



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

Check all that apply:

Parks: _____ Parade: _____ Marina: _____ Festival: _____

Run/Walk: _____ Block Party: _____ Group Feeding: _____

1. Applicant's Name: John Daniel / The Public Eye
2. Address: 318 Laverne Ave Panama City FL
3. Telephone Number Day: 850.624.8772 Evening: 850.624.8772
4. Name, Address, Telephone Number of Organization:
~~The Public Eye~~ - 318 Laverne Ave Panama City FL
850.769.6996
5. Authorized Head of Organization: John Daniel / Margaret Webster
6. Chairperson's Name: _____
Address: _____
7. Name of Event: Public Eye Soar
8. Purpose of Event: Projection Art Festival
9. Date(s) of Event: Nov 8/9 2019
10. Event Times: Assembly: _____ Start: _____ End: _____
11. Assembly Location: _____
12. If more than one day, list other dates/times: Festival Setup Nov 7

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

14. Approximate number of spectators expected: 500-1000

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

Art projected on buildings several musical groups

16. Description of public facilities to be used: Front Luerne Ave
in between 4th st + 3rd court

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

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

19. Length of parade or run in miles:

20. Interval to be maintained between units in feet:

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

Small hand PA (same as previous 5 years)

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: N/A
 Time Start: N/A Time End: N/A

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

24. Grey water plan: N/A

25. Clean up plan: Luverne Ave will be closed by 3 am of Nov 10th

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. SD 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. _____ 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). SD 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: John Daniel

Leisure Services: _____

Public Works: _____

Marina: _____

Fire Department: _____

Police Department: [Signature] 11/19/89

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.

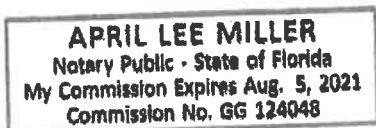
The Undersigned represents that (1) the Undersigned has read and understands the terms of the foregoing Indemnity and Hold Harmless Agreement, (2) that the Undersigned's execution of this instrument constitutes its free and voluntary act, (3) that the execution hereof is made without any representations 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 30th day of September 2019

Signed, sealed and delivered
in the presence of

[Signature]
Print Name of Witness

Missy Bagwell
Print Name of Witness



John Denzel
Print Name of Organization or
Individual

John Denzel
Signature

John Denzel
(Print Name)

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

Parade Permit/Street Closure Application (Continued)

PCPD Form #27B

1 Capt 925 800
Command Member

1 9/30/19
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: 1 N/A

Plan of Action / After Action Required

1

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

Approved 1 _____

Disapproved 1 _____

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: 1 John Daniel
2. Address: 1 318 Luverne Ave Panama City FL 32401
3. Telephone Number Day: 1 850 624-8772 Evening: 1 ←
4. Name, Address, Telephone Number of Organization:
 - 1 The Public Eye
318 Luverne Ave Panama City, FL 32401
850 769 6996
5. Authorized Head of Organization: 1 John Daniel / Margaret Webster
6. Chairperson's Name: 1 " "
Address: 1 _____
7. Date(s) of Event: 1 Setup Nov 7 Show Nov 8/9
8. Name of Event: 1 Public Eye Soar Projection Festival
9. Purpose of Event: 1 show amazing artwork giant-size
10. Route (COPY OF MAP MUST BE
1 _____
11. Approximate number of persons, vehicles, animals, type of animals, description of vehicles:
 - 1 crew/staff 30
attendees 500-1000
12. Date & Time of Event: Assembly 1 Nov 7 Start: 1 Nov 8 End: 1 Nov 9
If more than one day, list other dates/times: 1 _____ 1 _____ 1 _____
13. Will the parade occupy all or part of the street? All Part 1
14. Length of parade or run in miles: 1 N/A
15. Assembly area/route: N/A
1 _____
16. Interval to be maintained between units in feet: 1 N/A
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: 1 _____ Date paid: 1 _____, 201

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.

Martin Theatre



**Public Eye Soar Projection Festival
November 2019 Street Closure map
Street closed from 5:00pm Nov 7 > 2:00 am Nov 10
(Traffic flow allowed from Park Street to 4th in all daylight hours)**

Magnolia Ave
E 4th St

Virga Realty, Inc

E 4th St

E 4th St

HARRISON AVE

Dokken Robert

Stone & Sulton, P.A

Giles Appraisal Group

Rachel's Dress Shop

Richard C (rollope
Law Offices

Magnolia Ave

Corner Pocket

4-1 Anytime Bonding

Park St

Manuel & Thompson

City Arts Cooperative

Syrett & Dykes Law
Offices Syrett Clayton

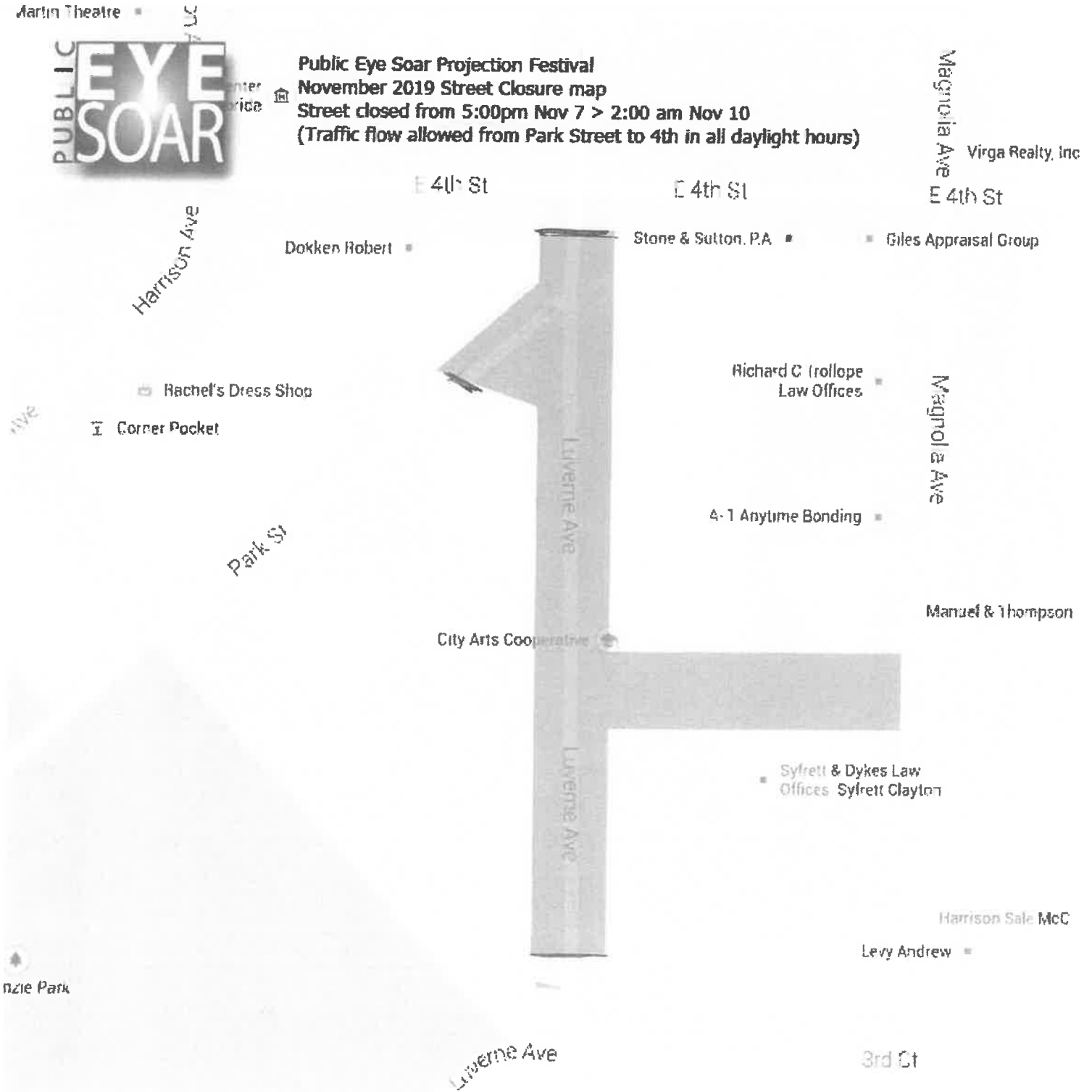
Harrison Sale McC

Levy Andrew

Wendell Park

Luzerne Ave

3rd St





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/16/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER BIN INSURANCE HOLDINGS LLC/PHS 46505771 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78265	CONTACT NAME: PHONE: (866) 467-8730 (A/C, No, Ext):		FAX: (888) 443-6112 (A/C, No):
	E-MAIL ADDRESS:		
INSURED THE PUBLIC EYE, LLC PO BOX 1653 PANAMA CITY FL 32402-1653	INSURER A: The Hartford Casualty Insurance Company		NAIC# : 29424
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		
	INSURER(S) AFFORDING COVERAGE		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liability			46 SBM UB8878	06/14/2019	06/14/2020	EACH OCCURRENCE: \$1,000,000 DAMAGE TO RENTED PREMISES - Ea occurrence: \$300,000 MED EXP (Any one person): \$10,000 PERSONAL & ADV INJURY: \$1,000,000 GENERAL AGGREGATE: \$2,000,000 PRODUCTS - COMP/OP AGG: \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:						
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			46 SBM UB8878	06/14/2019	06/14/2020	COMBINED SINGLE LIMIT (Per accident): \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR CLAIMS-MADE <input type="checkbox"/> RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	EMPLOYMENT PRACTICES LIABILITY			46 SBM UB8878	06/14/2019	06/14/2020	Each Claim Limit: \$5,000 Aggregate Limit: \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations.

CERTIFICATE HOLDER

CITY OF PANAMA CITY
 819 E 11TH ST
 PANAMA CITY FL 32401

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Susan H. Castaneda



KEEP THIS PAGE WITH PACKET

Permit Fees Remittance Sheet

<input type="checkbox"/> Permit Application Fee	\$ <u>100</u>
<input type="checkbox"/> Block Party	\$ <u>50.00</u>
<input type="checkbox"/> Security Deposit	\$ <u>250.00</u>
<input type="checkbox"/> Police / Security	\$ _____
<input type="checkbox"/> Public works - Electrical Connections	\$ <u>0</u>
<input type="checkbox"/> Public Works - Trash Carts	\$ <u>0</u>
<input type="checkbox"/> Utilities - Water	\$ <u>0</u>
Total	\$ <u>400.00</u> R#55632

Proof of Liability Insurance received

Date 8.20.19

DOT Permit (if required)

Date _____

Panama City Fire Dept. Authorization Sheet (if required)

Date _____

Payment received:

Organizer Signature

Date _____

Witness Signature

Date _____