



EVENT OVERVIEW

Name of Event: Pride in the Park Estimated Total Attendance: 3000

Event Location: J.D. Hamel Park

Date(s) of Event: 10/22/2020 Operating Event Time(s): 12-5 pm

Set-up Date (If different from event): 10/21/2022 Set-up Hours: 7am-7pm

Tear-down Date (If different from event): SAME Tear-down Hours: 5-6 pm 10/22/2022

Type of Event: Art/Food Festival Block Party Celebration Concert Fireworks Parade
 Private Event Walk/Run Other: _____

Event Description: _____

Will streets need to be closed? Yes No If yes, hours of closure: _____

Streets to be closed (include cross streets): _____

CONTACT INFORMATION

Sponsor Name: Sarasota Pride Inc-Cindy Barnes

Sponsor Phone Number: 941.320.9268

Sponsor Email: sarasotapride@gmail.com

Sponsor Address: 6222 Olive Ave SRQ 34231

On-Site Contact Name: Cindy Barnes On-Site Cell #: 941.320.9268

IF FAIR OR CARNIVAL RIDES WILL BE PRESENT AT THE EVENT, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Carnival Operator: _____ On-Site Contact Name: _____

On-Site Phone Number: _____ Email Address: _____

Business Address: _____ State: _____ Zip Code: _____

License of Operation Information: _____

IF A PROMOTER, EVENT ORGANIZER, OR SUBCONTRACTOR IS RESPONSIBLE FOR MANAGING THE EVENT, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Promoter Name: _____ On-Site Contact Name: _____

On-Site Phone Number: _____ Email Address: _____

Business Address: _____ State: _____ Zip Code: _____



EVENT DETAILS

- Are you serving/selling food at your event? Yes No If yes, how many expected vendors? 3
- Are you serving/selling alcohol at your event? Yes No If yes, how many expected serving locations? 1
- Are you selling merchandise at your event? Yes No If yes, how many expected vendors? 15
- Will there be tents? Yes No If yes, what size? 10x10
- Will there be a stage? Yes No If yes, what size? 12 x 24
- Will animals be featured as part of the event? Yes No
- If yes, what type of animal(s)? _____
- Will your event have a rock wall, bounce house, or similar recreational amenity? Yes No
- Will there be a fee to enter the event? Yes No
- Will there be private security for the event? Yes No
- Will there be a pyrotechnic display? Yes No
(If yes, notification to SRQ /Manatee Airport is required)
- Will amplified sound, music, or a public-address system be used? Yes No
(If yes, please complete a sound permit.)

EVENT SERVICES:

Will the following be dispensed/activities take place?

- | | | |
|---|---|---|
| Street Closure <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>*with M.O.T.</i> | City Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | EMS (Paramedics)** <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Traffic Restrictions (Walks/Runs) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Generators** <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire Department** <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Sidewalk / Other ROW Usage: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>Back-in parking + parking lot @ Sewer Bldg (Done)</i> | Cooking Equipment** <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | On-site Restrooms** <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>Number of Restrooms: _____</i> |
| Barricades** <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Traffic Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Portable Restrooms** <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>Number of Portable Restrooms: 6
CLEAN CANS</i> |
| City Trash Containers <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, how many? 1 20 yard</i> | City Recycle Bins <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>If yes, how many? _____</i> | Water / Sewer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Signs, Posters, Banners <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Public Parking Lot <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Valet Services <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

****NOT provided by the City**



AGREEMENT

The undersigned, in consideration of being granted this Special Event Request, hereby covenants and agrees to indemnify and hold harmless the City of Sarasota and all of its Officers and Agents from any and all liabilities, claims, actions, suits or demands by any person, firm, or corporation for injuries, death, or property damage arising out of or in connection with this special event. Exhibit A is attached hereto, if applicable, and incorporated herein by reference. Map/diagram is attached hereto and incorporated herein by reference. The undersigned shall satisfy all governmental requirements for this event; shall be responsible for obtaining any and all necessary permits for this event from City, County, State, or Federal departments and shall make all arrangements directly with such departments; shall pay any fees or charges in connection with this special event; shall remove all structures, trash, or other evidence of the event when this permit expires; must provide name(s) of contractor(s) and telephone number(s) in writing for all contracted services prior to approval; and further agrees that such event and actions (s) of the event sponsor, including not limited to promoters, agents, subcontractors, and organizers engaged by and in partnership with the event sponsor, shall be in accordance with all City or County ordinances and State or Federal statutes including but not limited to, Title VII of the Civil Rights Act of 1964; the Florida Civil Rights Act; The American with Disabilities Act (ADA) of 1990 and the ADA Amendments Act of 2008.

Sponsor: Sarasota Pride Inc-Cindy Barnes

By: Cindy Barnes Chairman 7/29/2022
 Applicant Signature Title (if applicable) Date

Insurance Policy Holder (if other than sponsor): _____

By: _____
 Applicant Signature Title (if applicable) Date

Event Promoter (if other than sponsor): _____

By: _____
 Applicant Signature Title (if applicable) Date

*NOTE: The following must be provided at least 60 days prior to the event: Certificate of Insurance and Insurance Policy Declaration page (or equivalent documentation) listing the "City of Sarasota", 1565 1st Street, Sarasota, FL 34236, as "Certificate Holder" and "Additional Insured", including the name and date(s) of the event and its location. The minimum insurance coverage required is as follows:

Public Liability	\$1,000,000 each occurrence / \$2,000,000 general aggregate (required)
Property Damage	\$ 100,000 per occurrence (required)
Liquor Liability	\$1,000,000 per occurrence (if applicable)
Pyrotechnic Liability	\$1,000,000 per occurrence (if applicable)

Please return this form to: City of Sarasota
 Office of Special Events
 801 N. Tamiami Trail
 Sarasota, Florida 34236

(OFFICE USE ONLY)

Approved: Denied:
 Documented by: James Wormley
 FE184D7CD76640A... Department Manager

 Department Head

10 October 2022
 Date

 Date