/consume alcoholic beverages on City property must have approval by the City Commission by Resolution and must hire an extra-duty police officer(s) for crowd control and safety as determined by the Key West Police Department or City Manager. Applicant must have a liquor license and provide liquor liability insurance.

BL

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. *Cooking inside only*

BL

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.

BL

4. **Special Event Site Map:** Indicate where structures, tents, stages, cooking equipment, etc. will be located. The layout must also identify distances to the nearest buildings and property line. If seating will be provided, show seating/chair arrangement.

BL

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.

No cooking outside

Special Event Permit Application

Supplement D – Tents & Structures

Event Name: 40th Anniversary LATROBIA Event Date: 11/10/2022

This section will be reviewed by the Key West Fire and Police Departments to determine what safety checks and security needs may be required at the Special Event. The Fee Schedule may be revised based on requirements that may be deemed necessary.

Please contact the following City representatives before completing your application:

Fire Department and EMS – Chief Alan Averette (305) 809-3938
Police Department – LT Joseph Tripp (305) 809-1027

Provide copy of Event Site Map/Layout Yes ☐ No ☐

TENTS

Total Number of Food/Beverage Vendor Tents: # NO TENT

Total Number of Merchandise Vendor Tents: _____

Total: _____

Tent Supplier Name CAKED AFFAIRS Contact Number 305-619-9958

Size & Type of Tents: 10 x 10

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? Nothing structural. Mobile Bar + SLABE

Will structures be erected on any part of a street or sidewalk? Yes ☒ No ☒ YES

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

SLABE IS 8' x 12' x 24" H, Roughly 400 #s

Special Event Permit Application

Supplement E – Street Closure

Event Name: 40th Anniversary LATrattoria

Event Date: 11/10/2022

STREET CLOSURE INFORMATION

Street(s) to be closed APPELROUTH LN. Block/Address Number(s) 524 Duval (SIDE)

Cross-Streets: between DUVAL and APPELROUTH

Closure Date(s) 11/10/2022 Time 5 AM/PM to 12 AM/PM

INITIALS REQUIRED

1. **Non-Profit Inclusion:** Applicant(s) who are businesses or private persons who wish to close a City street must make an application jointly with a Non-profit organization. When an Event Organizer proposes a Special Event that will cause the closing of a city street or other public right-of-way, the Event Organizer must donate at least 25% of the Event Organizer's gross revenues of \$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.
2. **Consent:** The Event Organizer must have neighboring businesses sign a petition of no objection to the street closure. A template consent form can be found in the Special Events Guide.
3. **ADA Restrooms:** Whenever the Event Organizer of a Special Event provides temporary bathroom facilities within the public right-of-way, at least five percent of those facilities or one of those facilities, whichever is the greater number, shall be accessible to persons with physical disability.
4. **Insurance:** Typical insurance policies may not provide coverage for accidents that may occur off private property and in the City Right-of-way. Events taking place within City Right-of-Way require insurance in the amount of \$1M – liability and \$2M – aggregate.
5. **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.

SIGNATURE REQUIRED

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

Event Organizer Signature

Date

Special Event Permit Application

Supplement F – City Property

Event Name: 40th Anniversary LatrottoDA Event Date: 11/10/2022

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

Which City Property do you wish to use? N/A

Which Area(s) of the City Property do you wish to use? Apparatus Lane (A Donation)

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

INITIALS REQUIRED

P

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

P

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

P

3. Applicants wishing to sell/consume alcoholic beverages on City property must have approval by the City Commission via Resolution and must hire an extra-duty police officer(s) for crowd control and safety as determined by the Key West Police Department or City Manager. Event Organizer must first have obtained a liquor license and liquor liability insurance.

P

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

P

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.

P

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

P

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

P

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.

P

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

P

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.

11. Event Organizer is responsible for any and all environmental cleanup, restoration, fees, fines, etc. associated with the activity and shall put in place any and all measures to eliminate environmental contamination to the City Property that may be caused by the Event activity.

 12. All trash (including waste oil) and equipment including portable toilets and trailers shall be removed no later than close of business of the last day of the event. Event Organizer should plan accordingly. City of Key West may impose additional fees for use of City Property beyond usage dates.

INITIALS REQUIRED for Truman Waterfront Property

For Use of Truman Waterfront, the Event Organizer is subject to the following additional provisions:

 13. Event Organizer is responsible for obtaining necessary permits required by any other agencies pertaining to this Special Event such as Federal, State, Local, Coast Guard, Navy, Marine Sanctuary, etc. and is responsible for providing proof of permit prior to entering into an agreement with the City of Key West.

