



# SPECIAL EVENTS APPLICATION

## EVENT OVERVIEW

Name of Event: PRIDEFest Estimated Total Attendance: 1,500

Event Location: Rosemary District

Date(s) of Event: Oct. 19th, 2024 Operating Event Time(s): 3pm-11pm

Set-up Date (If different from event): \_\_\_\_\_ Set-up Hours: 1-3pm

Tear-down Date (If different from event): \_\_\_\_\_ Tear-down Hours: 11pm-12am

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

Event Description: Sarasota Pride is a gathering to showcase the positive aspects of our lives and Sarasota as an inclusive community with partners and allies who appreciate the diversity of its citizens.

Will streets need to be closed?  Yes  No If yes, hours of closure: 1pm-12am

Streets to be closed (include cross streets): Blvd of the Arts between Florida and Lemon Ave (s), keeping Central Ave. open.

## CONTACT INFORMATION

Sponsor Name: DreamLarge

Sponsor Phone Number: 941.444.9988

Sponsor Email: anand@dreamlarge.org

Sponsor Address: 513 Central Ave.

On-Site Contact Name: Anand Pallegar On-Site Cell #: 941.444.9988

**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: \_\_\_\_\_



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## 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? 90
- Will there be tents?  Yes  No If yes, what size? 10x10
- Will there be a stage?  Yes  No If yes, what size? \_\_\_\_\_
- 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<br><i>*with M.O.T.</i>                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | City Electricity  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | EMS (Paramedics)**   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| Traffic Restrictions<br>(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 /<br>Other ROW Usage:                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Cooking<br>Equipment**                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | On-site Restrooms**  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>Number of Restrooms:</i> _____             |
| Barricades**  | <input checked="" type="checkbox"/> Yes <input 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<br><i>Number of Portable Restrooms:</i> <u>8</u> |
| City Trash Containers<br><i>If yes, how many?</i> <u>12</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | City Recycle Bins<br><i>If yes, how many?</i> <u>12</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Water / Sewer        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| Signs, Posters,<br>Banners                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Public Parking<br>Lot                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Valet Services       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |

**\*\*NOT provided by the City**



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## 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: DreamLarge

By: Anand Pallegan CEO 5/28/24  
 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:

James Wormley  
 Department Manager  
Jennifer Jorgensen  
 Department Head

23 August 2024  
 Date  
 23 August 2024  
 Date