



**CITY OF PANAMA CITY
SPECIAL EVENTS PERMIT APPLICATION**

Check all that apply:

Parks: _____ Bicycle
Parade: _____ Marina: _____ Festival: _____
Run/Walk: _____ Block Party: _____ Group Feeding: _____

1. Applicant's Name: Witches of St. Andrews, Inc.
2. Address: 2109 W. 10th St. Panama City, FL 32401
3. Telephone Number Day: (205) 531-2015 Evening: same
4. Name, Address, Telephone Number of Organization: same as above

5. Authorized Head of Organization: Pat Rea
6. Chairperson's Name: Pat Rea
Address: 2109 W 10th St Panama City, FL 32401
7. Name of Event: Witches of St. Andrews Annual Charity Bike Ride
8. Purpose of Event: charity fundraising
9. Date(s) of Event: October 26, 2019
10. Event Times: Assembly: 9:00 Start: 10:00 End: 11:00
11. Assembly Location: Alice's on Bayview Parking lot (corner Bayview + 11th St)
12. If more than one day, list other dates/times: Rain out day - Sunday October 27
same times

13. Approximate number of persons, vehicles, animals, type of animals, description of vehicles:

100-150 bicycles/riders
4-5 automobiles for witches unable to bike
2 walkers carrying banner

14. Approximate number of spectators expected: 100-150

15. Description of activities (Music group, political speaker, food, etc):

bicycle ride

16. Description of public facilities to be used:

na

17. Route (COPY OF MAP MUST BE ATTACHED):

11th St @ Beck Ave
down Beck Ave to 15th Street around St.
Andrew's School back to Beck (on 14th St) and
back down Beck Ave to 11th St.

18. Will the parade occupy all or part of the street?

Yes

19. Length of parade or run in miles:

4-5 blocks each way

20. Interval to be maintained between units in feet:

5-10' w/ 2-3 bikes side by side

21. Description of recording equipment, sound amplification devices, banners, signs, or attention getting devices:

Sound - music from automobile music system
Banner to lead parade

22. Will the event involve open flame, incendiary devices, or pyrotechnics? If yes, explain. (The Fire Department must be consulted)

No

23. Will alcoholic beverages be sold or served:

No
(Map must clearly indicate egress from alcohol consumption area)

Type of alcohol served: Beer: n/a Wine: n/a Liquor: _____

Time Start: 11/10 Time End: _____

**** NOTE: Organizer is responsible for obtaining any applicable State Alcohol, Beverage, Tobacco (ABT) licenses.**

24. Grey water plan: n/a

25. Clean up plan: n/a

26. I have read and agree to comply with the conditions set forth in the City of Panama City Special Events Handbook in accordance with Chapter 17 of the City of Panama City Municipal Code. PKR Initials

27. Organizer assumes all responsibility for any and all damages sustained to park site and will reimburse City for any and all damages, including labor costs. I understand that I must abide by the Regulations as set forth in City of Panama City Ordinance 22.31-22.42 and the rules of the Department of Leisure Services. PKR Initials
(Park Reservations ONLY!)

28. I understand that this application is not approved until it is signed off by the appropriate departments and is approved by the City Commission (if required). PKR Initials

29. Permit fee: _____ Date paid: _____

Application shall be filed not less than sixty (60) days nor more than one hundred eighty (180) days before the date on which the event is to be conducted.

REQUIRED SIGNATURES

Applicant: _____

Leisure Services: _____

Public Works: _____

Marina: _____

Fire Department: _____

Police Department: _____

INDEMNITY AND HOLD HARMLESS AGREEMENT

IN CONSIDERATION of the City of Panama City, Florida ("City") approving the use of the City's streets and other City properties by the Undersigned, the Undersigned agrees to indemnify and hold harmless the City, its agents, employees and assigns, from any and all claims, demands, damages, actions, causes of actions, or suits for injury or death to any person and damages to property of others, including the property of the City, arising out of or from the use of the City's streets and properties or from the sale, consumption or possession of alcoholic beverages by those attending or participating in the activities sponsored by the Undersigned, as well as any injury resulting from the previous negligence of the City regarding the construction and maintenance of its properties.

The Undersigned represents that (1) the Undersigned has read and understands the terms of the foregoing Indemnity and Hold Harmless Agreement, (2) that the Undersigned's execution of this instrument constitutes its free and voluntary act, (3) that the execution hereof is made without any representations of inducement or otherwise by those indemnified hereby; (4) that this Agreement has been properly approved by the Undersigned and if applicable in accordance with its organizational structure, and (5) that no other signature other than the one affixed to this document is necessary to make this indemnity and hold harmless agreement binding on the Undersigned or its organization.

IN WITNESS WHEREOF, the Undersigned has hereunto set its hand and seal,
this 1st day of July 2019

Signed, sealed and delivered
in the presence of

Brandy Waldron
Print Name of Witness

Brandy Waldron
Print Name of Witness

Cheryl Furr
Print Name of Witness



Sharon Churchwell
Commission # GG005920
Expires: July 20, 2020
Bonded thru Aaron Notary

Witches of St. Andrews Inc.
Print Name of Organization or
Individual

Patricia Rea
Signature

Patricia Rea
(Print Name)

Title: President
Print Name and Title if acting on Behalf of
Above Organization

Sharon Churchwell

**CITY OF PANAMA CITY, FLORIDA
TEMPORARY HYDRANT METER
SERVICE AGREEMENT**

The undersigned requests and acknowledges receipt of a fire hydrant meter to be set at na for a period not to exceed days. (180 day maximum)

The undersigned accepts full responsibility of said meter and agrees to adhere to all rules and procedures set forth herein, including but not limited to the following:

- ◆ Hydrant meters shall be furnished, installed, relocated, and removed by Utilities Department personnel only. The meter shall remain the property of the City and shall be subject to the exclusive control of the Utilities Department. The City reserves the right to deny use of temporary hydrant meters, when in the sole judgment of the Utilities Department, such use is inconsistent with City policy or with the public health and welfare. Privately owned hydrant meters may be used only with prior approval of the Utilities Department and shall be subject to all other provisions of this agreement.
- ◆ Customers shall be supplied with temporary water service at regular commercial consumption rates upon written application by such customers, agents, or other responsible parties and upon payment of a required service deposit and a non-refundable connection fee. The deposit shall be held by the City as a guarantee for the loss or damage of its equipment and the payment for water used. Upon final determination of all applicable charges and the discontinuance of service, such charges shall be deducted from the deposit and the balance, if any, returned to the customer.
- ◆ All hydrant meters shall be read on a monthly basis by Utilities Department personnel. Service agreements shall be paid in full not less than every 30 days. Failure to comply with any provision of this service agreement shall result in the immediate termination of service and removal of the temporary meter. Disputed charges shall be subject to resolution through the same departmental policies /procedures as other permanent meter services.

- ◆ Customers shall be liable for all damages, repairs or replacements of the hydrant meter, meter assembly, fire hydrant, hydrant assembly, connections and other appurtenances, including the City water distribution system, normal wear and tear excepted.
- ◆ Upon the failure of a customer to pay all such applicable costs, the City shall assess such additional fees, penalties, or other remedies as may be provided according to the Code of Ordinances of the City.
- ◆ Customers shall install City approved backflow prevention devices at each hydrant meter connection as may be reasonably required to protect the public drinking water supply from cross-connections or contamination. The customer shall be responsible for the periodic inspection and testing of such backflow device to ensure that such device is in good working order.
- ◆ Customers shall abide by all applicable provisions of Chapter 24 of the Code or Ordinances of the City of Panama City entitled "Utilities" and such other rules and policies as may be required by the Utilities Department or the City to enforce such provisions.

7/1/19 _____
 Date _____
 Pat Rea _____
 Printed Name & Title _____
 Pat Rea _____
 Signature _____

_____ _____
 Company Name _____
 _____ _____
 Address _____
 _____ _____
 Telephone # _____

 For Office Use Only: Service Deposit: \$450.00 Connection Fee \$90.00
 Work Order # _____ Meter No. _____ Beginning reading _____
 Location _____ Hydrant # _____
 Final reading _____ Date removed _____



This application was submitted to the City Commission for consideration and the following action was taken:

Approved

Disapproved

Date of Action by Commission

BUSINESS / ORGANIZATION EXTRA DUTY REQUEST

Date of Request 7/23/19

Name of Business / Organization Witches of St. Andrews

Address 2109 W. 10th Street PC 32401

Phone (205) 531-2015 Fax _____

Contact Person Pat Rea

Dates and times needed 10:00 am - 11:00 am

Type of event Bicycle Ride

Nature of duties to be performed by officers bicycle rider safety - road blockage

Expected attendance 150

Anticipated problems none

Number of officers requested _____

Will officers be needed on a recurring basis? () Yes () No

Method of Payment _____

I understand that officers shall receive a minimum hourly fee of \$25.00 and will be paid for a minimum of 4 hours regardless of the length of the detail.

Signature Pat Rea Date 7/23/19
Business/Organization Representative

To Be Completed By Department Personnel

Uniform presence: () Uniformed () Alternative Uniform () Plain Clothes

Signature _____ Date _____ Approved () Disapproved ()
Supervisor of Extra Duty

Signature _____ Date _____ Approved () Disapproved ()
Chief of Police / Designee

PARADE PERMIT/STREET CLOSURE APPLICATION

NOTE: No devices to create holes in the sidewalks or asphalt roadways are allowed. Any markings made on pavement, sidewalks, or roadways shall be made with chalk.