 14. Event Organizer must take part in pre- and post-activity walk-through inspections with the City of Key West point of contact, or designee.

 15. Event Organizer must provide the City of Key West with a detailed schedule for activities.

 16. City of Key West personnel shall be 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.



The Main Event® — Special Event Product

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN THE INSTANT QUOTE SECTION, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please detail the losses below.

TYPE OF EVENT

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Beer garden/Beer tent | <input type="checkbox"/> Fundraiser | <input type="checkbox"/> Individual vendor booth |
| <input type="checkbox"/> Musical/Theatrical performance | <input type="checkbox"/> Motor vehicle race/Show | <input type="checkbox"/> Picnic |
| <input type="checkbox"/> Concerts | <input type="checkbox"/> Competition or shows | <input type="checkbox"/> Sporting event/Tournament |
| <input type="checkbox"/> Conventions/Trade show/Exhibit | <input type="checkbox"/> Parade | <input type="checkbox"/> Wedding/Wedding reception |
| <input type="checkbox"/> Festival | <input checked="" type="checkbox"/> Party/Social event | <input type="checkbox"/> Other (describe): |

Name of applicant: ON Pointe Restaurant & Bar - DBA - LATROTTORIA VENEZIA

(List only one legal and dba name. Do not include "et al", "etc." or other similar wording in the name.)

Describe applicant's role and responsibility in event: owner/operator

Location address: 524 Duval St.

City: Key West

State: Florida

☒ Same as mailing address
Zip: 33040

Coverage desired:

- ☒ Commercial general liability and liquor liability ☐ Commercial general liability only ☐ Liquor liability only

Limits of coverage desired: _____

FULL SCHEDULE/DESCRIPTION AND PURPOSE OF EVENT (Attach copy of brochure, website pages and flyer to this application or include details on all activities taking place): _____

Dates of event:

From: 11 / 10 / 2022

To: 11 / 10 / 2022

(If one day event, end date should be the same as start date. Quote will contemplate coverage for events continuing past 12:00 a.m.)

Desired coverage date(s):

From: 11 / 10 / 2022

To: 11 / 10 / 2022

If event date(s) differs from desired coverage date(s), explain: _____

Is set-up and take-down coverage needed for additional dates?

☐ Yes* ☒ No

*If "Yes," what are the dates and what will this exposure include? _____

*Will there be any heavy machinery used such as bulldozers, backhoes, excavators, or any other types of industrial machinery (small forklifts and light machinery are acceptable)?

☐ Yes ☒ No

Would you like to include a rain date?

☐ Yes ☒ No

If "Yes," what date? _____

Would you like to include coverage for banners?

☐ Yes ☒ No

If "Yes," does the banner hang above a major roadway or trail behind an airplane? _____

☐ Yes ☒ No

Name of additional insured: _____

Mailing address: _____

Additional insured's interest in event: _____

Would you like to include primary and non-contributory wording?

☐ Yes ☒ No

If "Yes," please advise how many contracts are needed: _____

Would you like to include waiver of subrogation?

☐ Yes ☒ No

If "Yes," please advise how many contracts are needed: _____

HISTORY

1. Previous carrier: _____

Policy number: _____

2. Describe any previous losses:

Year	# of Claims	Incured Amounts	General Liability/Liquor Liability/ Assault + Battery	Description
		\$		
		\$		
		\$		

II. COMMERCIAL GENERAL LIABILITY

1. Estimated total attendees per day: 150
If applicant is an individual exhibitor/vendor, what is the estimated attendees per day anticipated to visit their booth? _____
2. Will there be any entertainment?
If "Yes," describe and include name of performers and acts: UNKNOWN AT THIS TIME ☒ Yes ☐ No
3. Will event feature any of the following:
- | | | |
|---|---------------------------|-------------------------------------|
| a. Mechanical rides/devices? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| b. Firearms or fireworks? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| c. Overnight camping or bonfires? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| d. Water hazards? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| If "Yes", will attendees be permitted to swim, boat, jet ski or fish? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| e. Haunted house, hayride or corn maze exposure? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| f. High profile attendees? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| If "Yes", please list: _____ | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
4. a. Describe security measures: CITY POLICE DETAIL
b. If security is provided by independent contractors, are they required to carry their own insurance? ☒ N/A ☐ Yes ☐ No
(For event specific underwriting questions please see Section IV)

