

APPLICATION FOR USE OF MARGATE CRA PROPERTY FOR SPECIAL EVENTS

Please review Margate Community Redevelopment Agency Event Policy prior to completion of this form (copy attached).

Event Name: SALES OF TREES & RELATED ITEMS

Sponsoring Organization (must be a business, non-profit organization or religious institution located in the City of Margate)

Organization Name: HART-T-TREE FARM

Organization Address: P.O. BOX 35 GRASSY CR. NC 28631

Organization Contact Person

Name: KATHY CHEFFS Phone Number: 727-492-0572

Email Address: KATHYCHEFFS@HART-T-TREES.COM

Event Information

Location (circle one): 1000 N. State Road 7 5701 Margate Blvd. 5700 Margate Blvd.
Refer to Event Policy for (former Swap Shop) NW corner of Margate Blvd. & SW corner of Margate Blvd. &
usage fees. State Road 7 State Road 7 Chevy Chase Shopping Ctr.

Dates that property will be utilized 1423 N. SR 7 MARGATE, FL 33065

Event set-up: From _____ To _____ (maximum of 3 days per City ordinance)

Event operation: From 12-20-18 to 12-23-18

Event take down: From INCLUDED to REMOVE (maximum of 3 days per City ordinance)

Hours that event will operate (if hours vary according to the day of the week, please specify):

9 AM - 10 PM

Estimated Attendance: 100

Description of Event: SELLING TREES & RELATED ITEMS

Check all activities that apply; add any others not shown below:

- | | | |
|--|---|--|
| <input type="checkbox"/> Food Vendors | <input type="checkbox"/> Amusement Park Rides | <input type="checkbox"/> Fireworks |
| <input type="checkbox"/> Arts & Crafts Vendors | <input type="checkbox"/> Kiddie Rides | <input type="checkbox"/> Religious Event |
| <input type="checkbox"/> Other Product Vendors | <input type="checkbox"/> Bounce House | <input type="checkbox"/> Circus |
| <input type="checkbox"/> Alcoholic Beverages | <input type="checkbox"/> Inflatables | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Live Entertainment | <input type="checkbox"/> Rock Climbing Wall | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Car Show | <input type="checkbox"/> Motorized Sports | <input type="checkbox"/> Other: _____ |

Event sponsor is responsible for ensuring that food vendors meet the State licensing/permitting requirements.

The use of the City of Margate's mobile stage is available at a cost of \$50 per hour plus a charge of \$75 per hour for staff time (stage must be staffed at all times). Stage needed? _____ Yes ☒ No

Utility Requirements: Electric and water are only available on the property at 1000 N. State Road 7. There is ONE power source on the property. Arrangements for service are the responsibility of the event sponsor. Water service requires an application be made through the City of Margate at least 48 business hours prior to meter installation. Meter fees and deposits are based on size of meter needed. See attached application form for details.

Contact **Waste Management** at (800) 433-2300/(954) 974-7500 to arrange for trash containment/removal and port-o-lets.

Does Sponsor request sponsorship or consideration from the Margate Community Redevelopment Agency? If so, explain what's needed: _____

A PROPOSED LAYOUT OF THE EVENT IS REQUIRED & MUST BE SUBMITTED WITH THIS FORM

INSURANCE REQUIREMENTS

The event sponsor(s) is required to provide General Liability insurance coverage as follows:

Commercial General Liability-Each Occurrence

GENERAL AGGREGATE	\$2,000,000
PRODUCTS-COMP/OP AGG	\$1,000,000
PERSONAL & ADV INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000

Event sponsors must provide insurance certifications AND associated endorsement pages to the MCRA at least 7 days prior to the first date of property usage. The insurance certificate(s) must name the Margate Community Redevelopment Agency, the City of Margate, and Advanced Asset Management as Additionally Insured.

A **Temporary Use Agreement** must be completed and signed by the event sponsors and organizers. The form must be submitted when application is approved, and requires approval by the MCRA board. (A sample form is attached).

Kathryn B. Chefas

Sponsor (signature of authorized representative)

KATHRYN B. CHEFAS

Print name and title

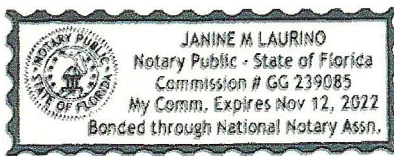
STATE OF FLORIDA
COUNTY OF BROWARD

Before me, the undersigned authority, this 6th day of November 2018, personally appeared _____
who acknowledges that before me he/she freely and voluntarily executed this agreement for the purpose therein expressed.

☒ Personally Known

☐ Produced Identification; ID Number and Type of ID _____

(seal)



Janine Laurino
Notary Public, State of Florida
Janine Laurino
Print Name

APPROVED BY _____ DATE: _____

APPROVED BY _____ DATE: _____