



**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: Crabb Family Reunion Concert
8. Purpose of Event: Musical Concert
9. Date(s) of Event: Thursday, February 27, 2020
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):
Indy's musical concert.
16. Description of public facilities to be used: Grave 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. AL 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. AL 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). AL 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 G Lambert
Leisure Services: _____
Public Works: _____
Marina: _____
Fire Department: [Signature]
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 18th 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

**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 _____ 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.

Date	Company Name
Printed Name & Title	Address
Signature	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

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: Thursday, February 27, 2020
8. Name of Event: Crabb Family Reunion 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

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: _____

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 _____

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 18th day of Sept, 2009.

Signed, sealed and delivered in the presence of

Jill Matson
Jill Matson
(Print Name of Witness)

Dulie Casey
Dulie Casey
(Print Name of Witness)

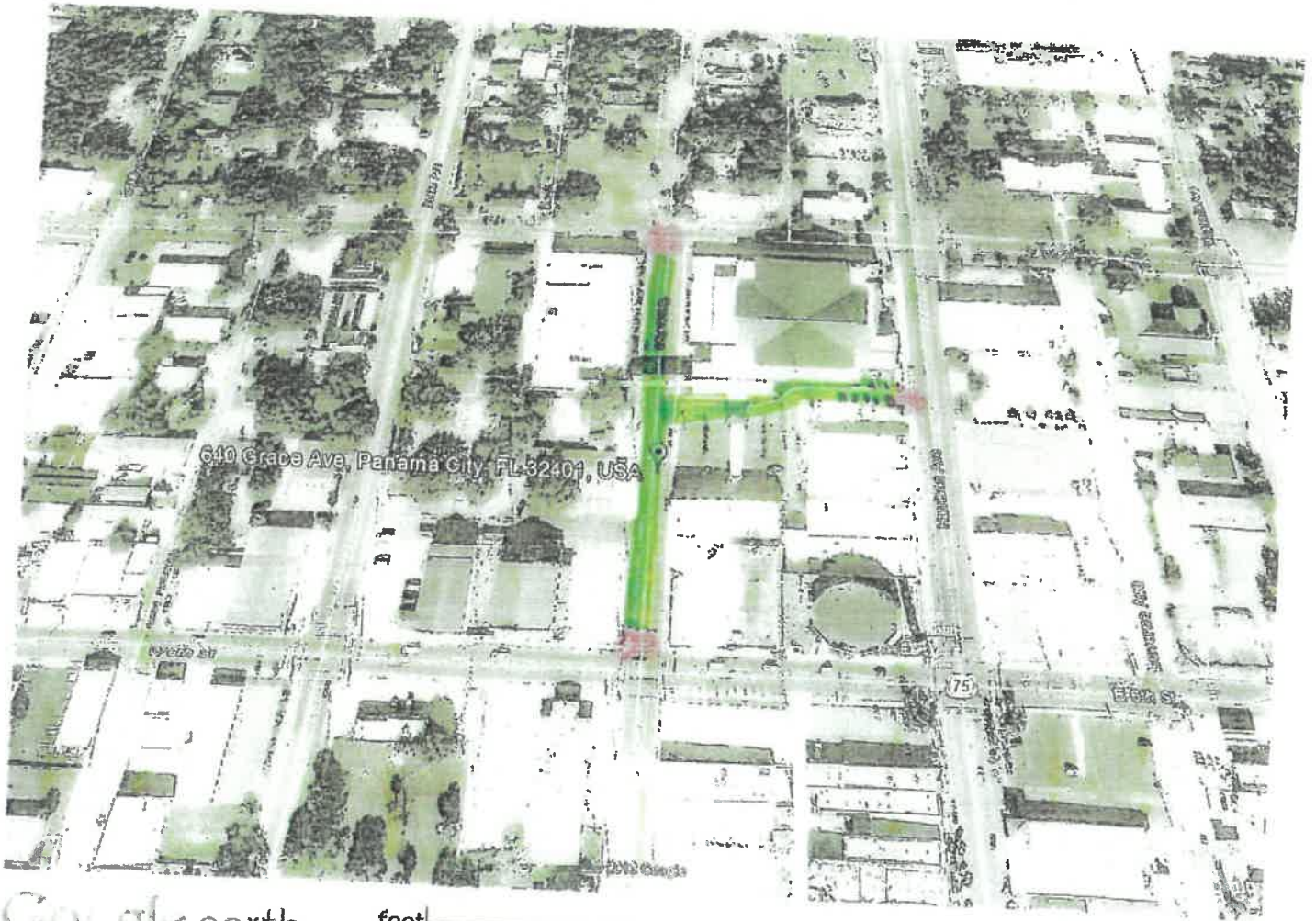
First Baptist Church, Panama City
Print Name of Organization or Individual

Andrew A Lambert
Signature

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

Print Name and Title if Acting on Behalf of Above Organization

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



Google 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).

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

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			001448609	05/31/2019	05/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 Directors & Officers \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 2,500			1200297	05/31/2019	05/31/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		010005169	05/31/2019	05/31/2020	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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 Crabb Family Reunion Concert, February 27, 2020

CERTIFICATE HOLDER**CANCELLATION**

City of Panama City
501 Harrison Ave.

Panama City

FL 32401

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

Permit Fees Remittance Sheet

<input checked="" type="checkbox"/> Permit Application Fee	\$ <u>150.00</u>
<input type="checkbox"/> Block Party	\$ _____
<input checked="" type="checkbox"/> Security Deposit	\$ <u>250.00</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	\$ _____
Total	\$ <u>400.00</u> 55643

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 9/18/19
Organizer Signature
Julie Casey Date 9/18/19
Witness Signature