City of Venice Special Events/Use of Public Space Pre-Application

Please complete this application to assist the City in assessing the requirements and expectations for your event.

| Tour de Femme | Venice Train Depot | 4/5/2020 |
|---|--|---|
| Name of Event | Proposed Location | Proposed Date |
| 6:30am to 1:00 pm, one day | | |
| Proposed hours of operation; If multiple days, indicate the | e hours of operation for each day | |
| | | |
| | | |
| The Tour de Femme is a women's only charity bicycle ride to raise funds for Hope Fam | ily Services to support families in need. the ride itself consists of scer | nic routes through south Sarasota County. |
| Briefly describe the proposed event | | |
| Put a check mark for all that apply to your event: | Answer the following; if not known, provide your best estimate: | |
| □ Alcohol | Projected number of patrons/guests/participants 125 | |
| ☐ Live or recorded music | 50-80, many ride to the event Estimated number of motor vehicles | |
| ☐ Fireworks or Open Fires | | |
| ☐ Food Vendors/Food Trucks etc. | | |
| ☐ Tent(s) over 10x10? Is so approximately how many? | _ | |
| ☐ Are you requiring electricity and/or water hookups? | | |
| Please include a narrative of your event to this application until one has been provided. | on. If you do not yet have one, a decision can | not be made on your event |
| Need for public road closure or traffic detours? If so, plea | ase indicate where. | |
| | | |
| Mark Schiefer, President, GCV | 1/31/2020 | |
| Submitted by (please print) | Date Submitted | - |
| | | |
| PRIMARY CONTACT INFORMATION (please print) | | |
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| Name Address | E-mail | Phone |