

## **CITY OF CHIPLEY SPECIAL EVENT APPLICATION PACKET**

- Please complete entire application.
- Incomplete applications will be returned.
- Applications shall be submitted at least 45 days prior to the event start date.
- Please provide all requested information at the time that the application is submitted. Please provide any additional information that you would like the City Council to consider when making their decision.
- Applicant or representative shall appear before City Council at the next regular or special meeting to advise the Council of the purpose of the Special Event. Contact City Hall for meeting dates and times. (850) 638-6350.
- If the event requires closure of roads, alleyways or sidewalks; complete the included temporary closure form. If State roads are involved, an FDOT permit is required. The FDOT permit will be handled by the City of Chipley. Be advised that FDOT permitting process may require additional time.



# City of Chipley



## CITY HALL

1442 Jackson Avenue

P.O. Box 1007

Chipley, Florida 32428

(850) 638-6350 Fax: (850) 638-6353

## Special Event Application

Name/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Location of Event: \_\_\_\_\_ Indoors/Outdoors

Date(s) & Time(s) of Event: \_\_\_\_\_

Amount of Liability Insurance: \_\_\_\_\_ (attach copy of policy)

Concert Yes/No If yes, What type of music? \_\_\_\_\_

Will food and nonalcoholic beverages be sold? \_\_\_\_\_

Will fireworks be displayed? Yes/No If yes, provide name, license number and pyrotechnic plan to be approved by Fire Chief.

Will amusement rides be available? \_\_\_\_\_

Number of participants anticipated per day: \_\_\_\_\_

Are security and/or medical services provided? \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved { } Denied { }

Mayor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE AND HOLD HARMLESS AGREEMENT**

**FOR THE SOLE CONSIDERATION OF** the City of Chipley granting permission for the undersigned to conduct a \_\_\_\_\_ upon street(s) as provided for in it's letter of request, the undersigned agrees to indemnify and hold harmless the City of Chipley, it's successors, agents and assigns and all other persons, firms or corporations, from any and all claims, demands, damages, actions, causes of actions or suits of any kind or nature whatsoever, and particularly on account of all injuries, both to person and property, which may result from the use of the street(s) as described above, and releases forever discharges the City of Chipley, for any such Claims.

Undersigned hereby declares that the terms of this agreement and lease have been completely read and are fully understood and voluntarily accepted.

**IN WITNESS WHEREOF**, the undersigned has executed this release, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

**FIRM OR ORGANIZATION:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

**STATE OF FLORIDA  
COUNTY OF WASHINGTON**

The foregoing instrument was acknowledged before me by \_\_\_\_\_, who is personally known to me or who produced \_\_\_\_\_ as identification, and who executed the foregoing instrument and acknowledge before me that he/she executed the same freely and voluntarily and for purposes expressed therein.

Witness my hand and seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

**ADDENDUM/WAIVER OF LIABILITY TO THE SPECIAL EVENT APPLICATION  
REGARDING THE NOVEL CORONAVIRUS**

Date: \_\_\_\_\_

I, \_\_\_\_\_, on behalf of myself and any agency or entity I represent, desiring to rent or utilize any facilities belonging to the City of Chipley or to sponsor any public event within the City of Chipley (as reflected in the attached Special Event Application), hereby acknowledge that the City of Chipley is doing everything they can to protect the public as well as myself from the risks of the novel coronavirus. To this extent, I (and any agency/entity I represent) agree to follow Center of Disease Control (CDC) and local health district guidelines and City of Chipley policies and procedures for social distancing to reduce the spread of Novel Coronavirus, or COVID-19. This will require me to maintain six (6) feet of distance between myself and other patrons or participants (except for immediate family) as much as possible.

I agree to utilize surgical masks or improvised masks such as scarves, bandanas, and handkerchiefs to reduce the risk of exposure to myself and others. I agree to wash or sanitize my hands after using the restroom, sneezing, and coughing, and before eating or preparing meals or sundries for distribution and will properly wear and utilize sterile gloves.

I understand that the City of Chipley is not responsible for any potential exposure to Novel Coronavirus, or COVID-19 for myself, any persons associated with the agency or entity I represent, or any member of the public. I understand that I am acting at my own risk and I (or any agency/entity I represent) am solely responsible for protecting the health of all persons associated with this Special Event, and I (or any agency/entity I represent) will hold harmless and fully indemnify and defend the City of Chipley for any claims regarding exposure to the novel coronavirus which relate to the Special Event.

By signing below, I agree to comply with the written instructions and conditions above. Failure to comply with these written instructions or verbal instructions from City staff or officials may result in my application approval being rescinded and my removal from City premises. The City reserves the right to terminate this approval at any time in the event the City determines that the Special Event poses a risk to public safety.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature



# City of Chipley



## CITY HALL

1442 Jackson Avenue

P.O. Box 1007

Chipley, Florida 32428

(850) 638-6350 Fax: (850) 638-6353

## Request for Temporary Closure of City Road/Sidewalk/Alleyway

Name of Organization:		Person in Charge:		Date:
Address of Organization			Telephone Number:	
Title of Event:				
Date of Event:	Starting Time of Event:	Duration of Event:	Actual Closing Time (Set up of barriers, Etc.)	
Proposed Parade Route or Road/Sidewalk/Alleyway Closure (Include Exact Road Names and Map of Route):				
This section is to be completed when closure is for special event filming.				
Liability Insurance Carrier: _____		Policy Effective Date: _____		
Coverage Amount: _____		(\$1,000,000 Minimum)		
Length of Coverage: _____		Days		
Licenses Pyrotechnics Operator: _____				
License Number: _____				
Approval of Local Fire Department: _____				
Federal Aviation Administration Approval for Low Flying Filming: _____				
Additional Liability Insurance Amount: _____				
<b>PLEASE DO NOT WRITE BELOW THIS LINE</b>				
Detour Route (Include Exact Road Names and Map of Detour Route):				
Name of Department Responsible for Traffic Control (City Police Department, Sheriff's Department, Highway Patrol): <b>Chipley City Police Department</b>				
Special Conditions: <b>Use this route only!</b>				
Name of Police Chief: <b>Scott Thompson</b>		Signature of Police Chief:		Date Signed:
Name and Title of City Official: <b>Dan Miner, City Administrator</b>		Signature of City Official:		Date Signed: