



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

*Check all that apply:*

Parks: \_\_\_\_\_ Parade: \_\_\_\_\_ Marina: \_\_\_\_\_ Festival:  Concert  
Run/Walk: \_\_\_\_\_ Block Party: \_\_\_\_\_ Group Feeding: \_\_\_\_\_

1. Applicant's Name: First Baptist Church, Panama City
2. Address: 1040 Grace Avenue, PC 32401
3. Telephone Number Day: 785-66146 Evening: n/a
4. Name, Address, Telephone Number of Organization:  
Same as above
5. Authorized Head of Organization: Andrew Lambert
6. Chairperson's Name: Ken Brookins  
Address: 1040 Grace Avenue PC 32401
7. Name of Event: Annie Moses Band Concert
8. Purpose of Event: Musical Concert
9. Date(s) of Event: Tuesday, December 10, 2019
10. Event Times: Assembly: 7:AM Start: 6AM End: 12AM
11. Assembly Location: 1040 Grace Avenue
12. If more than one day, list other dates/times: n/a

13. Approximate number of persons, vehicles, animals, type of animals, description of vehicles:  
*Equipment trucks, tour buses*
14. Approximate number of spectators expected: *1000*
15. Description of activities (Music group, political speaker, food, etc):  
*Indoor musical concert.*
16. Description of public facilities to be used: *Grace Avenue between 6th + 7th to unload equipment and park buses*
17. Route (COPY OF MAP MUST BE ATTACHED): *n/a*
18. Will the parade occupy all or part of the street? *n/a*
19. Length of parade or run in miles: *n/a*
20. Interval to be maintained between units in feet: *n/a*
21. Description of recording equipment, sound amplification devices, banners, signs, or attention getting devices:  
*n/a*
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: 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. AE 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. AE 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). AE 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:

Andrew A Lambert

Leisure Services:

Public Works:

Marina:

Fire Department:

Police Department:

[Signature]  
1999

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: 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. AK 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. AK 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). AK 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:**

Andrew A Lambert

**Leisure Services:**

**Public Works:**

**Marina:**

**Fire Department:**

**Police Department:**

[Signature]

**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 18<sup>th</sup> day of Sept 2019

Signed, sealed and delivered  
in the presence of

Jill Matson  
Print Name of Witness

Julie Casey  
Print Name of Witness

**JILL MATSON**  
Notary Public - State of Florida  
My Commission Expires March 13, 2022  
Commission No. GG 195339

First Baptist Church, Panama City  
Print Name of Organization or  
Individual

Andrew A Lambert  
Signature

Andrew A. Lambert  
(Print Name)

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

### 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: First Baptist Church, Panama City
- 2. Address: 640 Grace Avenue, PC 32401
- 3. Telephone Number Day: 785-6446 Evening: n/a
- 4. Name, Address, Telephone Number of Organization:  
Same as above

- 5. Authorized Head of Organization: Andrew Lambert
- 6. Chairperson's Name: Ken Brookins  
Address: 640 Grace Avenue, PC 32401
- 7. Date(s) of Event: Tuesday, December 10, 2019
- 8. Name of Event: Annie Moses Band Concert
- 9. Purpose of Event: Musical Concert
- 10. Route (COPY OF MAP MUST BE ATTACHED): n/a

- 11. Approximate number of persons, vehicles, animals, type of animals, description of vehicles:  
Equipment trucks, tour buses

- 12. Date & Time of Event: Assembly 7AM Start: 6PM End: 12AM  
If more than one day, list other dates/times: n/a

- 13. Will the parade occupy all or part of the street? All  Part Grace Ave between 6th & 7th
- 14. Length of parade or run in miles: n/a
- 15. Assembly area/route: n/a

- 16. Interval to be maintained between units in feet: 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: \$5.00 Date paid: NA, 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)

Approved

Disapproved

Capt JLS 800  
Field Services Commander

**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 Commander's Comments:

Assigned to: N/A

Plan of Action / After Action Required

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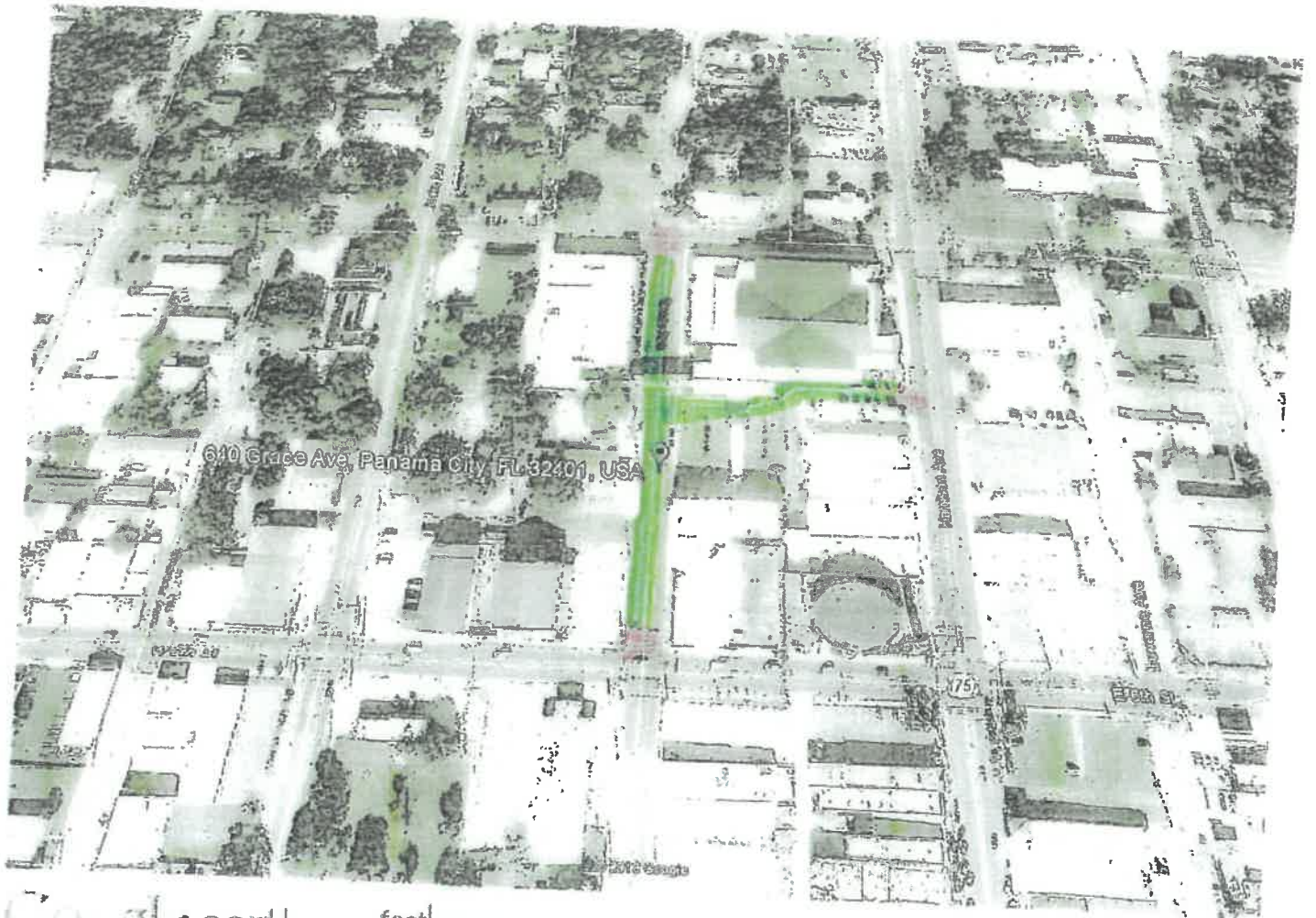
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The above application was submitted to the City Commission for consideration and the following action was taken:	
<input type="checkbox"/>	Approved _____
<input type="checkbox"/>	Disapproved _____



Go .glc earth

feet  
meters

600

200



Road closures



Barricade locations





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/10/2019

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> Broward Hall Agency P.O. Drawer 2210  Panama City FL 32402		<b>CONTACT NAME:</b> Karen R. Everage <b>PHONE (A/C, No, Ext):</b> (850) 769-4828 <b>E-MAIL ADDRESS:</b> karen@browardhall.com <b>FAX (A/C, No):</b> (850) 785-8573	
<b>INSURED</b> First Baptist Church Inc. of Panama City PO Box 1200  Panama City FL 32402-0000		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> GuideOne Insurance Company <b>INSURER B:</b> GuideOne Mutual Insurance Co <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 15032	

**COVERAGES**      **CERTIFICATE NUMBER:** 2019-2020      **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 SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			001448609	05/31/2019	05/31/2020	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 1,000,000	
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OPAGG \$ 2,000,000 Directors & Officers \$ 1,000,000	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			1200297	05/31/2019	05/31/2020	EACH OCCURRENCE	\$ 10,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 2,500		AGGREGATE				\$ 10,000,000	
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	010005169	05/31/2019	05/31/2020	PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000	

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

Event: The Annie Moses Band Concert, December 10, 2019

**CERTIFICATE HOLDER**

City of Panama City  
 501 Harrison Ave.

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

**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.

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**IN WITNESS WHEREOF**, the Undersigned has hereunto set its hand and seal, this 18<sup>th</sup> day of Sept, 2009

Signed, sealed and delivered in the presence of

First Baptist Church, Panama City  
Print Name of Organization or Individual

Andrew A. Lambert  
Signature

Jill Matson  
Jill Matson  
(Print Name of Witness)

Andrew A. Lambert  
(Print Name)  
Title: Business Administrator

Julie Casey  
Julie Casey  
(Print Name of Witness)

Print Name and Title if Acting on Behalf of Above Organization

**JILL MATSON**  
Notary Public - State of Florida  
My Commission Expires March 13, 2022  
Commission No. GG 195339

## Checklist

City of Panama City Special Event Permit Application

Florida Department of Transportation (DOT) Road Closure Permit (if applicable)

Permit Fees Remittance Form

Map Selection (if applicable)

Proof of Liability Insurance (if required)

*n/a*  Contract for Portable Restrooms (if required)

*n/w*  Written Consent from Private Property Owners (if needed)

## Permit Fees Remittance Sheet

<input type="checkbox"/> Permit Application Fee	\$ <u>150.00</u>
<input type="checkbox"/> Block Party	\$ _____
<input type="checkbox"/> Security Deposit	\$ <u>250.60</u>
<input type="checkbox"/> Police / Security	\$ _____
<input type="checkbox"/> Public works - Electrical Connections	\$ _____
<input type="checkbox"/> Public Works - Trash Carts	\$ _____
<input type="checkbox"/> Utilities - Water	\$ _____
<b>Total</b>	<b>\$ <u>400.00</u> 55643</b>

Proof of Liability Insurance received      Date \_\_\_\_\_

DOT Permit (if required)      Date \_\_\_\_\_

Panama City Fire Dept. Authorization Sheet (if required)      Date \_\_\_\_\_

**Payment received:**

Andrew A. Lambert      Date 7/18/19  
Organizer Signature

Julie Casey      Date 9/18/19  
Witness Signature