III. LIQUOR LIABILITY

LIQUOR LIABILITY (IF COVERAGE IS DESIRED)

1. Hours of event: From: 5 AM/PM To: 10 AM/PM
a. If hours vary by date, describe: _____
2. Estimated number of attendees consuming alcohol daily: 100
3. For this event, is the applicant acting in the capacity of a hired caterer or bartender? ☐ Yes ☒ No
4. Is the applicant an individual or business that regularly sells, serves or furnishes alcohol? ☒ Yes ☐ No
5. a. Is applicant the sole vendor/server of alcohol at event? ☒ Yes ☐ No
b. If there are multiple vendors, are all participating alcohol vendors/servers required to carry liquor liability limits for the event equal to or greater than our applicant? ☐ Yes ☒ No
6. Will alcohol be dispensed by a professional bartender or server that has taken a formal alcohol awareness training course? ☒ Yes ☐ No
7. Will alcohol be sold by applicant? ☒ Yes ☐ No
8. Is BYOB (Bring Your Own Bottle) or self-service of alcohol permitted? ☒ Yes ☐ No

IV. EVENT TYPES

1. If this is a CONCERT/MUSICAL EVENT, complete below:
- a. Name(s) of performer(s): _____ Describe type of music: _____
- b. Performers are: ☐ Local ☐ National
- c. Will pyrotechnics be featured? ☐ Yes ☐ No
- d. Any special effects? ☐ Yes ☐ No
If "Yes," describe: _____
5. If this is a PARADE Event, complete below:
- a. Describe parade route from start to finish: _____
- b. Has parade route been approved by local authorities and will route be secured by police? ☐ Yes ☐ No
If "No," explain: _____
- c. Are parade participants permitted to throw souvenirs, candy or other items into the crowd? ☐ Yes ☐ No
6. If this is an ATHLETIC EVENT, complete below:
- a. Describe athletic event: _____
- b. ☐ Professional or ☐ Amateur
If "Professional," list the athletes: _____
- c. Is this an off road, trail run, mud run or obstacle event? ☐ Yes ☐ No

7. If this is a MOTOR VEHICLE RACE, RODEO, TRACTOR PULL OR TRUCK SHOW, complete below:

a. Is the venue designed specifically for this type of activity?

☐ Yes ☐ No

b. Are metal or concrete barriers in place to ensure spectator safety?

☐ Yes ☐ No

If no, describe: _____

c. Are the barriers permanent?

☐ Yes ☐ No

d. How high are the barriers? _____

e. What is the distance between the barriers and spectators? _____

f. Are spectators ever permitted in the pit or infield area?

☐ Yes ☐ No

g. If this is a rodeo, are the transfer areas between animal pens and the competition restricted from the general public?

☐ Yes ☐ No

h. Will the event feature audience participation (i.e. calf scrambles)?

☐ Yes ☐ No

i. Is this an off road, trail run, mud run or obstacle event?

☐ Yes ☐ No

8. If this is a CAR SHOW/MOTOR VEHICLE SHOW, complete below:

a. Do vehicles remain stationary throughout the show with the engines off?

☐ Yes ☐ No

b. Will the event feature burnouts, drag races or flame throwing?

☐ Yes ☐ No

9. If this is a HEALTH FAIR/CONVENTION, complete below:

a. Will the event feature any medical or health treatment?

☐ Yes ☐ No

V. ADDITIONAL APPLICANT INFORMATION

Form of business: ☐ Individual ☐ Corporation ☐ Partnership ☒ LLC ☐ Other _____

Applicant's mailing address: 3593 S. ROOSEVELT BLVD (if different than the location address above)

City: KEY WEST

State: FLORIDA

Zip: 33040

E-mail address of primary contact: BILL.LAY1260@GMAIL.COM Phone: 305-619-9958

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Florida Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Kansas Fraud Statement: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. A binder may not be withdrawn but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maine and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Disclosure Notice: This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged Wrongful Acts or Wrongful Employment Acts that took place prior to retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect for incidents reported during the Policy Period or any subsequent renewal of this Policy or any extended reporting period and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

North Dakota Fraud Statement: Notice to North Dakota applicants – Any person who knowingly and with the intent to defraud and insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

I understand that any material misrepresentation or omission made by me on this application may act to render any contract of insurance null and without effect or provide the company the right to rescind it.

By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Statement: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Utah Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy

Vermont Fraud Statement: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be subject to fines and confinement in prison.

