

Paid \$26.63 2/18/25

CONTACT INFORMATION

ORGANIZATION NAME: Hardee High School 80's Decade Reunion
CONTACT NAME: Mary Jane Cimrino
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EVENT INFORMATION

EVENT NAME: HHS 80's Decade Reunion
DATE(S): 3/28/2026 EVENT TIME: START 6pm END 10⁽¹¹⁾pm SET UP: START 3/28/26 ATTENDANCE: 250+
PURPOSE OF EVENT: Reunion of HHS Classes 1980 - 1989

EVENT LOCATION: Wauchula Auditorium Heritage Park Street Closure(s) (please mark desired closures on map)

BASE EVENT FEES

Park: Rental - \$25.00 + tax Restroom Access - \$25.00 refundable key deposit
Auditorium: Rental - \$500.00 full/ \$250 half + tax Damage Deposit - \$500.00 refundable following inspection

*Additional fees may be assessed depending on the nature of the event and City services used.
*Event fees may be reduced at the discretion of the City.

EVENT CHECKLIST

- Submit application at least 3 months prior to the event.
- \$1,000,000 General Liability Insurance listing City of Wauchula as Additional Insured (required for Final Event Approval) **NOTE: Event insurance requirement may be waived depending on event details and is at the discretion of the City. Waivers will not be issued for events requesting street closure and/or include alcohol.**
- If selling alcohol – Proof of approved Florida Department of Business and Professional Regulations Division of Alcoholic Beverage & Tobacco Application (for a request to sell alcoholic beverages at the event, contact: ABT, 1313 Tampa St., Park Trammel Bldg., Suite 909, Tampa, FL 33602, 813-272-2610)
- If selling/distributing alcohol – A detailed safety plan must be submitted along with the application; i.e. I.D. checks, monitoring of consumption, container types (no glass allowed), etc.
- If using food vendors – Copy of vendors General Liability Insurance - \$1,000,000 listing City of Wauchula as additional insured or if vendor is a not for profit submit proof of 501 (c)3 status.
- If using activity vendors such as inflatables, rock walls, rides, etc. - Copy of vendors General Liability Insurance - \$1,000,000 listing City of Wauchula as additional insured.
- Submit AV quote from Hardee County Players if using their services.

EVENT DETAILS

**CITY FACILITIES TO BE USED, SERVICES REQUESTED AND EVENT ACTIVITIES –
PLEASE CHECK ALL THAT APPLY**

- Heritage Park & Pavilion
- Auditorium
- Alcohol Sales/Distribution
- Food Vendors
- Trash Collection (during event)
- Kids Activities (inflatables, rock walls, etc)
- Street Closure(s)***
- Police
- Art & Craft Vendors
- Admission Charged
- Park Restrooms
- Band/DJ
- Parade
- Merchandise Vendors
- AV System (auditorium only)**

*The City of Wauchula does not rent auditorium AV equipment to facility renters. For use of auditorium AV equipment, renters may contact Hardee County Players to coordinate use and fees or renters may supply their own AV.
 ~ Renters are not permitted access to the Heritage Park Pavilion soundbox and speakers.

***Map detailing desired street closures must be submitted with the application

ADDITIONAL EVENT DETAILS

*Alcohol will not be sold or distributed
 open containers requested*

Damage/Clean Up Statement: Any organization that holds a special event will be responsible for any area that is utilized during the event. Organizations are required clean the event area immediately following the event. Organizations will be financially responsible for any damage to the event area that occurs during the event. **NOTE: Failure to properly clean event area(s) and/or damage occurred to the event area(s) will result in forfeiture of the deposit refund (up to 100%) and assessment of additional fees. Organizations assessed fees during or after the event will be invoiced by CITY OF WAUCHULA on an individual event basis. All fees must be paid to CITY OF WAUCHULA no later than 30 calendar days after the invoice date.**

Application Process: Submittal of an application does not guarantee approval to hold the event. Approval or denial will be given after a full review of the application by the City.

I have read and understand the information provided in this application and what is required of me/my organization. I have filled out the application to the best of my knowledge and certify that it is accurate.

Mary Jane Cimmino
 Print Name

2/18/2025
 Date

Mary Jane Cimmino
 Signature