



BUSINESS ASSOCIATION SPECIAL EVENT PROPOSAL FOR TOWN SPONSORSHIP

EVENT TITLE Worth Avenue Assoc. Event EVENT DATE 11/10/18

SECTION 1: CONTACT INFORMATION

Business Association	Worth Avenue Association
Representative Name	Faith Spencer
E-Mail Address	faith@worth-avenue.com
Mailing Address	256 Worth Avenue Ste 312 Palm Beach, FL 33480
Primary Telephone	561-659-6909
Secondary Telephone	n/a
Fax Number	n/a

SECTION 2: EVENT INFORMATION

Event Location	Worth Avenue (200 block) & Hibiscus Ave.
Event Admission Fee	<input type="checkbox"/> Yes, Amount _____ <input checked="" type="checkbox"/> No
Anticipated Attendance	400-600
Event Time	From: 7:00pm To: 9:00pm
Event Set Up	Date: Hibiscus: 11/10 Time: 4:00am Worth: 11/9 & 10 12:11/9: 7pm 11/10: 5pm
Event Dismantle	Date: 11/10 Time: 9:00pm-12am
Event Description	Fashion presentation on Hibiscus Ave between Worth Ave & Peruvian Ave. Street shut down on 200 block of Worth Ave. as well as Hibiscus bwn. Worth & Peruvian. Street party atmosphere on Worth Avenue with musician, sketch artists, food & beverage. Valet parking available
Is this event part of a larger marketing campaign? If yes, please describe.	Yes. Anniversary through fall of 2018 with product & digital marketing.

Public Inquiries Contact (Name, Telephone and E-Mail Required)	Heather Van Der Mijl 610.878.7725 hvandermijl@lillypulitzer.com
Are you requesting any street and/or sidewalk closures?	If yes, specify street and/or sidewalks and time of closures. Yes - Worth Ave. evening of 11/1 - sidewalks (206516) day of 11/10 - 5pm - street @ (Perennial) Hibiscus : day of 11/10 - 7am - 11:59pm
Does your event include food concessions? (No On-Site Cooking Permitted)	Anticipated Number of Vendors: 1 - Shiraz Catering
Does your event involve the sale or consumption of alcoholic beverages?	If yes, please check all that apply: <input checked="" type="checkbox"/> Free Alcohol <input type="checkbox"/> Distilled Spirits <input type="checkbox"/> Alcohol Sales <input type="checkbox"/> Beer <input type="checkbox"/> Wine <i>If alcohol is sold at an event, the applicant is required to obtain a temporary liquor license from the Division of Alcoholic Beverages and Tobacco. Copy of temporary liquor license must be provided to Town prior to event date. Additional Insurance requirements and police enforcement will be required.</i>
Does your event require amplified sound and/or music? <input checked="" type="radio"/> Yes <input type="radio"/> No	If yes, please check all that apply: <input type="checkbox"/> Amplified sound for announcements only <input type="checkbox"/> Amplified sound for recorded music <input checked="" type="checkbox"/> Amplified sound for live music <i>Approval of a Special Event Proposal does not necessarily exempt the planned event from the requirements of the Town of Palm Beach's Noise Ordinance.</i>
Will you be installing any temporary signage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, list number, description and location: <i>Compliance with Section 134-2371 of the Town of Palm Beach Code of Ordinances is required.</i>
Do you plan to provide portable comfort stations at your event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, how many stalls will be in each station: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Is comfort station ADA accessible? <i>If not providing, provide information as to availability of restroom facilities in the immediate area of the event site that will be available to the public, include ADA accessible and non-ADA accessible.</i>

<p>Will you be installing any temporary structures?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>	<p>If yes, identify number and size of tents & canopies:</p> <hr/> <hr/> <p>Delivery Date: _____ Removal Date: _____</p> <p>Stage/Platform/Riser Dimensions:</p> <p>Length: _____ Width: _____ Height: _____</p> <hr/> <p>Delivery Date: _____ Removal Date: _____</p> <p><i>Vendors will be required to provide a certificate of commercial general liability insurance in an amount to be determined by the Town, listing the Town of Palm Beach as additional insured. Permits may be required.</i></p>
<p>Will funds be solicited for any charities?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>	<p>If yes, list charities:</p> <p><i>A Charitable Solicitation Permit must be submitted no less than 60 days prior to event date in addition to this proposal form.</i></p>
<p>Will this event utilize a generator(s)</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If yes, list the number and size of each:</p> <p>TBC</p>
<p>Site Plan</p>	<p>Please include a complete site plan of the proposed event, including:</p> <ul style="list-style-type: none"> • An outline of the event site including the names of the streets or areas that are part of the venue and the surrounding area. • Any street or lane closure requests. • The locations of fencing, barriers and/or barricades. Include any removable fencing for emergency access. • Vehicular access. • Pedestrian access. • Location of stages, platforms, risers, canopies, tents, comfort stations, dumpsters and any other temporary structures. • Generator locations and/or source of power. • Placement of vehicles and/or trailers. • Anticipated parking locations. • Vendor locations. • Temporary signage locations. • Locations of all other event activities.

**FOR OFFICIAL USE ONLY
DEPARTMENT REVIEW**

Recreation

Reviewer: _____

____ Approved

Date: _____

____ Approved w/Comments:

____ Rejected w/ Comments:

Police

Reviewer: _____

____ Approved

Date: _____

____ Approved w/Comments:

____ Rejected w/ Comments:

Fire Rescue

Reviewer: _____

____ Approved

Date: _____

____ Approved w/Comments:

____ Rejected w/ Comments:

Public Works

Reviewer: _____

____ Approved

Date: _____

____ Approved w/Comments:

____ Rejected w/ Comments:

Planning, Zoning & Building

Reviewer: _____

____ Approved

Date: _____

____ Approved w/Comments:

____ Rejected w/ Comments:

Town Manager's Office

Reviewer: _____

____ Approved

Date: _____

____ Approved w/Comments:

____ Rejected w/ Comments:

- After final Department review, please return to the Recreation Department.