Virginia Notice: This Policy is written on a claims-made basis. Please read the policy carefully to understand your coverage. You have an option to purchase a separate limit of liability for the extended reporting period. If you do not elect this option, the limit of liability for the extended reporting period shall be part of the and not in addition to limit specified in the declarations. If you have any questions regarding the cost of an extended reporting period, please contact your insurance company or your insurance agent. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Virginia Fraud Statement: Any person who knowingly and with intent to defraud an insurer, submits an Application for insurance or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Utah Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Washington Fraud Statement: Any person, who, knowing it to be such:

- (1) Presents, or causes to be presented, a false or fraudulent claim or any proof in support of such a claim, for the payment of a Loss under a contract of insurance; or
- (2) Prepares, makes, or subscribes any false or fraudulent account, certificate, affidavit, or proof of Loss, or other document or writing, with

intent that it be presented or used in support of such a claim, is guilty of a gross misdemeanor, or if such claim is in excess of one thousand five hundred dollars, of a class C felony.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Retail agency name: _____ License #: _____

Main agency phone number: _____

Agency mailing address: _____

City: _____ State: _____ Zip: _____

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant's signature: _____

Title: owner/operator Date: 01/1/2022

Officer of the Board or Property Manager

I acknowledge that the information provided in this application is material to acceptance of the risk and the issuance of the requested policy by Company. I represent that the information provided in this application is true and correct in all matters. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date of this Application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in the Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

Special Event Permit Application

Department Approvals

Event Name: <u>40th Anniversary La Trattoria</u>	Event Date: <u>November 10th</u>
---	---

Department Signoff / Date	Restrictions / Conditions
Events Coordinator	Maria Rateruh
✓ Code Compliance	
✓ Engineering	N/A
✓ Fire Department	
✓ KW DOT	
✓ Parking	No Special request
✓ Police Department	
✓ Port & Marine Services	N/A
✓ Property Management	N/A
✓ Public Works	
Recycling/Solid Waste	
Utilities	
Other:	

Special Event Permit Application

Department Approvals

Event Name: 10th Anniversary Celebration Event Date: November 11th

Department Signoff / Date	Restrictions / Conditions
Events Coordinator	Maria Ratush
Code Compliance 11 Aug 22	Ji Yong
Engineering	
Fire Department	
KW DOT	
Parking	
Police Department	
Port & Marine Services	
Property Management	
Public Works	
Recycling/Solid Waste	
Utilities	
Other:	



THE CITY OF KEY WEST

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

To: La Trotteria (bill.lay1268@gmail.com)

From: Division Chief/Fire Marshal Jason Barroso

Date: 8/10/2022

Reference: 40th Anniversary La Trattoria

This office reviewed the special event application for the 40th Anniversary La Trattoria to be held on Appelrouth Lane (Side of 524 Duval St.) on November 10, 2022 5:00pm-10:00pm.

The following conditions apply:

- Any cooking that takes place on city property needs to have a Life Safety Inspection.
- Attached are the vendor regulations for special events, it is the responsibility of the event coordinator to provide a copy to each vendor.
- The Applerouth lane street closure needs to allow for emergency vehicle passage.
- Event organizer is responsible for One Fire Inspector @ \$55.00 an hour. They will be present for the entire event to conduct a Fire Safety Watch.
- **Event coordinator is responsible for scheduling the inspection with this office.**

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

Jason Barroso, Fire Marshal

Key West Fire Department
1600 N. Roosevelt Boulevard
Key West, Florida 33040
305-809-3932 Office
305-292-8284 Fax

ibarroso@cityofkeywest-fl.gov

Serving the Southernmost City

3266 L53M 132

Special Event Permit Application

Department Approvals

Event Name: 40th Anniversary Celebration

Event Date: November 10th

Department Signoff / Date	Restrictions / Conditions
Events Coordinator	Maria Ratush
Code Compliance	
Engineering	
Fire Department	
KW DOT	No Impact - R. Relativity / RS
Parking	
Police Department	
Port & Marine Services	
Property Management	
Public Works	
Recycling/Solid Waste	
Utilities	
Other:	

Maria Ratcliff

From: Joseph Tripp
Sent: Thursday, August 11, 2022 2:35 PM
To: Maria Ratcliff
Subject: RE: 40th Anniversary La Trattoria November 10, 2022

We are fine with this.