1. Applicant's Name: Witches of St. Andrews
2. Address: 2109 W. 10th St Panama City, FL 32401
3. Telephone Number Day: (205) 531-2015 Evening: Same
4. Name, Address, Telephone Number of Organization:

5. Authorized Head of Organization: Pat Rea, President
6. Chairperson's Name: same
Address: 2109 W 10th St P.C 32401
7. Date(s) of Event: 10/26/19
8. Name of Event: Witches of St. Andrews Annual Charity Bike Ride
9. Purpose of Event: Charity Fundraising
10. Route (COPY OF MAP MUST BE (attached))
1

11. Approximate number of persons, vehicles, animals, type of animals, description of vehicles:
100-150 bicycles/riders
4-5 automobiles for witches unable to bike
2 walkers carrying banner
12. Date & Time of Event: Assembly 9:00 am Start: 10:00 am End: 11:00 am
If more than one day, list other dates/times: alternate rain out date 10/27/19 same times
13. Will the parade occupy all or part of the street? All: Part:
14. Length of parade or run in miles: 4-5 blocks each way
15. Assembly area/route: Parking lot @ Bayview + Beck @ 11th St. - Proceed down Beck Ave from 11th to 15th St, circle around St Andrew School, re-enter Beck Ave at 14th St & return down Beck to 11th St.
16. Interval to be maintained between units in feet: 5-10'
17. If parade/street closure is to be held by someone other than the applicant, applicant shall file a letter with the Chief of Police from the person proposing authorization in order for the applicant to apply for a permit.
Permit fee: _____ Date paid: _____, 20_____

Application shall be filed not less than sixty (60) days nor more than ninety (90) days before the date on which the event is to be conducted.

Parade Permit/Street Closure Application (Continued)

Command Member

Date Received

APPLICANT PLEASE NOTE: All barricades required for the function to be supplied by the Applicant. Event sponsors should contact the Public Works Department at 872-3005 to coordinate assistance they may need with electrical hookups, refuse containers, etc.

Field Services Captain's Comments:

Assigned to: _____

Plan of Action / After Action Required

The above application was submitted to the City Commission for consideration and the following action was taken:

Approved _____

Disapproved _____

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
TEMPORARY CLOSING OF STATE ROAD PERMIT

Date: _____

Permit No. _____

Governmental Entity

Approving Local Government	<u>City of Panama City</u>	Contact Person	<u>Missy Bagwell</u>
Telephone	<u>850 872-3199</u>	Email	<u>m.bagwell@pago.org</u>

Organization Requesting Special Event

Name of Organization	<u>Witches of St. Andrews, Inc</u>	Contact Person	<u>Pat Rea</u>
Telephone	<u>(205) 531-2015</u>	Email	<u>pkrea@bellsouth.net</u>

Description of Special Event

Event Title	<u>3rd Annual Witches of St. Andrews</u>	Date of Event	<u>10/26/19</u>
Start Time	<u>10:00 am</u>	End Time	<u>11:00 am</u>
Event Route (attach map)	<u>Beck Ave from W 11th St to 15th St and back (Single Lane and escort)</u>		
Detour Route (attach map)	_____		

Law Enforcement Agency Responsible for Traffic Control

Name of Agency	<u>Panama City Police Dept</u>
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US Coast Guard Approval for Controlling Movable Bridge

Not Applicable	<input checked="" type="checkbox"/>
Copy of USCG Approval Letter Attached	<input type="checkbox"/>
Bridge Location	_____

The Permittee will assume all risk of and indemnify, defend and save harmless the State of Florida and the FDOT from and against any and all loss, damage, cost or expense arising in any manner on account of the exercise of this event.

The Permittee shall be responsible to maintain the portion of the state road it occupies for the duration of this event, free of litter and providing a safe environment to the public.

Signatures of Authorization

Event Coordinator	<u>Pat Rea</u>	Signature	<u>[Signature]</u>	Date	<u>7/23/19</u>
Law Enforcement Name/Title	<u>CHIEF SCOTT ERVIN</u>	Signature	<u>[Signature]</u>	Date	<u>7/30/19</u>
Government Official Name/Title	_____	Signature	_____	Date	_____

FDOT Special Conditions

FDOT Authorization

Name/Title	_____	Signature	_____	Date	_____
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KEEP THIS PAGE WITH PACKET

Permit Fees Remittance Sheet

<input checked="" type="checkbox"/> Permit Application Fee	\$ 100. N/A
<input type="checkbox"/> Block Party	\$ N/A
<input checked="" type="checkbox"/> Security Deposit	\$ 250. N/A
<input checked="" type="checkbox"/> Police / Security	\$ 560.-
<input type="checkbox"/> Public works - Electrical Connections	\$ N/A
<input type="checkbox"/> Public Works - Trash Carts	\$ N/A
<input type="checkbox"/> Utilities - Water	\$ N/A
Total	\$ 560.-

Proof of Liability Insurance received

Date _____

DOT Permit (if required)

Date _____

Panama City Fire Dept. Authorization Sheet (if required)

Date N/A

Payment received:

Organizer Signature

Date _____

Witness Signature

Date _____