From: Maria Ratcliff <mratcliff@cityofkeywest-fl.gov>
Sent: Wednesday, August 10, 2022 10:20 AM
To: Maria Ratcliff <mratcliff@cityofkeywest-fl.gov>
Subject: 40th Anniversary La Trattoria November 10, 2022

Good morning, everyone

Please review and send back your approvals. Thank you!

Maria

Special Event Permit Application

Department Approvals

Event Name: <u>10th Anniversary Celebration</u>	Event Date: <u>November 17th</u>
--	----------------------------------

Department Signoff / Date	Restrictions / Conditions
Events Coordinator	Maria Katsush
Code Compliance	
Engineering	
Fire Department	
KW DOT	
Parking	
Police Department	
Port & Marine Services	
Property Management	
Public Works	Ralph M. G.
Recycling/Solid Waste	
Utilities	
Other:	

Special Event Permit Application

Department Approvals

Event Name: <u>40th Anniversary La Trattoria</u>	Event Date: <u>November 10th</u>
---	---

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



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Foreign Limited Liability Company
ON POINTE RESTAURANT GROUP, LLC

Filing Information

Document Number M06000005189
FEI/EIN Number 20-5566339
Date Filed 09/20/2006
State DE
Status ACTIVE
Last Event LC AMENDMENT
Event Date Filed 08/13/2018
Event Effective Date NONE

Principal Address

524 DUVAL STREET
KEY WEST, FL 33040

Changed: 02/21/2008

Mailing Address

3593 S. ROOSEVELT BLVD
KEY WEST, FL 33040

Changed: 03/20/2012

Registered Agent Name & Address

HORAN, DARREN M
HORAN LAW, LLLP
608 WHITEHEAD STREET
KEY WEST, FL 33040

Name Changed: 01/20/2015

Address Changed: 01/04/2021

Authorized Person(s) Detail

Name & Address

Title MGR

LAY, WILLIAM J

3593 S. ROOSEVELT BLVD
KEY WEST, FL 33040

Title MBR

HORAN, DARREN M
608 WHITEHEAD ST
KEY WEST, FL 33040

Annual Reports

Report Year	Filed Date
2020	01/15/2020
2021	01/04/2021
2022	01/24/2022

Document Images

01/24/2022 -- ANNUAL REPORT	View image in PDF format
01/04/2021 -- ANNUAL REPORT	View image in PDF format
01/15/2020 -- ANNUAL REPORT	View image in PDF format
02/07/2019 -- ANNUAL REPORT	View image in PDF format
08/13/2018 -- LC Amendment	View image in PDF format
01/16/2018 -- ANNUAL REPORT	View image in PDF format
02/13/2017 -- ANNUAL REPORT	View image in PDF format
04/01/2016 -- ANNUAL REPORT	View image in PDF format
01/20/2015 -- ANNUAL REPORT	View image in PDF format
01/14/2014 -- ANNUAL REPORT	View image in PDF format
03/26/2013 -- ANNUAL REPORT	View image in PDF format
03/20/2012 -- ANNUAL REPORT	View image in PDF format
04/21/2011 -- ANNUAL REPORT	View image in PDF format
02/24/2010 -- ANNUAL REPORT	View image in PDF format
10/08/2009 -- REINSTATEMENT	View image in PDF format
02/21/2008 -- REINSTATEMENT	View image in PDF format
09/20/2006 -- Foreign Limited	View image in PDF format

Officers

*Cara Higgins – President
Ron Demes – President Elect
Jim Reynolds – Treasurer
Dr. Bruce Guerdan – Secretary*

**Board Members**

*Juan Llera, Past President
Bill Lay
Mark Rossi
Greg Sullivan*

August 11, 2022

City of Key West
1400 White Street
Key West, FL 33040

Dear Sir/Mam,

The Key West Military Affairs Committee would like to acknowledge and say "Thank You" to La Trattoria Downtown for their generous donation of \$2,500.00 for golf tournament fundraiser to raise money for the annual "Soldier Ride" event in Key West. The Wound Warrior event takes place in January and showcases men and women who were wounded in combat.

The purpose of the Key West Military Affairs Committee is to strengthen the ties between the Civilian and Military communities. Key West is full of many generous residents and businesses who continually support local non-profits such as MAC. Without this support we would not be able to provide the support to the military community here in Key West.

Please let me know if you need any additional information. You can reach me directly at cara@carahigginslaw.com or 305-294-6030.

Cara Higgins
President
Key West Military Affairs

Cc: Bill Lay, La Trattoria Downtown

230 EAST 7TH ST ASSOCIATES
C/O COHEN JOSEPH
45 NW 21ST ST
Miami, FL 33127

417 SOUTHARD STREET KEY WEST LLC
442 Alamanda Dr
Hallandale Beach, FL 33009

420ARL LLC
908 Fleming St
Key West, FL 33040

518 DUVAL STREET LLC
3140 Northside Dr
Key West, FL 33040

519 DUVAL LLC
809 Fleming St
Key West, FL 33040

526-528 DUVAL RETAIL LLC
1119 Von Phister St
Key West, FL 33040

534 DUVAL STREET LLC
45 NW 21st St
Miami, FL 33127

CORELLA PASQUALE J
PO Box 5501
Key West, FL 33045

KEY WEST OFFICE MANAGEMENT INC
501 Southard St
Key West, FL 33040

KW 520 DUVAL LLC
PO Box 372
Mercer Island, WA 98040

MULBERG LTD
C/O GREG A WALKER
727 Harness Creek View Dr
Annapolis, MD 21403

P AND D DUVAL LAND TRUST 6/25/99
C/O FERNANDEZ DIANE F TRUSTEE
347 W 57TH ST APT 39A
New York, NY 10019

REPUBLIC OF CUBA
C/O INSTITUTO PATRIOTICO Y DOCENTE
516 DUVAL ST
Key West, FL 33040

REPUBLIC OF CUBA
C/O INSTITUTO PATRIOTICO Y DOCENTE
516 DUVAL ST
Key West, FL 33040

ROMOCO INC
3340 N Roosevelt Blvd
Key West, FL 33040

SSRAFFERTY LLC
PO Box 1007
Key West, FL 33041

WALGREEN CO STORE 7089RET
C/O REAL ESTATE TAX DEPARTMENT
PO BOX 1159
Deerfield, IL 60015

WHITEHEAD TRUST LLC
14 NE 1st Ave NE
Miami, FL 33132

SECTION 3 - ZONING APPROVAL			
TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING YOUR BUSINESS LOCATION (This section only applies to a permanent or temporary extension of licensed premises)			
Location Street Address <u>525 DUVAL STREET</u>			
City <u>KEY WEST</u>	County <u>MONROE</u>	FL	Zip Code <u>33040</u>
Are there outside areas which are contiguous to the premises which are to be part of the premises sought to be licensed?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> The PERMANENT extension of the licensed premises as shown in the sketch complies with zoning requirements for the sale of alcoholic beverages pursuant to this application.			
<input checked="" type="checkbox"/> The TEMPORARY extension of the licensed premises as shown in the sketch complies with zoning requirements for the sale of alcoholic beverages pursuant to this application.			
Signed: <u>[Signature]</u>		Title: <u>Director City of Key West Planning Department</u> Date: <u>7/22/2022</u>	
This approval is valid until <u>90 days</u>			

SECTION 4 - HEALTH	
TO BE COMPLETED BY THE DIVISION OF HOTELS AND RESTAURANTS OR COUNTY HEALTH AUTHORITY OR DEPARTMENT OF HEALTH OR DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES	
The above establishment complies with the requirements of the Florida Sanitary Code.	
Signed _____	Date _____
Title _____	
Agency _____	
This approval is valid until _____	

SECTION 3 - ZONING APPROVAL			
TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING YOUR BUSINESS LOCATION (This section only applies to a permanent or temporary extension of licensed premises)			
Location Street Address <u>525 DUVAL STREET</u>			
City <u>KEY WEST</u>	County <u>MONROE</u>	FL	Zip Code <u>33040</u>
Are there outside areas which are contiguous to the premises which are to be part of the premises sought to be licensed?" <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> The PERMANENT extension of the licensed premises as shown in the sketch complies with zoning requirements for the sale of alcoholic beverages pursuant to this application.			
<input checked="" type="checkbox"/> The TEMPORARY extension of the licensed premises as shown in the sketch complies with zoning requirements for the sale of alcoholic beverages pursuant to this application.			
Signed: <u>[Signature]</u>		Title: <u>Director City of Key West Planning Department</u> Date: <u>7/22/2022</u>	
This approval is valid until <u>90 days</u>			

SECTION 4 - HEALTH	
TO BE COMPLETED BY THE DIVISION OF HOTELS AND RESTAURANTS OR COUNTY HEALTH AUTHORITY OR DEPARTMENT OF HEALTH OR DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES	
The above establishment complies with the requirements of the Florida Sanitary Code.	
Signed _____	Date _____
Title _____	
Agency _____	
This approval is valid until _____	